

PUTNAM COUNTY

**Park Manor WWTF
Pomona Park
River Grove**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 12 of 16**

Part 3 of 5

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

DOCUMENT NUMBER-DATE
04328 MAY 22 8
CPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7826 Baymeadows Way, Suite B200, Jacksonville, 32258-7690

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

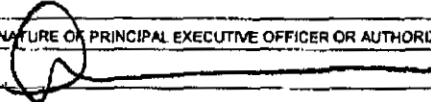
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

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

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.4		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.5	4.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/01/09

DOCUMENT NUMBER-DATE

04328 MAY 22 8

FPSC-COMMISSION CLERK

Revised 11/2009

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 01/01/2007

To: 01/31/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.09	0.09	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.003		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					15.6%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD - From 01/01/2007

 To: 01/31/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.007			7.5		2.2	
2			0.003			7.4		2.2	
3			0.002			7.4		2.2	
4			0.003			7.5		2.2	
5			0.003			7.4		2.2	
6			0.002						
7			0.002						
8			0.002			7.5		2.2	
9	150	2.40	0.002	120	4.5	7.4	3.00	2.2	0.1
10			0.003			7.4		2.2	
11			0.003			7.4		2.2	
12			0.002			7.4		2.2	
13			0.002						
14			0.002						
15			0.003			7.4		2.2	
16			0.002			7.4		2.2	
17			0.003			7.4		2.2	
18			0.003			7.5		2.2	
19			0.002			7.3		2.2	
20			0.002						
21			0.003						
22			0.003			7.3		2.2	
23			0.002			7.3		2.2	
24			0.003			7.3		2.2	
25			0.003			7.4		2.2	
26			0.003			NO FLOW		NO FLOW	
27			0.003						
28			0.003						
29			0.002			7.3		2.2	
30			0.002			7.4		2.2	
31			0.002			7.4		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

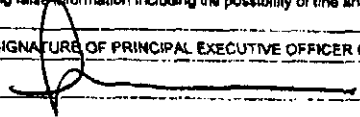
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 02/01/2007 To: 02/28/07

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.5	1.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.3	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Faecal	Sample Measurement			1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/03/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 02/01/2007 To: 02/28/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.06	0.08	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.016 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.003		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				110		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					44.4%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011706

FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD-Fr 02/01/2007

To: 02/28/2007

Code Mon. Site	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
	80082 INF-I	80082 EFA-I	50050 INF-I	00530 INF-I	00530 EFA-I	00400 EFA-I	74055 EFA-I	50060 EFA-I	00620 EFA-I
1			0.003			7.5		2.2	
2			0.003			7.4		2.2	
3			0.002						
4			0.003						
5			0.003			7.3		2.2	
6			0.003			7.3		2.2	
7			0.002			7.4		2.2+	
8			0.003			7.4		2.2	
9			0.004			7.3		2.2	
10			0.002						
11			0.003						
12			0.003			7.3		2.2	
13			0.003			7.3		2.2	
14	220	2U	0.002	110	1.5	7.3	1U	2.2	0.06U
15			0.004			7.3		2.2	
16			0.003			7.4		2.2	
17			0.002						
18			0.003						
19			0.003			7.3		2.2	
20			0.003			7.3		2.2	
21			0.003			7.3		2.2	
22			0.003			7.4		2.2	
23			0.003			7.3		2.2	
24			0.002						
25			0.002						
26			0.003			7.3		2.2	
27			0.003			7.3		2.2	
28			0.003			7.3		2.2	
29									
30									
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
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 Leesburg, FL 34749

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

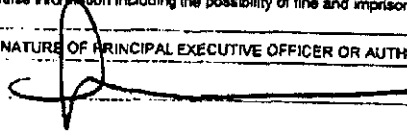
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 03/01/2007 To: 03/31/07

Parameter	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.3	7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 386-937-1143	DATE (YY/MM/DD) 02/09/19
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD-From: 03/01/2007

To: 03/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Collform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.18	0.18	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.016 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.003		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				170		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				170		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					44.4%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-Fr 03/01/2007

 To: 03/31/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.002			7.3		2.2	
2			0.004			7.3		2.2	
3			0.003						
4			0.003						
5			0.002			7.6		2.2	
6			0.003			7.5		2.2	
7			0.004			7.4		2.2+	
8			0.003			7.4		2.2	
9			0.004			7.4		2.2	
10			0.002						
11			0.002						
12			0.002			7.5		2.2	
13			0.003			7.5		2.2	
14	170	2UY	0.003	170	1U	7.6	1U	2.2	0.2
15			0.004			7.5		2.2	
16			0.003			7.4		2.2	
17			0.003						
18			0.003						
19			0.003			7.3		2.2	
20			0.003			7.3		2.2	
21			0.004			7.4		2.2	
22			0.003			7.4		2.2	
23			0.003			7.4		2.2	
24			0.003						
25			0.003						
26			0.002			7.3		2.2	
27			0.003			7.3		2.2	
28			0.003			7.4		2.2	
29			0.003			7.4		2.2	
30			0.003			7.3		2.2	
31			0.003						

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic


FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD-From: 04/01/2007 To: 04/30/07

Parameter	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.8	3.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.2		S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/05/22

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7826 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

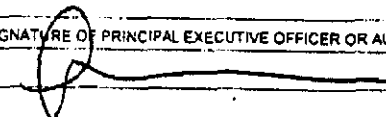
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 05/01/2007 To: 05/31/07

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6	2.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.2	7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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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)
Paul Thompson, Lead Operator		386-937-1143	07/06/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD-From: 05/01/2007 To: 05/31/07

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.08	0.08	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			130		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				17.8%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-Fr 05/01/2007

 To: 05/31/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003			7.3		2.2	
2			0.003			7.4		2.2	
3			0.003			7.3		2.2	
4			0.003			7.3		2.2	
5			0.002						
6			0.002						
7			0.002			7.3		2.2	
8			0.002			7.3		2.2	
9	190	<2	0.003	130	2.6	7.3	<1	2.2	0.083
10			0.001			7.3		2.2	
11			0.003			7.3		2.2	
12			0.003						
13			0.003						
14			0.003			7.3		2.2	
15			0.003			7.3		2.2	
16			0.002			7.2		2.2	
17			0.003			7.4		2.2	
18			0.003			7.3		2.2	
19			0.002						
20			0.002						
21			0.002			7.4		2.2	
22			0.003			7.6		2.2	
23			0.002			7.6		2.2	
24			0.002			7.4		2.2	
25			0.003			7.5		2.2	
26			0.002						
27			0.002						
28			0.002			7.5		2.2	
29			0.003			7.3		2.2	
30			0.002			7.5		2.2	
31			0.002			7.5		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD—From: 06/01/2007 To: 06/30/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7	2.7	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2	7.7	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/07/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 06/01/2007

To: 06/30/07

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			5.0	5.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.55	0.55	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.003	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			189		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			122		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				17.8%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

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

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-J	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003			7.5		2.2	
2			0.004						
3			0.004						
4			0.005			7.2		0.5	
5			0.004			7.4		2.2	
6			0.004			7.5		2.2	
7			0.003			7.5		2.2	
8			0.003			7.5		2.2	
9			0.003						
10			0.004						
11			0.004			7.3		2.2	
12	189	2.7	0.003	122	1.0	7.4	5.0	2.2	0.55
13			0.003			7.4		2.2	
14			0.003			7.3		2.2	
15			0.004			7.4		2.2	
16			0.003						
17			0.003						
18			0.004			7.3		2.2	
19			0.003			7.4		2.2	
20			0.002			7.4		2.2	
21			0.006			7.4		1.3	
22			0.002			7.7		2.2	
23			0.003						
24			0.003						
25			0.004			7.6		2.2	
26			0.004			7.6		2.2	
27			0.002			7.5		2.2	
28			0.004			7.5		2.2	
29			0.004			7.6		2.2	
30			0.003						
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4884</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7826 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

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

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.2	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/08/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

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

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50080 A Mon.Site No. EFA-1	Permit Requirement		0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.39	0.39	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			189		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			84		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				20.0%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD--Fr 07/01/2007

 To: 07/31/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003						
2			0.004			7.4		2.2	
3			0.004			7.4		2.2	
4			0.004			7.4		2.2	
5			0.007			7.4		2.2	
6			0.009			7.2		2.2	
7			0.005						
8			0.005						
9			0.005			7.4		2.2	
10			0.002			7.5		2.2	
11	189	3.00	0.004	84	<1	7.5	<1	2.2	0.39
12			0.005			7.5		2.2	
13			0.003			7.5		2.2	
14			0.003						
15			0.004						
16			0.004			7.3		2.2	
17			0.006			7.4		2.2	
18			0.003			7.4		2.2	
19			0.004			7.4		2.2	
20			0.004			7.4		2.2	
21			0.004						
22			0.004						
23			0.004			7.3		2.2	
24			0.004			7.3		2.2	
25			0.004			7.3		2.2	
26			0.004			7.4		2.2	
27			0.006			7.4		2.2	
28			0.003						
29			0.004						
30			0.004			7.3		2.2	
31			0.003			7.3		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7690

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

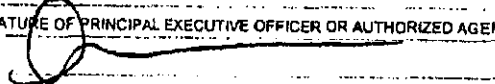
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD-From: 08/01/2007 To: 08/31/07

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.3	7.8	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 386-937-1143	DATE (YY/MM/DD) 07/09/18
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 08/01/2007 To: 08/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.17	1.17	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50060 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				118		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				125		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					24.4%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-Fr: 08/01/2007

 To: 08/31/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.004			7.3		2.2	
2			0.003			7.4		2.2	
3			0.005			7.5		2.2	
4			0.005						
5			0.004						
6			0.004			7.4		1.1	
7			0.008			7.6		2.2	
8			0.004			7.5		2.2	
9	118	<2	0.004	125	1.75	7.4	<1	2.2	1.2
10			0.004			7.5		2.2	
11			0.003						
12			0.003						
13			0.004			7.4		2.2	
14			0.004			7.4		2.2	
15			0.003			7.4		1.0	
16			0.003			7.8		2.2	
17			0.005			7.6		2.2	
18			0.003						
19			0.003						
20			0.004			7.4		2.2+	
21			0.003			7.4		2.2+	
22			0.004			7.5		0.8	
23			0.007			7.5		2.2	
24			0.003			7.7		2.2	
25			0.004						
26			0.005						
27			0.005			7.4		2.2	
28			0.004			7.4		2.2	
29			0.004			7.4		2.2	
30			0.006			7.4		2.2	
31			0.005			7.8		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

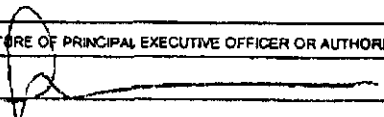
When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011706	LIMIT: Final	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	CLASS SIZE: Minor		GROUP: Domestic
Leesburg, FL 34749			

FACILITY: Park Manor WWTF	MONITORING GROUP NUMBER: R-001	MONITORING GROUP DESC: Percolation Ponds	NO DISCHARGE POINT NUMBER: []
LOCATION: Park Road			
Interlachen, FL 32148			
COUNTY: Putnam	MONITORING PERIOD--From: 09/01/2007	To: 09/30/07	

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.5	5.5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.5	9.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4		7.8	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.75		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/10/25
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):			

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 09/01/2007 To: 10/01/07 09/30/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				25.0	25.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.39	2.39	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				189		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				111		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					26.7%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-From 09/01/2007

 To: 09/30/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.002						
2			0.002						
3			0.003			7.8		2.2	
4			0.004			7.8		2.2	
5			0.004			7.7		2.2	
6			0.003			7.7		2.2+	
7			0.003			7.5		2.2	
8			0.003						
9			0.003						
10			0.004			7.6		2.2	
11			0.002			7.5		2.2	
12	189	5.52	0.003	111	9.5	7.5	25.00	2.2	2.39
13			0.004			7.5		2.2	
14			0.003			7.7		2.2	
15			0.003						
16			0.003						
17			0.004			7.6		2.2	
18			0.004			7.5		2.2+	
19			0.003			7.5		2.2	
20			0.003			7.5		2.2	
21			0.007			7.4		2.2	
22			0.005						
23			0.006						
24			0.006			7.4		2.2	
25			0.004			7.4		2.2	
26			0.006			7.5		2.2	
27			0.004			7.5		2.2	
28			0.005			7.4		2.2	
29			0.005						
30			0.005						
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

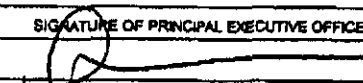
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7690

PERMITTEE NAME: Aqua Utilities Florida MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	PERMIT NUMBER: FLA011708 LIMIT: Final CLASS SIZE: Minor	REPORT: Monthly GROUP: Domestic
FACILITY: Park Manor WWTF LOCATION: Park Road Interlachen, FL 32148	MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Ponds NO DISCHARGE POINT NUMBER: []	
COUNTY: Putnam	MONITORING PERIOD--From: 10/01/2007	To: 10/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				7.5	7.7	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.75		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/11/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD-From: 10/01/2007

To: 10/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.89	1.89	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.006		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				113		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				100		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					31.1%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-From 10/01/2007

 To: 10/31/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.015			7.5		2.2	
2			0.005			7.5		2.2	
3			0.007			7.5		2.2	
4			0.007			7.5		2.2	
5			0.007			7.5		2.2	
6									
7									
8			0.028			7.5		2.2	
9			0.010			7.6		2.2	
10	113	<2.0	0.009	100	1.0	7.6	<1.0	2.2	1.9
11			0.006			7.6		2.2	
12			0.008			7.6		2.2	
13									
14									
15			0.020			7.6		2.2	
16			0.005			7.6		2.2	
17			0.006			7.7		2.2	
18			0.005			7.6		2.2	
19			0.005			7.6		2.2	
20									
21									
22			0.016			7.5		2.2	
23			0.003			7.5		2.2	
24			0.003			7.5		2.2	
25			0.004			7.5		2.2	
26			0.005			7.5		2.2	
27									
28									
29			0.013			7.5		2.2	
30			0.005			7.6		2.2	
31			0.005			7.6		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148

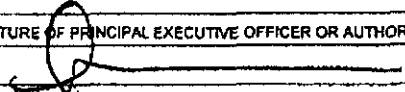
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD--From: 11/01/2007 To: 11/30/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9	2.9	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2	7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.75		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/2/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 11/01/2007

To: 11/30/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74065 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.6 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.00	2.00	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50060 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.004		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				95		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				62		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					31.1%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD--Fr 11/01/2007

 To: 11/30/2007

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.004			7.5		2.2	
2			0.005			7.4		2.2	
3			0.005						
4			0.005						
5			0.006			7.5		2.2	
6			0.004			7.5		2.2	
7			0.006			7.5		2.2	
8			0.003			7.5		2.2	
9			0.003			7.6		2.2	
10			0.005						
11			0.005						
12			0.004			7.6		2.2	
13			0.005			7.8		2.2	
14	95	2.90	0.003	62	4.0	7.3	<1	2.2	2.0
15			0.003			7.4		2.2	
16			0.003			7.5		2.2	
17			0.003						
18			0.003						
19			0.004			7.6		2.2	
20			0.003			7.3		2.2	
21			0.003			7.2		2.2	
22			0.004			7.3		2.2	
23			0.003			7.3		2.2	
24			0.003						
25			0.003						
26			0.004			7.3		2.2	
27			0.004			7.3		2.2	
28			0.003			7.3		2.2	
29			0.003			7.3		2.2	
30			0.004			7.3		2.2	
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD—From: 12/01/2007 To: 12/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3	7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.58		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 12/01/2007

To: 12/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.00	1.00	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.003		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					28.9%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-Fr 12/01/2007

 To: 12/31/2007

Code	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon. Site	80082	80082	50050	00530	00530	00400	74055	50060	00620
	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003						
2			0.003						
3			0.004			7.4		2.2	
4			0.003			7.4		2.2	
5			0.004			7.4		2.2	
6			0.003			7.4		2.2	
7			0.003			7.5		2.2	
8			0.003						
9			0.003						
10			0.003			7.3		2.2	
11	220	<2	0.005	220	3.0	7.3	1Q U	2.2	1.0
12			0.003			7.4		2.2	
13			0.002			7.4		2.2	
14			0.003			7.4		2.2	
15			0.003						
16			0.003						
17			0.004			7.3		2.2	
18			0.004			7.3		1.9	
19			0.005			7.3		0.5	
20			0.003			7.6		2.2	
21			0.003			7.5		2.2	
22			0.005						
23			0.005						
24			0.005			7.3		2.0	
25			0.003			7.6		2.2	
26			0.003			7.5	<1	2.2	
27			0.005			7.4		2.2	
28			0.002			7.4		2.2+	
29			0.003						
30			0.003						
31			0.004			7.4		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7826 Baymeadows Way, Suite B200, Jacksonville, 32256-7890

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

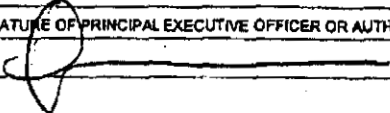
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD-From: 01/01/2006 To: 01/31/06

Parameter	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EPA-1	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EPA-1	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.1	7.3	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EPA-1	Permit Requirement		6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		11		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/02/23

DOCUMENT NUMBER-DATE

04328 MAY 22 08

FPSC-COMMISSION CLERK

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 01/01/2006

To: 01/31/06

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
				1U	1U	#/100mL			
Coliform, Fecal	Sample Measurement						0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrates, Total (as N)	Sample Measurement			0.06	0.06	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.007	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.015 (An. Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.005	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			120		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				35.6%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. CAL-1	Permit Requirement				Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD—Fr: 01/01/2006 To: 01/31/2006

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.006						
2			0.006			7.2		2.2+	
3			0.007			7.2		2.2+	
4	140	2U	0.005	120	1U	7.2	1U	2.2+	0.06U
5			0.006			7.2		2.2+	
6			0.007			7.2		2.2+	
7			0.005						
8			0.006						
9			0.006			7.2		2.2	
10			0.005			7.1		2.2+	
11			0.005			7.1		2.2+	
12			0.004			7.2		2.2+	
13			0.007			7.1		2.2+	
14			0.005						
15			0.005						
16			0.005			7.1		2.2+	
17			0.006			7.2		2.2+	
18			0.005			7.2		2.2+	
19			0.005			7.2		2.2+	
20			0.007			7.2		2.2+	
21			0.003						
22			0.004						
23			0.004			7.2		2.2+	
24			0.007			7.1		2.2+	
25			0.004			7.2		2.2+	
26			0.005			7.2		2.2+	
27			0.005			7.2		2.2+	
28			0.004						
29			0.005						
30			0.005			7.3		2.2+	
31			0.006			7.2		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

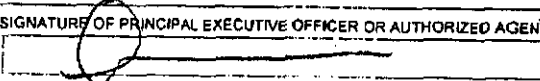
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interfachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 02/01/2006 To: ### 02/28/06

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.7		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.3	2.3	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.1		S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			11		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/03/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 02/01/2006 To: ### 02/28/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.40	0.40	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.007	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			150		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			130		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				40.0%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD--Fr 02/01/2006

 To: 02/28/2006

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	150V	2.8V	0.004	130	2.3	7.2	1.00	2.2	0.4
2			0.005			7.2		2.2	
3			0.004			7.2		2.2+	
4			0.010						
5			0.011						
6			0.011			7.2		2.2+	
7			0.008			7.2		2.2+	
8			0.010			7.2		2.2+	
9			0.007			7.2		2.2+	
10			0.009			7.2		2.2+	
11			0.006						
12			0.007						
13			0.007			7.2		2.2	
14			0.010			7.2		2.2+	
15			0.009			7.2		2.2+	
16			0.003			7.2		2.2+	
17			0.007			7.2		2.2+	
18			0.006						
19			0.006						
20			0.007			7.2		2.2+	
21			0.004			7.2		2.2+	
22			0.007			7.2		2.2+	
23			0.011			7.2		2.2+	
24			0.005			7.2		2.2+	
25			0.008						
26			0.009						
27			0.009			7.2		2.2+	
28			0.007			7.1		2.2+	
29									
30									
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32268-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

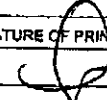
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 03/01/2006 To: 03/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.0		mg/L	0	Monthly	Grab
PARM Code 00630 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.2	7.3	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Collform, Fecal	Sample Measurement			11		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/04/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011708

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 03/01/2006 To: 03/31/06

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055-1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo Mean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060-A Mon. Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.06	0.06	mg/L	0	Monthly	Grab
PARM Code 00620-1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050-G Mon. Site No. INF-1	Permit Requirement	0.015 (An. Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.006		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50060-P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		mg/L	0	Monthly	Grab
PARM Code 80082-G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				58		mg/L	0	Monthly	Grab
PARM Code 00530-G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement					40.0%	Percent	0	Monthly	Calculated
PARM Code 00180-1 Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-Fr 03/01/2006

 To: 03/31/2006

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Facal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.011			7.2		2.2+	
2			0.007			7.2		2.2+	
3			0.009			7.2		2.2+	
4			0.007						
5			0.007						
6			0.007			7.2		2.2+	
7			0.006			7.2		2.2+	
8	150 V	2U V	0.006	58	1.2	7.2	1U	2.2+	0.1
9			0.006			7.2		2.2+	
10			0.007			7.3		2.2+	
11			0.005						
12			0.006						
13			0.006			7.2		2.2+	
14			0.007			7.2		2.2+	
15			0.005			7.2		2.2+	
16			0.005			7.2		2.2+	
17			0.009			7.2		2.2+	
18			0.004						
19			0.004						
20			0.005			7.2		2.2+	
21			0.007			7.2		2.2+	
22			0.005			7.2		2.2+	
23			0.005			7.2		2.2+	
24			0.006			7.2		2.2+	
25			0.005						
26			0.005						
27			0.006			7.3		2.2+	
28			0.006			7.3		2.2+	
29			0.007			7.3		2.2+	
30			0.004			7.2		2.2+	
31			0.005			7.3		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7826 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

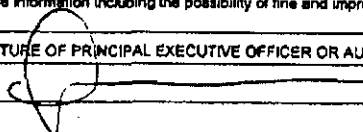
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD—From: 04/01/2006 To: 04/30/06

Parameter	Quantity of Loading	Units	Quality or Concentration			No.	Frequency	Sample Type
						Ex.		
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		1.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.2		S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement		6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		11		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 04/01/2006 To: 04/30/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.12	0.12	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.015 (An. Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.006	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			170		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			130		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				42.2%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. CAL-1	Permit Requirement				Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011706

FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD—Fr 04/01/2006

To: 04/30/2006

Code	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon.Site	INF-1	EFA-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1			0.005						
2			0.005						
3			0.005			7.3		2.2+	
4			0.005			7.2		2.2+	
5			0.005			7.3		2.2+	
6			0.004			7.2		2.2+	
7			0.005			7.3		1.8	
8			0.006						
9			0.007						
10			0.007			7.3		2.2+	
11			0.007			7.3		2.2+	
12	170	2U	0.005	130	1U	7.3	1U	2.2+	0.12
13			0.006			7.3		2.2+	
14			0.006			7.3		2.2+	
15			0.006						
16			0.006						
17			0.006			7.2		2.2+	
18			0.007			7.2		2.2+	
19			0.005			7.2		2.2+	
20			0.006			7.3		2.2+	
21			0.007			7.3		2.2+	
22			0.006						
23			0.006						
24			0.007			7.3		2.2+	
25			0.006			7.5		2.2+	
26			0.007			7.4		2.2+	
27			0.005			7.5		2.2+	
28			0.006			7.4		2.2+	
29			0.005						
30			0.005						
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite 8200, Jacksonville, 32266-7890

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148

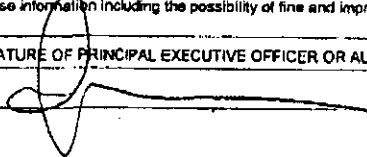
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD-From: 05/01/2006 To: 05/31/06

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2		mg/L	0	Monthly	Grab
PARM Code 60082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1	3.1	mg/L	0	Monthly	Grab
PARM Code 60082-1 Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.3	7.3	mg/L	0	Monthly	Grab
PARM Code 00530-1 Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.1		7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400-1 Mon. Site No. EFA-1	Permit Requirement			6.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				10		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 05/01/2006

To: 05/31/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.00	2.00	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				200		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				100		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					37.8%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD--Fr 05/01/2006

 To: 05/31/2006

Code	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon. Site	80082	80082	50050	00530	00530	00400	74055	50060	00620
	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.005			7.3		2.2+	
2			0.007			7.2		2.2+	
3			0.003			7.4		2.2+	
4			0.016			7.6		2.2+	
5			0.006			7.3		2.2	
6			0.003						
7			0.003						
8			0.003			7.6		2.2+	
9			0.005			7.3		2.2	
10	200	3.10	0.005	100	7.3	7.2	1U	2.2	
11			0.005			7.3		2.2+	
12			0.006			7.1		2.2	
13			0.005						
14			0.005						
15			0.005			7.3		2.2	
16			0.001			7.4		2.2	
17			0.006			7.4		2.2	
18			0.004			7.3		2.2	
19			0.007			7.4		2.2	
20			0.004						
21			0.004						
22			0.004			7.5		2.2	
23			0.004			7.2		2.2	
24			0.001			7.3		2.2	
25			0.007			7.2		2.2	2.0
26			0.005			7.4		1.7	
27			0.005						
28			0.005						
29			0.005			7.5		2.2	
30			0.005			7.5		2.2	
31			0.003			7.6		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

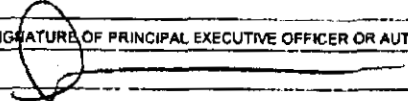
PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor
REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
 Interlachen, FL 32148
COUNTY: Putnam
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

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

Parameter	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2U		mg/L	1	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		1.8	1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.1	7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		10		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

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

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.50	5.50	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				200		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				150		mg/L	0	Monthly	Grab
PARM Code 00630 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					35.6%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011706

FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD—Fr 06/01/2006

To: 06/30/2006

Code Mon. Site	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
	80082	80082	50050	00530	00530	00400	74055	50080	00620
	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.005			7.6		2.2	
2			0.005			7.6		2.2	
3			0.005						
4			0.005						
5			0.006			7.6		2.2	
6			0.006			7.6		2.2	
7	200	2U	0.005	150	1.8	7.5	1U	2.2	5.5
8			0.005			7.1		2.2	
9			0.006			7.2		2.2	
10			0.005						
11			0.005						
12			0.005			7.4		2.2	
13			0.005			7.3		2.2	
14			0.007			7.4		2.2	
15			0.005			7.3		0.7	
16			0.005			7.1		2.2	
17			0.006						
18			0.006						
19			0.006			7.4		2.2	
20			0.005			7.3		2.2	
21			0.005			7.2		2.2	
22			0.004			7.2		2.2	
23			0.005			7.2		2.2	
24			0.003						
25			0.004						
26			0.004			7.2		2.2	
27			0.004			7.2		2.2	
28			0.003			7.2		2.2	
29			0.003			7.2		2.2	
30			0.003			7.3		2.2	
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148

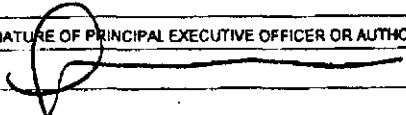
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD--From: 07/01/2006 To: 07/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80882 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.4	4.4	mg/L	0	Monthly	Grab
PARM Code 80882 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.1	7.8	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/08/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 07/01/2006 To: 07/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74065 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0		mg/L	0	5 Days/Week	Grab
PARM Code 50860 A Mon. Site No. EPA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.70	0.70	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.007	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.015 (An. Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.003	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			140		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				28.9%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. CAL-1	Permit Requirement				Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-From: 07/01/2006

 To: 07/31/2006

Code	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon. Site	80082	80082	50050	00530	00530	00400	74055	50060	00620
	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.002			7.2		2.2	
2			0.003						
3			0.003			7.2		2.2	
4			0.003			7.1		2.2	
5	180	4.40	0.003	140	10	7.2	10	2.2	0.7
6			0.004			7.2		2.2	
7			0.004			7.2		2.2	
8			0.002						
9			0.003						
10			0.003			7.5		2.2	
11			0.004			7.3		2.2	
12			0.005			7.2		2.2	
13			0.003			7.4		2.2	
14			0.004			7.6		2.2	
15			0.003						
16			0.003						
17			0.003			7.4		1.0	
18			0.003			7.8		2.2	
19			0.003			7.3		2.2+	
20			0.004			7.6		2.2	
21			0.003			7.4		2.2	
22			0.003						
23			0.003						
24			0.003			7.4		2.2+	
25			0.003			7.6		2.2	
26			0.003			7.3		2.2	
27			0.003			7.6		2.2	
28			0.003			7.7		2.2	
29			0.002						
30			0.002						
31			0.003			7.6		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite #200, Jacksonville, 32266-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148

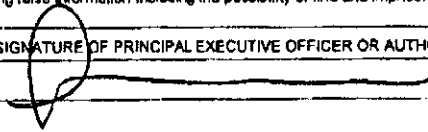
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD--From: 08/01/2006 To: 08/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.1	1.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.2	7.7	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/09/19

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 08/01/2006 To: 08/31/06

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74065 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.10	8.10	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.006		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				94		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					22.2%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD--Fr 08/01/2006

 To: 08/31/2006

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.001			7.6		2.2	
2	150	2U	0.003	94	1.1	7.5	1U	2.2	8.1
3			0.002			7.6		2.2	
4			0.002			7.7		2.2	
5			0.003						
6			0.002						
7			0.002			7.6		2.2	
8			0.002			7.5		2.2	
9			0.003			7.4		2.2	
10			0.001			7.6		2.2	
11			0.003			7.4		2.2	
12			0.003						
13			0.002						
14			0.002			7.3		2.2	
15			0.002			7.3		2.2+	
16			0.003			7.3		2.2	
17			0.003			7.4		2.2	
18			0.002			7.4		2.2	
19			0.002						
20			0.003						
21			0.003			7.4		2.2	
22			0.003			7.3		2.2	
23			0.002			7.4		2.2	
24			0.003			7.3		2.2	
25			0.003			7.3		2.2	
26			0.002						
27			0.002						
28			0.002			7.2		2.2	
29			0.002			7.3		2.2	
30			0.002			7.4		1.8	
31			0.002			7.6		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7690

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

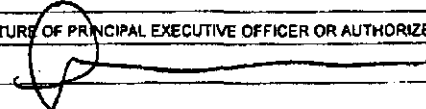
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 09/01/2006 To: 09/30/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8		mg/L	0	Monthly	Grab
PARM Code 80530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.2		7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement		6.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/10/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 09/01/2006 To: 09/30/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74056-1 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.6		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.06	0.06	mg/L	0	Monthly	Grab
PARM Code 00620-1 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.015 (An. Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			210		mg/L	0	Monthly	Grab
PARM Code 80092 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			170		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				15.6%	Percent	0	Monthly	Calculated
PARM Code 00180-1 Mon. Site No. CAL-1	Permit Requirement				Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD—Fr 09/01/2006

 To: 09/30/2006

Code	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.002			7.6		2.2	
2			0.002						
3			0.002						
4			0.002			7.6		2.2	
5			0.003			7.6		2.2	
6	210	2.50	0.001	170	1U	7.5	1U	2.2	0.06U
7			0.002			7.4		1.9	
8			0.002			7.5		2.2	
9			0.003						
10			0.003						
11			0.003			7.3		2.2	
12			0.001			7.4		1.6	
13			0.002			7.5		2.2	
14			0.002			7.4		2.2	
15			0.001			7.5		2.2	
16			0.002						
17			0.002						
18			0.002			7.3		2.2	
19			0.003			7.3		2.2	
20			0.002			7.3		2.2	
21			0.002			7.3		2.2	
22			0.003			7.2		2.2	
23			0.002						
24			0.002						
25			0.003			7.3		2.2	
26			0.002			7.3		2.2	
27			0.002			7.3		2.2	
28			0.003			7.2		2.2	
29			0.002			7.3		2.2	
30			0.002						
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

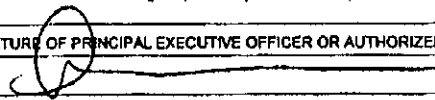
FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 10/01/2006 To: 10/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6	2.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.2	7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 10/01/2006 To: 10/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type	
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055.1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060. A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.11	0.11		mg/L	0	Monthly	Grab
PARM Code 00620.1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005	mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050. G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd						5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002	mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050. P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		mg/L	0	Monthly	Grab
PARM Code 80082. G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				77		mg/L	0	Monthly	Grab
PARM Code 00530. G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					13.3%	Percent	0	Monthly	Calculated
PARM Code 00180.1 Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD--Fr 10/01/2006

 To: 10/31/2006

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.002						
2			0.003			7.3		2.2	
3			0.003			7.3		2.2	
4	150	2.00	0.002	77	2.6	7.3	1U	2.2	0.1
5			0.002			7.4		2.2	
6			0.003			7.3		2.2	
7			0.002						
8			0.002						
9			0.003			7.3		2.2	
10			0.002			7.3		2.2	
11			0.003			7.3		2.2	
12			0.002			7.3		2.2	
13			0.002			7.2		2.2	
14			0.002						
15			0.003						
16			0.003			7.2		2.2	
17			0.002			7.2		2.2	
18			0.003			7.3		2.2	
19			0.002			7.3		2.2	
20			0.002			7.3		2.2	
21			0.002						
22			0.003						
23			0.003			7.2		2.2	
24			0.002			7.3		2.2	
25			0.002			7.3		2.2	
26			0.003			7.4		0.5	
27			0.002			7.2		2.2	
28			0.002						
29			0.002						
30			0.003			7.3		2.2	
31			0.002			7.3		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148

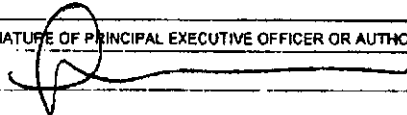
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD-From: 11/01/2006 To: 11/30/06

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.1	3.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD—From: 11/01/2006 To: 11/30/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.21	0.21	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50060 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				170		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				130		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Sits No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD—Fr 11/01/2006

 To: 11/30/2006

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50050	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	170	2.00	0.002	130	3.1	7.3	1U	2.2	0.21
2			0.002			7.3		2.2	
3			0.002			7.2		2.2	
4			0.002						
5			0.002						
6			0.002			7.2		2.2	
7			0.002			7.2		2.2	
8			0.002			7.2		2.2	
9			0.002			7.3		2.2	
10			0.002			7.4		2.2	
11			0.002						
12			0.002						
13			0.003			7.4		2.2	
14			0.003			7.3		2.2	
15			0.001			7.3		2.2	
16			0.001			7.3		2.2	
17			0.002			7.3		2.2	
18			0.002						
19			0.002						
20			0.002			7.2		2.2	
21			0.008			7.2		2.2	
22			0.001			7.3		2.2	
23			0.001			7.5		2.2	
24			0.001			7.3		2.2	
25			0.002						
26			0.002						
27			0.003			7.3		2.2	
28			0.002			7.4		2.2	
29			0.002			7.3		2.2	
30			0.002			7.5		2.2	
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Park Manor WWTF
 LOCATION: Park Road
 Interlachen, FL 32148
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds
 NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 12/01/2006 To: 12/31/06

Parameter	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.0	4.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.3	7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/01/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 12/01/2006

To: 12/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.06	0.06	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			240		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			150		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

 MONITORING PERIOD-From 12/01/2006

 To: 12/31/2006

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.002			7.5		2.0	
2			0.002						
3			0.002						
4			0.002			7.4		2.2	
5			0.002			7.3		2.2	
6			0.003			7.3		2.2+	
7			0.002			7.3		2.2	
8			0.002			7.3		2.2	
9			0.002						
10			0.002						
11			0.002			7.6		2.2	
12			0.002			7.5		2.2	
13			0.002			7.4		2.2	
14			0.002			7.4		2.1	
15			0.003			7.4		2.2	
16			0.002						
17			0.002						
18			0.003			7.3		2.2	
19			0.002			7.3		2.2	
20	240	4.00	0.002	150	2.4	7.3	3.00	2.2	0.06U
21			0.003			7.3		2.2	
22			0.002			7.3		2.2	
23			0.002						
24			0.002						
25			0.002			7.4		2.2	
26			0.003			7.3		2.2	
27			0.003			7.5		2.2	
28			0.002			7.4		2.2	
29			0.002			7.4		2.2	
30			0.002						
31			0.002						

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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



Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B-200
Jacksonville Florida 32256-7590

Colleen M. Castille
Secretary

February 14, 2006

Mr. Glenn P. LaBrecque
Vice President
Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Sarasota, Florida 34240

DEP File No. FLA011706-005-DW
Putnam
Park Manor Subdivision WWTF

NOTICE OF PERMIT REVISION

Enclosed is a revision to Permit Number FLA011706 to modify Section II, Residuals Management Requirements, issued under section(s) 403 of the Florida Statutes.

The revision includes the transport of residuals to Shelley's Environmental Systems, Inc., or American Pipe & Tank, Inc., (412 Biosolids Processing Facility and Central Process), or a DEP-permitted WWTF, or a DEP-permitted RMF for further treatment and final disposal. Attach the modified page 7 to the permit, as it becomes a permanent part thereof. All other portions of the permit remain in effect and are fully enforceable.

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

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

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

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for mediation within the appropriate time period shall constitute a waiver of that person's right to request an

DOCUMENT NUMBER DATE

04328 MAY 22 00

FPSC-COMMISSION CLERK

Glenn P. LaBrecque
Park Manor Subdivision
February 14, 2006

administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

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

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

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

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (i.e., the applicant, the Department, and any person who has filed a timely and sufficient petition for a hearing). The agreement must contain all the information required by rule 28-106.404. The agreement must be received by the clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement.

As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by sections 120.569 and 120.57 for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order

Glenn P. LaBrecque
Park Manor Subdivision
February 14, 2006

incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under sections 120.569 and 120.57. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under sections 120.569 and 120.57 remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further order of the Department.

Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit is filed with the clerk of the Department.

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Vincent A. Seibold

Vincent A. Seibold, P.E.
Water Facilities Administrator

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT REVISION and all copies were mailed by certified mail before the close of business on February 14, 2006 to the listed persons.

John Tallema

Clerk

February 14, 2006

Date

Brian Heath, Area Manager
James C. Boyd, P.E.
Putnam CHD

FILING AND ACKNOWLEDGEMENT
FILED on this date, pursuant to §120.52 Florida
Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged.
John Tallema
Clerk

FACILITY: Park Manor Subdivision
PERMITTEE: Glenn P. LaBrecque

PERMIT NUMBER: FLA011706
EXPIRATION DATE: January 15, 2008
1st REVISION DATE: July 7, 2004
2nd REVISION DATE: February 14, 2006

8. 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 Northeast District Office at the address specified below:

Northeast District Office
7825 Baymeadows Way, Suite B-200
Jacksonville, Florida 32256-7590

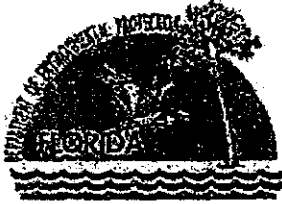
Phone Number - 904-807-3300
FAX Number - 904-448-4366

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

1. The method of residuals use or disposal by this facility is transport to Shelley's Environmental Systems, Inc., or American Pipe & Tank, Inc., (412 Biosolids Processing Facility and Central Process), or to a DEP-permitted WWTF, or to a DEP-permitted RMF, and/or disposal in a Class I or II solid waste landfill. If the facility changes residuals treatment facility, a written agreement between the facility and the new treatment facility shall be submitted to the Department at least 30 days prior to transport of residuals. [62-640.880(3)]
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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



Jeb Bush
Governor

Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite 8200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Mr. Craig J Anderson
Vice President, Environmental Services
Florida Water Services Corporation
P.O. Box 609520
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011706
PA FILE NUMBER: FLA011706 000-000
ISSUANCE DATE: January 16, 2003
EXPIRATION DATE: January 15, 2008

FACILITY:

Park Manor Subdivision
Park Road
Interlachen, FL 32148
Putnam County
Latitude: 29° 37' 35" N Longitude: 81° 50' 35" 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 0.015 mgd annual average daily flow (AADF) permitted capacity extended aeration secondary domestic wastewater treatment plant consisting of (3) 5,000 gallon aeration tanks, (1) 4,400 clarification tank, a 805 gallon chlorination chamber, and a 2,270 gallon aerobic digester. Residuals are transported to Shelley's Environmental Systems Inc. for final treatment and land application.

REUSE:

Land Application: An existing 0.015 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of two percolation pond located approximately at latitude 29° 37' 35" N, longitude 81° 50' 35" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

"More Protection, Less Process"

Printed on recycled paper.

FACILITY: Park Manor Subdivision
 PERMITTEE: Craig J. Anderson
 Florida Water Services Corporation
 P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA011706
 EXPIRATION DATE: January 15, 2008

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

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
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	mg/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
pH	s.u	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	See Permit Condition I.A.3.						Monthly	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.4
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-1	

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2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Effluent after disinfection

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)]

4. 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)]

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

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	0.015	-	-	-	5 Days/Week	Elapsed time meters on pumps	INF-1	See Cond.I.B.3, 4	
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	See Cond.I.B.3	
Solids, Total Suspended	mg/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	See Cond.I.B.3	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report (Mo.Total)	-	-	Monthly	Calculated	CAL-1		

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2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Influent, prior to biological treatment
GAL-1	Calculation based on flow value reported.

- 3 Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. Elapsed time meters on pumps shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 5 Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 7 Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Northeast District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month.	28 th day of following month

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Northeast District Office at the address specified in Permit Condition I.B. 8 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

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8. 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 Northeast District Office at the address specified below:

Northeast District Office
7825 Baymeadows Way
Suite B-200
Jacksonville, Florida 32256-7590

Phone Number - 904-807-3300

FAX Number - 904-448-4366

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

The method of residuals use or disposal by this facility is transport to Shelley's Environmental Systems, Inc. or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

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

Residuals Management Facility or Treatment Facility

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

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

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]

2. The annual average hydraulic loading rate to the Percolation Pond shall be limited to a maximum of 3.8 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. The Percolation Pond normally shall be loaded for 7 days and shall be rested for 5 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Northeast District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class D facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class D or higher operator for 3 nonconsecutive visits/week for 1 1/2 hours/week. The lead operator must be a Class D operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

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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. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that Flow, pH, Total Residual Chlorine (For Disinfection) are monitored in accordance with Part I of this permit. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
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
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]

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VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

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

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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)]*
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

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

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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)]

3. 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)]

The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]

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

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be

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used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]

When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 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)]
7. 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; andSteps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

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18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
 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

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4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

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)]

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.

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

FACILITY: Park Manor Subdivision
PERMITTEE: Craig J. Anderson
Florida Water Services Corporation
P.O. Box 609520
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011706
EXPIRATION DATE: January 15, 2008

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:
 - An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

FACILITY: Park Manor Subdivision
PERMITTEE: Craig J. Anderson
Florida Water Services Corporation
P.O. Box 609520
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011706
EXPIRATION DATE: January 15, 2008

Executed in Jacksonville, Florida.

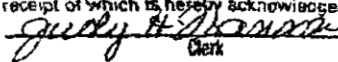
AFM
c.s.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL
PROTECTION


Jeffrey M. Owen, P.E.
Water Facilities Administrator

DATE: 11/24/03

FILING AND ACKNOWLEDGEMENT
FILED, on this date, pursuant to S120.52 Florida
Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged.


Clerk Date 11/24/03



Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sote
Secretary

June 14, 2007

Mr. Patrick Farris
Environmental Compliance
Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, Florida 34749

Re: **Putnam County- Domestic Wastewater
Park Manor WWTF - FLA011706
Compliance Evaluation Inspection**

Dear Mr. Farris:

The Florida Department of Environmental Protection (Department) conducted a Compliance Evaluation Inspection at the Park Manor Wastewater Treatment Facility on May 14, 2007. The Department's Wastewater Compliance Inspection Report and photographs from the inspection are attached. The following are comments for areas of special interest noted during the inspection:

PERMIT

The facility is permitted as a 0.015 MGD extended aeration wastewater treatment facility consisting of: three 5,000 gallon aeration tanks, one 4,400 gallon clarifier, an 805 gallon chlorination chamber, and a 2,270 gallon aerobic digester. Chlorinated reclaimed water is discharged to two percolation/evaporation ponds. Domestic wastewater residuals are transported to American Pipe & Tank, Inc. or Shelley's Environmental Systems, Inc. or a DEP permitted WWTF or DEP permitted RMF for further treatment and final disposal.

Permit FLA011706 was issued on January 16, 2003 and expires on January 15, 2008. Please submit an application for permit at least 180 days prior to the expiration of the permit as required by Rule 62-620.335, Florida Administrative Code (FAC). Please direct all questions regarding the permit to Mr. Jeff Martin in our Department.

DOCUMENT NUMBER - DATE

04328 MAY 22 08

FPSC-COMMISSION CLERK

RECORDS AND REPORTS

A bound logbook was maintained on-site and was available for review during the inspection. The following observations were recorded in the logbook:

- a. The name of the facility, day, month and year.
 - b. The operator's name and certification number.
 - c. The operator in and out times.
 - d. Flow, pH results, and process control.
 - e. Maintenance performed at the facility.
- Other records reviewed included: process control data, sample collection and analyses data, calibration logs, temperature logs, chain of custody forms and DMRs.
 - Ice was not included on the chain of custody forms as a preservative. Also, sodium thiosulfate that is added to the fecal coliform samples was not always marked on the chain of custody sheets. These items were discussed with the operator and were corrected.
 - A copy of the license for the certified operator working at the facility was available at the time of the inspection.
 - A copy of the permit and copy of the laboratory certification are now available for review.

FACILITY SITE REVIEW

The following observations were made at the facility:

- The facility is secured within a fence with locked gate.
- A sign was posted at the facility with the emergency number.
- The grounds were clean and well maintained.
- The percolation/evaporation ponds were clean and were well maintained.
- The RPZ backflow prevention device is scheduled to be checked during June 2007. (See the attached correspondence).

FLOW MEASUREMENT

Flow is determined using elapsed time meters on the lift station pumps. The flow-measuring device is scheduled to be calibrated/checked during June 2007. (See the attached correspondence).

Mr. Patrick Farris

June 14, 2007

Page 3 of 3

OPERATION AND MAINTENANCE

All units of the facility were in operation and appeared to be operating well. There was a good brown color of mixed liquor in the aeration units. The clarifier had adequate settling and depth to the sludge blanket and chlorine contact unit was clean. The effluent was clear. The percolation/evaporation ponds were clean and were well maintained.

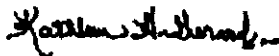
EFFLUENT

Discharge Monitoring Reports (DMRs) were reviewed for January 2006 through April 2007 and the quality of the effluent is very good. There were no effluent violations noted.

Overall, the facility was found to be in-compliance based upon the compliance evaluation inspection and records review. A copy of the inspection report is enclosed for your records.

Please extend my gratitude to Mr. Paul Thompson and Mr. Ralph Marriott for their cooperation and assistance during the inspection. If you have any questions, please contact me at (904) 807 - 3338.

Sincerely,



Kathleen H. Gerard
DW Compliance Coordinator

KHG:tk:kg

cc: Mr. Paul Thompson, Aqua Utilities Florida, Inc.
Mr. Stanley Rieger, Public Service Commission, Tallahassee

COMET ENTRY DATE

___/___/___

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility <i>Park Manor WWTF 117 Park Road, Highway 20 Interlachen, FL 32148</i>	WAFR ID: <i>FLA011706</i>	County <i>Putnam</i>	Entry Date/Time <i>May 14, 2007</i>
		Phone <i>@ Exit Date/Time May 14, 2007</i>	
Name(s) of Field Representative(s) <i>Ralph Marriott</i>	Title <i>Lead Operator,</i>	Phone <i>(386) 937-0187</i>	
<i>Paul Thompson</i>	<i>Senior Operator</i>	<i>(386) 329-1122</i>	
Name and Address of Permittee or Designated Representative <i>Patrick Farris Aqua Utilities Florida, Inc. P.O. Box 490310 Leesburg, Florida 34749</i>	Title <i>Environmental Compliance</i>	Phone <i>(352) 787-0980</i>	@ Operator Certification #

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

FACILITY COMPLIANCE PERMITS, ORDERS AND MONITORING							
PERMITS, ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT DISPOSAL	
IC	1. Permit		3. Laboratory	IC	6. Facility Site Review	IC	9. Effluent Quality
	2. Compliance Schedules	IC	4. Sampling		7. Flow Measurement	IC	10. Effluent Disposal
		IC	5. Records & Reports	IC	8. Operation & Maintenance		11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status:	<input checked="" type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions:			
Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date	
<i>Kathleen H. Gerard</i>	NED/ (904) 807-3338	6/14/2007	
<i>Max Schwartz</i>	NED/ (904) 807-3337	6/14/2007	
@ Signature of Reviewer	District Office/Phone Number	Date	
<i>Tom Kallemeyn</i>	NED/ (904) 807-3305	6/14/2007	

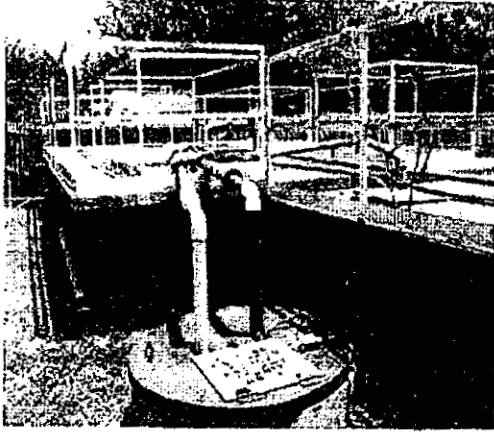
Fill Out This Section For All Surface Water Discharge Inspections (CEI, CSI, CBI, SAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N 5	F L A	0 7 0 5 1 4	C	2 S	3 2

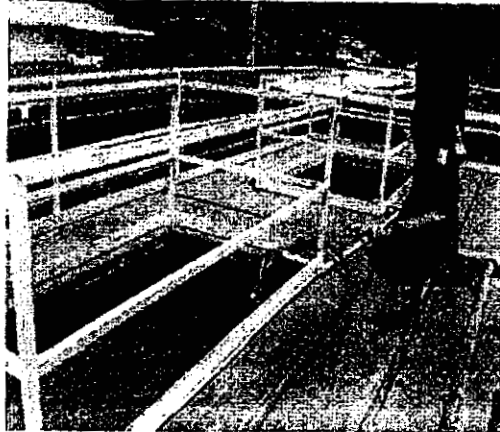
ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1): A=AA, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
 Inspection Code (Field 2): 5=State, 6=Joint EPA/State-EPA Lead, 7=Joint State/State Lead, L=Local Program
 Facility Type (Field 3): 1=Municipal Publicly Owned, 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Other
 Every other field is self explanatory

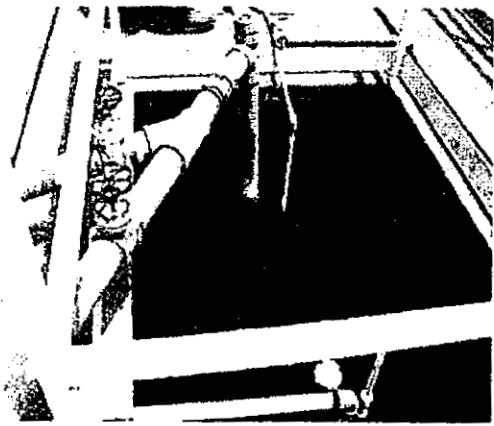
**PARK MANOR S/D WWTF
MAY 14, 2007**



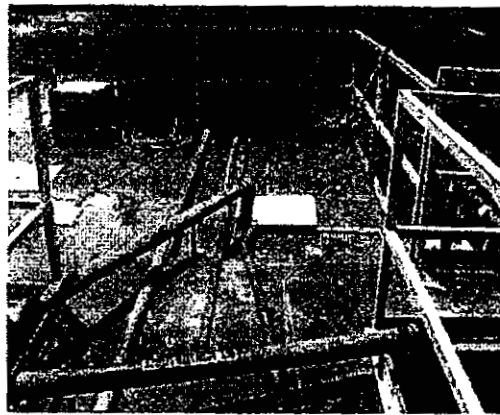
WWTF



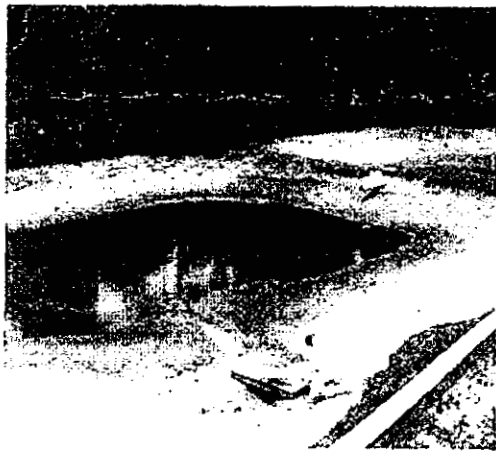
Aeration units



Clarifier



Digester



Evaporation/Percolation Ponds



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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
	X	24.0	28,676		1.5										0.8	
	X	24.0	34,160		2.0										1.1	
	X	24.0	29,600		1.3										0.7	
	X	24.0	29,970		1.2										0.6	
	X	24.0	24,580		1.0										0.5	
		24.0	28,387													
	X	24.0	28,387		1.5										1.0	
	X	24.0	25,190		1.7										1.1	
	X	24.0	30,100		1.5										0.9	
	X	24.0	26,800		1.5										0.9	
	X	24.0	32,440		1.5										1.0	
		24.0	28,683													
		24.0	28,683													
	X	24.0	28,683		1.5										1.0	
	X	24.0	33,310		1.5										1.0	
	X	24.0	28,070		1.5										1.0	
	X	24.0	21,730		1.5										1.0	
	X	24.0	28,380		1.3										0.9	
		24.0	30,997													
		24.0	30,997													
	X	24.0	30,997		1.3										1.0	
	X	24.0	25,510		1.5										1.1	
	X	24.0	26,380		1.5										1.1	
	X	24.0	30,580		1.8										1.2	
	X	24.0	29,900		1.2										0.8	
		24.0	31,893													
		24.0	31,893													
	X	24.0	31,893		1.3										0.8	
	X	24.0	29,180		1.2										0.7	
	X	24.0	28,570		1.3										0.8	
			903,006													
			29,129													
			34,160													

DOCUMENT NUMBER-DATE

04028 MAY 22 8

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

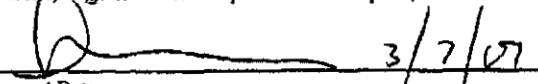
B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  3/7/07 Paul Thompson License Number: A7251

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 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, W							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	27,840		1.0											
2	X	24.0	30,260		1.2											
3		24.0	37,220													
4		24.0	37,220													
5	X	24.0	37,220		1.2										0.8	
6	X	24.0	29,100		1.2										0.8	
7	X	24.0	25,160		1.2										0.4	
8	X	24.0	28,370		1.2										0.6	
9	X	24.0	30,510		1.1										0.5	
10		24.0	31,230													
11		24.0	31,230													
12	X	24.0	31,230		1.5										0.9	
13	X	24.0	27,720		1.5										1.0	
14	X	24.0	34,220		1.8										1.2	
15	X	24.0	34,600		1.9										1.3	
16	X	24.0	26,040		1.5										1.0	
17		24.0	33,703													
18		24.0	33,703													
19	X	24.0	33,703		1.4										0.9	
20	X	24.0	25,820		1.2										0.8	
21	X	24.0	35,060		1.2										0.9	
22	X	24.0	27,380		1.2										0.8	
23	X	24.0	36,350		1.5										0.9	
24		24.0	33,617													
25		24.0	33,617													
26	X	24.0	33,617		1.5										1.0	
27	X	24.0	27,240		1.8										1.2	
28	X	24.0	26,770		1.7										1.0	
29		24.0														
30		24.0														
31		24.0														
Total			879,750													
Average			28,379													
Maximum			37,220													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

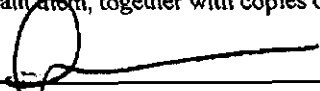
B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II Certification by Lead/Chief Operator

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


4/5/07

 Signature and Date

 Paul Thompson

 A7251
 License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 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	34,310		1.5										1.1	
2	X	24.0	30,390		1.5										1.1	
3		24.0	31,157													
4		24.0	31,157													
5	X	24.0	31,157		1.7										1.2	
6	X	24.0	36,250		1.5										1.0	
7	X	24.0	22,410		1.5										1.1	
8	X	24.0	37,820		1.5										1.0	
9	X	24.0	27,170		1.5										1.0	
10		24.0	35,993													
11		24.0	35,993													
12	X	24.0	35,993		1.6										1.0	
13	X	24.0	27,370		1.5										1.0	
14	X	24.0	35,830		1.7										1.1	
15	X	24.0	42,210		2.1										1.5	
16	X	24.0	36,180		1.1										0.8	
17		24.0	34,960													
18		24.0	34,960													
19	X	24.0	34,960		1.5										1.0	
20	X	24.0	34,330		1.5										1.0	
21	X	24.0	43,390		1.5										1.1	
22	X	24.0	35,650		2.5										1.7	
23	X	24.0	35,920		1.3										0.9	
24		24.0	37,283													
25		24.0	37,283													
26	X	24.0	37,283		1.5										1.1	
27	X	24.0	27,180		1.4										1.0	
28	X	24.0	33,870		1.5										1.0	
29	X	24.0	32,360		1.7										1.1	
30	X	24.0	43,280		1.7										1.2	
31		24.0	36,554													
Total			1,070,654													
Average			34,537													
Maximum			43,390													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3) Alternate

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:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

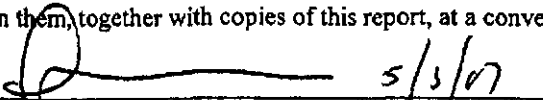
B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
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
Head/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  5/3/07 Paul Thompson License Number: A7251

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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	54,830												
2	X	24.0	54,830												0.8
3	X	24.0	38,280			1.1									0.8
4	X	24.0	24,680			1.2									0.8
5	X	24.0	33,130			1.2									0.9
6	X	24.0	33,570			1.3									0.9
7		24.0	31,620												
8		24.0	31,620												
9	X	24.0	31,620			1.2									0.8
10	X	24.0	30,040			1.2									0.8
11	X	24.0	28,480			1.3									0.8
12	X	24.0	27,160			1.2									0.7
13	X	24.0	31,670			1.2									0.8
14		24.0	32,167												
15		24.0	32,167												
16	X	24.0	32,167			1.0									0.5
17	X	24.0	23,240			1.2									0.8
18	X	24.0	39,660			1.2									1.0
19	X	24.0	25,000			1.2									0.9
20	X	24.0	23,830			1.1									0.8
21		24.0	36,020												
22		24.0	36,020												
23	X	24.0	36,020			0.8									0.4
24	X	24.0	39,730			1.5									0.8
25	X	24.0	28,840			1.8									1.3
26	X	24.0	27,870			0.6									0.3
27	X	24.0	46,740			0.8									0.4
28		24.0	35,673												
29		24.0	35,673												
30	X	24.0	35,673			2.2									1.4
31		24.0													
Total			1,018,020												
Average			32,839												
Maximum			54,830												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

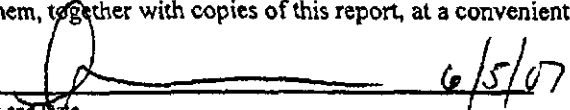
PWS Name: Pomona Park	PWS Identification Number: 2540905
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 192	Total Population Served at End of Month: 672
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

B. Water Treatment Plant Information

Plant Name: Pomona Park	Plant Telephone Number: (352) 787-0980
Plant Address: Church Street	City: Pomona Park State: Florida Zip Code: 32181
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: 187,000	
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	
Lead/Chief Operator: Paul Thompson	A 7251 Days 1st Shift
Other Operators: David Haring	C 14091 Days 1st Shift
Ralph Marriott	C 7527 Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  6/5/07 Paul Thompson License Number: A7251

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	34,020		1.3										0.9
2	X	24.0	35,470		1.3										0.8
3	X	24.0	31,580		1.3										0.9
4	X	24.0	42,430		1.3										0.9
5		24.0	33,040												
6		24.0	33,040												
7	X	24.0	33,040		1.4										1.0
8	X	24.0	28,830		1.3										1.0
9	X	24.0	26,610		1.2										0.8
10	X	24.0	27,770		1.3										0.8
11	X	24.0	32,520		1.2										0.7
12		24.0	30,160												
13		24.0	30,160												
14	X	24.0	30,160		1.0										0.5
15	X	24.0	27,670		1.5										0.8
16	X	24.0	18,570		1.5										0.9
17	X	24.0	43,420		1.7										1.1
18	X	24.0	32,090		1.5										1.0
19		24.0	32,467												
20		24.0	32,467												
21	X	24.0	32,467		1.7										1.2
22	X	24.0	32,420		1.5										1.0
23	X	24.0	28,420		1.5										1.0
24	X	24.0	33,840		1.7										1.2
25	X	24.0	33,170		1.3										1.0
26		24.0	35,030												
27		24.0	35,030												
28	X	24.0	35,030		1.1										0.7
29	X	24.0	49,020		1.0										0.7
30	X	24.0	33,190		1.0										0.7
31	X	24.0	28,490		0.8										0.4
Total			1,011,620												
Average			32,633												
Maximum			49,020												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

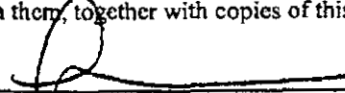
PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	192			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980	
Plant Address:	Church Street	City:	Pomona Park	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:	187,000					
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:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

 7/6/07
 Signature and Date

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm 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	34,530		1.7									1.1	
2		24.0	29,070												
3		24.0	29,070												
4	X	24.0	29,070		0.6									0.3	
5	X	24.0	41,900		1.3									0.9	
6	X	24.0	24,390		1.0									0.7	
7	X	24.0	28,960		1.2									0.7	
8	X	24.0	28,030		1.2									0.7	
9		24.0	29,233												
10		24.0	29,233												
11	X	24.0	29,233		1.2									0.6	
12	X	24.0	16,790		1.2									0.7	
13	X	24.0	36,410		1.1									0.7	
14	X	24.0	19,270		1.1									0.7	
15	X	24.0	25,360		0.9									0.5	
16		24.0	31,393												
17		24.0	31,393												
18	X	24.0	31,393		0.6									0.3	
19	X	24.0	28,150		1.8									1.3	
20	X	24.0	29,110		1.3									1.0	
21	X	24.0	24,760		1.6									1.1	
22	X	24.0	25,600		1.4									1.0	
23		24.0	28,173												
24		24.0	28,173												
25	X	24.0	28,173		1.3									0.8	
26	X	24.0	28,870		1.3									0.8	
27	X	24.0	29,020		1.3									0.9	
28	X	24.0	33,870		1.1									0.8	
29	X	24.0	29,600		1.2									0.8	
30		24.0	28,443												
31		24.0													
Total			866,673												
Average			27,957												
Maximum			41,900												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 192		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: bheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980	
Plant Address: Church Street		City: Pomona Park	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32181	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 187,000			
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:	Paul Thompson	A	7251
Other Operators:	David Haring	C	14091
	Ralph Marriott	C	7527

II. Certification by Lead/Chief Operator

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

8/8/07
Signature and Date

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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	
		24.0	28,443											
	X	24.0	28,443		1.2									0.8
	X	24.0	31,760		1.4									0.8
	X	24.0	34,000		1.5									0.8
	X	24.0	43,380		1.6									0.9
	X	24.0	34,160		1.6									0.8
		24.0	41,170											
		24.0	41,170											
	X	24.0	41,170		0.8									0.4
	X	24.0	33,680		1.3									0.6
	X	24.0	37,910		1.5									0.8
	X	24.0	29,670		1.6									0.8
	X	24.0	39,570		1.5									0.9
		24.0	34,133											
		24.0	34,133											
	X	24.0	34,133		1.2									0.7
	X	24.0	37,130		1.1									0.6
	X	24.0	34,930		1.2									0.7
	X	24.0	40,600		1.0									0.4
	X	24.0	31,860		1.0									0.5
		24.0	35,963											
		24.0	35,963											
	X	24.0	35,963		1.0									0.5
	X	24.0	36,920		0.8									0.4
	X	24.0	33,840		1.0									0.7
	X	24.0	26,620		0.8									0.4
	X	24.0	28,090		1.1									0.6
		24.0	25,247											
		24.0	25,247											
	X	24.0	25,247		1.5									0.9
	X	24.0	26,040		1.3									0.8
Total			1,046,586											
Average			33,761											
Maximum			43,380											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

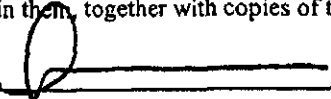
B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
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	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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


9/6/07
Paul Thompson
A7251

Signature and Date License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	22,320		1.3									0.7	
2	X	24.0	22,520		1.5									0.8	
3	X	24.0	21,420		1.3									0.6	
4		24.0	24,597												
5		24.0	24,597												
6	X	24.0	24,597		0.7									0.4	
7	X	24.0	28,620		0.7									0.4	
8	X	24.0	23,280		1.0									0.6	
9	X	24.0	34,680		0.7									0.4	
10	X	24.0	29,540		1.0									0.5	
11		24.0	27,770												
12		24.0	27,770												
13	X	24.0	27,770		1.0									0.6	
14	X	24.0	14,920		1.2									0.7	
15	X	24.0	35,690		1.6									0.9	
16	X	24.0	20,550		1.0									0.6	
17	X	24.0	34,130		2.8									1.9	
18		24.0	29,753												
19		24.0	29,753												
20	X	24.0	29,753		2.0									1.4	
21	X	24.0	27,600		2.2									1.5	
22	X	24.0	35,840		1.2									0.6	
23	X	24.0	25,740		2.8									1.7	
24	X	24.0	41,120		1.5									0.9	
25		24.0	26,677												
26		24.0	26,677												
27	X	24.0	26,677		1.5									0.8	
28	X	24.0	33,200		1.3									0.7	
29	X	24.0	31,010		1.7									0.9	
30	X	24.0	20,660		1.7									1.0	
31	X	24.0	40,150		1.7									1.1	
Total			869,380												
Average			28,045												
Maximum			41,120												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

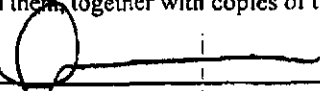
B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 10/09/07
 Signature and Date

Paul Thompson

A7251
 License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	27,183										
2		24.0	27,183										
3	X	24.0	27,183		2.0							1.1	
4	X	24.0	36,970		1.7							0.9	
5	X	24.0	23,140		1.5							0.9	
6	X	24.0	27,410		1.7							1.1	
7	X	24.0	36,270		1.5							1.0	
8		24.0	29,130										
9		24.0	29,130										
10	X	24.0	29,130		1.5							1.0	
11	X	24.0	25,640		1.4							1.0	
12	X	24.0	40,960		1.3							0.9	
13	X	24.0	44,920		1.5							0.9	
14	X	24.0	27,710		1.3							0.8	
15		24.0	27,320										
16		24.0	27,320										
17	X	24.0	27,320		1.2							0.7	
18	X	24.0	22,790		1.5							0.8	
19	X	24.0	23,960		1.5							0.8	
20	X	24.0	29,690		1.5							0.8	
21	X	24.0	27,310		1.5							0.9	
22		24.0	26,853										
23		24.0	26,853										
24	X	24.0	26,853		1.5							1.0	
25	X	24.0	20,280		1.5							1.0	
26	X	24.0	26,390		1.4							0.8	
27	X	24.0	25,290		1.5							0.8	
28	X	24.0	25,670		1.5							0.9	
29	X	24.0	30,430										
30		24.0	30,430										
31		24.0											
Total			856,720										
Average			27,636										
Maximum			44,920										

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

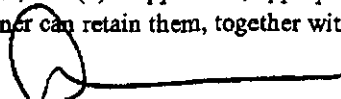
PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park	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:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	A			Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operator:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II Certification by Lead/Chief Operator

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


 Signature and Date 11/08/07

Paul Thompson

A7251
 License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

Date	Days Plant Started or Visited by Operator (Place)	Hours plant in Operation	Net Quantity of Finished Water Produced, mgal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Remarks
				CT Calculations					UV Dose					
Month				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	Time(s) of Abnormal Operating Conditions, Repairs, Maintenance Work, that may affect any of the System Components and/or the Quality of Operation
10/1	X	24.0	30,430		1.5								0.9	
10/2	X	24.0	29,780		1.5								0.8	
10/3	X	24.0	39,220		1.7								1.0	
10/4	X	24.0	45,340		1.7								1.0	
10/5	X	24.0	49,890		1.5								0.9	
10/6		24.0	44,157											
10/7		24.0	44,157											
10/8	X	24.0	44,157		0.7								0.9	
10/9	X	24.0	31,830		1.3								0.6	
10/10	X	24.0	36,180		1.2								0.6	
10/11	X	24.0	30,240		1.2								0.6	
10/12	X	24.0	32,230		1.7								1.1	
10/13		24.0	34,550											
10/14		24.0	34,550											
10/15	X	24.0	34,550		1.5								0.9	
10/16	X	24.0	34,540		1.4								0.9	
10/17	X	24.0	33,930		1.5								0.9	
10/18	X	24.0	32,590		1.4								0.8	
10/19	X	24.0	39,330		1.4								0.8	
10/20		24.0	39,343											
10/21		24.0	39,343											
10/22	X	24.0	39,343		1.4								0.8	
10/23	X	24.0	27,380		1.3								0.7	
10/24	X	24.0	34,120		1.3								0.7	
10/25	X	24.0	29,930		1.3								0.8	
10/26	X	24.0	37,490		2.7								1.5	
10/27		24.0	31,433											
10/28		24.0	31,433											
10/29	X	24.0	31,433		0.8								0.4	
10/30	X	24.0	26,010		2.2								1.5	
10/31	X	24.0	40,740		1.5								0.9	
Total			1,109,650											
AVG			35,795											
Min			49,890											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	181	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		


B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		

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
	Paul Thompson	A	7251	Days 1st Shift
	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	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.


12/7/07
Paul Thompson
A7251
 Signature and Date License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	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 or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest C Provided Before or at First Customer During Peak Flow, mg/L	Temp of Water, °C	pH of Water, if Applicable	Minimum C Required, mg/L	Lowest Operating UV Dose, mW·sec/cm	Minimum UV Dose Required, mW·sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24.0	36,390		1.6									1.0	
	X	24.0	30,880		1.7									1.0	
		24.0	36,593												
		24.0	36,593												
	X	24.0	36,593		1.8									1.2	
	X	24.0	38,750		1.5									1.1	
	X	24.0	35,650		1.8									1.2	
	X	24.0	48,110		2.0									1.5	
	X	24.0	27,950		1.5									0.9	
	X	24.0	40,000		3.0									1.4	
	X	24.0	52,370		2.3									1.6	
	X	24.0	39,010		2.3									1.7	
	X	24.0	33,620		2.3									1.7	
	X	24.0	38,000		1.8									1.2	
	X	24.0	28,630		1.5									1.0	
	X	24.0	33,800		1.8									1.3	
		24.0	31,773												
		24.0	31,773												
	X	24.0	31,773		1.7									1.1	
	X	24.0	34,130		1.7									1.1	
	X	24.0	30,190		1.5									1.0	
	X	24.0	26,920		1.7									1.1	
	X	24.0	31,770		1.7									1.0	
		24.0	33,370												
		24.0	33,370												
	X	24.0	33,370		1.6									1.0	
	X	24.0	32,110		1.7									1.0	
	X	24.0	31,050		1.8									1.0	
	X	24.0	32,480		1.8									1.1	
	X	24.0	29,870		1.7									1.0	
		24.0													
			1,036,890												
			33,448												
			52,370												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 181		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: bheath@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980		
Plant Address: Church Street		City: Pomona Park	State: Florida Zip Code: 32181	
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: 187,000				
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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	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.

01/09/08

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
		24.0	34,087												
		24.0	34,087												
	X	24.0	34,087		1.5									1.1	
	X	24.0	32,430		1.5									1.0	
	X	24.0	28,370		1.4									0.9	
	X	24.0	38,560		1.5									1.0	
	X	24.0	29,500		1.3									0.9	
		24.0	31,720												
		24.0	31,720												
	X	24.0	31,720		1.4									0.9	
	X	24.0	29,030		1.3									0.9	
	X	24.0	41,210		1.5									1.1	
	X	24.0	32,140		1.5									1.0	
	X	24.0	32,940		1.4									1.0	
		24.0	32,147												
		24.0	32,147												
	X	24.0	32,147		1.1									0.7	
	X	24.0	35,180		1.6									1.1	
	X	24.0	32,830		1.6									1.2	
	X	24.0	30,910		1.5									1.1	
	X	24.0	31,780		1.5									1.0	
		24.0	32,990												
		24.0	32,990												
	X	24.0	32,990		1.6									1.1	
	X	24.0	32,240		1.6									1.1	
	X	24.0	36,240		1.5									1.0	
	X	24.0	33,420		1.6									1.0	
	X	24.0	34,140		1.8									1.0	
		24.0	36,300												
		24.0	36,300												
	X	24.0	36,300		1.7									1.0	
			1,032,650												
			33,311												
			41,210												

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

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

PWS ID: 2540905 Plant Name: Pomona Park

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

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
(If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

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

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
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:	192			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO-Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980	
Plant Address:	Church Street	City:	Pomona Park	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:	187,000					
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's Name	Name	License Class	License Number	Days 1st Shift	Days 2nd Shift	
	Paul Thompson	A	7251	Days 1st Shift		
	David Haring	C	14091	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 | Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, of UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
		24.0	48,250												
	X	24.0	48,250			0.9									0.4
	X	24.0	46,580			1.8									0.4
	X	24.0	30,560			2.0									0.5
	X	24.0	33,330			1.8									0.5
	X	24.0	39,030			1.7									0.5
		24.0	38,107												
		24.0	38,107												
	X	24.0	38,107			1.8									0.5
	X	24.0	34,070			2.0									0.8
	X	24.0	38,900			1.8									0.6
	X	24.0	30,750			1.6									0.4
	X	24.0	45,220			1.2									0.4
		24.0	43,030												
		24.0	43,030												
	X	24.0	43,030			0.7									0.4
	X	24.0	38,110			0.7									0.4
	X	24.0	43,540			1.8									0.5
	X	24.0	33,220			1.7									0.5
	X	24.0	46,580			1.7									0.5
		24.0	43,983												
		24.0	43,983												
	X	24.0	43,983			2.4									1.0
	X	24.0	36,930			2.5									1.0
	X	24.0	52,200			2.6									1.0
	X	24.0	30,500			2.2									1.0
	X	24.0	33,870			1.8									0.7
		24.0	39,927												
		24.0	39,927												
	X	24.0	39,927			2.0									0.7
	X	24.0	40,900			1.3									0.6
			1,245,930												
			40,191												
			52,200												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 192		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980	
Plant Address: Church Street		City: Pomona Park	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: 187,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: _____ Paul Thompson _____ A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	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
	X	24.0	34,870		1.4							0.6	
	X	24.0	37,420		1.3							0.5	
	X	24.0	34,600		1.3							0.5	
		24.0	37,223										
		24.0	37,223										
	X	24.0	37,223		0.7							0.3	
	X	24.0	30,880		1.5							1.0	
	X	24.0	40,890		1.3							0.7	
	X	24.0	31,020		1.5							1.0	
	X	24.0	46,540		1.3							0.5	
		24.0	37,513										
		24.0	37,513										
	X	24.0	37,513		1.3							0.5	
	X	24.0	39,050		1.3							0.5	
	X	24.0	40,100		1.3							0.4	
	X	24.0	29,140		1.1							0.3	
	X	24.0	50,230		1.2							0.4	
		24.0	36,183										
		24.0	36,183										
	X	24.0	36,183		1.2							0.4	
	X	24.0	37,130		1.2							0.4	
	X	24.0	36,140		1.5							0.5	
	X	24.0	29,370		1.2							0.5	
	X	24.0	37,480		1.2							0.5	
		24.0	38,337										
		24.0	38,337										
	X	24.0	38,337		2.0							0.7	
	X	24.0	30,820		2.2							0.7	
		24.0											
		24.0											
		24.0											
			1,033,450										
			33,337										
			50,230										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 192		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980	
Plant Address: Church Street		City: Pomona Park	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: 187,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Operator Name	License Class	License Number	Day(s) of Shift
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift

II Certification by Lead/Chief Operator

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

Signature and Date: _____ Paul Thompson _____ A7251 _____
 License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
	X	24.0	40,930		2.1									0.7	
	X	24.0	37,850		2.3									0.8	
	X	24.0	32,350		2.0									0.8	
		24.0	32,740												
		24.0	32,740												
	X	24.0	32,740		2.6									1.0	
	X	24.0	33,500		2.4									1.0	
	X	24.0	33,990		2.4									1.0	
	X	24.0	36,940		2.4									0.8	
	X	24.0	29,660		2.4									0.7	
		24.0	32,267												
		24.0	32,267												
	X	24.0	32,267		2.1									0.7	
	X	24.0	30,100		1.4									1.0	
	X	24.0	27,520		2.2									1.0	
	X	24.0	37,630		2.3									1.0	
	X	24.0	34,920		2.5									1.1	
		24.0	35,663												
		24.0	35,663												
	X	24.0	35,663		2.1									1.0	
	X	24.0	33,000		2.2									1.0	
	X	24.0	44,310		1.4									0.7	
	X	24.0	24,810		2.2									1.1	
	X	24.0	31,800		2.2									1.2	
		24.0	35,190												
		24.0	35,190												
	X	24.0	35,190		2.2									1.0	
	X	24.0	28,150		2.1									0.8	
	X	24.0	41,370		2.2									0.9	
	X	24.0	31,530		2.1									0.9	
	X	24.0	40,810		2.0									0.8	
			1,058,750												
			34,153												
			44,310												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 82-565 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
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:	187,000	Zip Code:	32181
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
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

II Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

Ultraviolet Radiation Other (Describe): _____

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

Day of the Month	Days Plant Staffed for Operation (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, for Domestic 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, 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	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
		24.0	36,267												
	X	24.0	36,267												
	X	24.0	34,030		2.0									0.7	
	X	24.0	40,800		2.0									1.2	
	X	24.0	32,210		1.8									0.9	
	X	24.0	42,440		2.4									0.9	
		24.0	37,037												
		24.0	37,037												
	X	24.0	37,037		1.9									0.7	
	X	24.0	32,250		2.3									0.9	
	X	24.0	38,090		2.2									0.9	
	X	24.0	36,780		2.0									0.9	
	X	24.0	25,150		2.0									0.7	
		24.0	42,330												
		24.0	42,330												
	X	24.0	42,330		2.2									0.8	
	X	24.0	36,690		1.8									0.8	
	X	24.0	28,000		1.8									1.5	
	X	24.0	43,750		1.9									1.0	
	X	24.0	38,060		1.9									0.9	
		24.0	37,737												
		24.0	37,737												
	X	24.0	37,737		1.5									0.8	
	X	24.0	40,060		1.7									0.6	
	X	24.0	40,590		1.0									0.2	
	X	24.0	27,580		1.5									1.0	
	X	24.0	30,200		1.6									1.4	
		24.0	34,250												
		24.0	34,250												
		24.0	34,250												
		24.0	1,095,290												
			35,332												
			43,750												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

A7251
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING ... W GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 the Month	Days Plant Staffed or Visited by Operator (Place "X")	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 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	34,250		1.8									1.2	
	X	24.0	27,810		0.7									0.2	
	X	24.0	32,000		1.5									1.1	
	X	24.0	37,580		1.5									1.5	
	X	24.0	48,080		1.2									0.7	
		24.0	45,267												
		24.0	45,267												
	X	24.0	45,267		1.5									1.0	
	X	24.0	35,170		1.3									0.8	
	X	24.0	31,270		0.4									0.7	
	X	24.0	38,820		2.5									1.5	
	X	24.0	29,750		1.0									0.7	
		24.0	44,753												
		24.0	44,753												
	X	24.0	44,753		1.1									0.4	
	X	24.0	33,770		1.5									0.4	
	X	24.0	26,920		1.0									0.4	
	X	24.0	41,100		1.2									0.7	
	X	24.0	33,030		1.3									0.6	
		24.0	40,570												
		24.0	40,570												
	X	24.0	40,570		1.2									0.6	
	X	24.0	43,690		1.4									0.8	
	X	24.0	38,080		1.0									0.5	
	X	24.0	40,660		1.2									0.5	
	X	24.0	39,890		1.2									0.6	
		24.0	42,593												
		24.0	42,593												
	X	24.0	42,593		1.5									0.2	
	X	24.0	39,150		1.5									0.7	
	X	24.0	36,600		1.5									0.8	
			1,207,170												
			38,941												
			48,080												

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-555 900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-6980
Plant Address:	Church Street	City:	Pomona Park
		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:	187,000		
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
	Paul Thompson	A	7251	Days 1st Shift
	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: _____ Paul Thompson _____ A7251 _____
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C), Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L			Lowest Operating UV Dose, mW-sec/cm ²
	X	24.0	41,110		1.5							1.0	
	X	24.0	41,040		1.5							1.0	
		24.0	38,843										
		24.0	38,843										
	X	24.0	38,843		1.5							1.0	
	X	24.0	44,340		1.5							0.8	
	X	24.0	42,080		2.0							1.1	
	X	24.0	36,610		0.8							0.4	
	X	24.0	24,680		1.3							0.4	
		24.0	32,363										
		24.0	32,363										
	X	24.0	32,363		1.4							0.6	
	X	24.0	24,460		1.4							0.8	
	X	24.0	24,650		1.0							0.5	
	X	24.0	22,710		1.3							0.7	
	X	24.0	51,010		0.6							0.3	
		24.0	39,177										
		24.0	39,177										
	X	24.0	39,177		2.5							1.9	
	X	24.0	36,380		1.5							0.9	
	X	24.0	39,390		1.8							1.3	
	X	24.0	39,470		1.0							0.7	
	X	24.0	39,600		1.0							0.6	
		24.0	41,127										
		24.0	41,127										
	X	24.0	41,127		1.5							0.8	
	X	24.0	28,230		1.5							0.7	
	X	24.0	32,700		1.5							0.7	
	X	24.0	31,640		1.5							0.9	
	X	24.0	32,070		1.3							0.8	
		24.0											
			1,086,700										
			35,055										
			51,010										

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-555.900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
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
	Paul Thompson	A	7251
	David Haring	C	14091
	Ralph Marriott	C	7527

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 _____

Paul Thompson _____

A7251
License Number _____

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		
		24.0	35,337									
		24.0	35,337									
	X	24.0	35,337		1.3						0.7	
	X	24.0	40,440		2.1						1.8	
	X	24.0	36,090		2.5						2.0	
	X	24.0	38,080		1.5						1.0	
	X	24.0	23,100		1.8						0.8	
		24.0	41,620									
		24.0	41,620									
	X	24.0	41,620		1.5						0.8	
	X	24.0	31,910		1.5						0.8	
	X	24.0	31,610		1.5						0.8	
	X	24.0	35,560		1.0						0.4	
	X	24.0	30,600		1.3						0.7	
		24.0	38,907									
		24.0	38,907									
	X	24.0	38,907		1.3						0.9	
	X	24.0	30,700		1.4						0.7	
	X	24.0	40,950		1.5						0.9	
	X	24.0	46,730		1.5						0.9	
	X	24.0	36,260		0.9						0.6	
		24.0	36,427									
		24.0	36,427									
	X	24.0	36,427		0.6						0.3	
	X	24.0	40,760		1.0						0.5	
	X	24.0	29,580		1.0						0.4	
	X	24.0	38,600		1.5						0.6	
	X	24.0	33,150		1.7						1.0	
		24.0	39,370									
		24.0	39,370									
	X	24.0	39,370		1.7						1.3	
			1,139,100									
			36,745									
			46,730									

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 82-555.900(3) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: _____ Paul Thompson _____ A7251 _____
License Number

MONTHLY OPERATION REPORT FOR PLANTS TREATING WITH GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water if Applicable	Minimum CT Required, mg-min/L			UV Dose, mW-sec/cm ²
	X	24.0	49,640		1.3						0.9		
	X	24.0	44,100		1.3						0.8		
	X	24.0	51,640		0.7						0.5		
	X	24.0	42,520		2.5						1.5		
		24.0	41,360										
		24.0	41,360										
	X	24.0	41,360		1.3						0.7		
	X	24.0	39,030		1.3						0.6		
	X	24.0	43,010		2.0						1.1		
	X	24.0	45,340		2.5						2.0		
	X	24.0	37,630		1.3						0.7		
		24.0	43,570										
		24.0	43,570										
	X	24.0	43,570		1.3						0.6		
	X	24.0	31,230		1.2						0.6		
	X	24.0	47,500		1.3						0.7		
	X	24.0	34,930		1.3						0.7		
	X	24.0	40,400		1.2						0.7		
		24.0	37,590										
		24.0	37,590										
	X	24.0	37,590		1.2						0.7		
	X	24.0	36,680		1.2						0.7		
	X	24.0	32,650		0.6						0.2		
	X	24.0	29,430		1.2						0.4		
	X	24.0	24,250		1.0						0.4		
		24.0	30,780										
		24.0	30,780										
	X	24.0	30,780		1.3						0.7		
	X	24.0	30,530		1.0						0.5		
	X	24.0	27,480		1.5						0.7		
	X	24.0	34,920		1.5						0.7		
			1,182,810										
			38,155										
			51,640										

* Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 82-555.900(3)A/8/04

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:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

License Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
	Paul Thompson	A	7251	Days 1st Shift
	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date _____

Paul Thompson _____

A7251
License Number _____

MONTHLY OPERATION REPORT FOR PWS'S TREATING WITH GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 Demstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				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-nun/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
	X	24.0	41,130		1.4										0.7	
		24.0	35,600													
	X	24.0	35,600													
	X	24.0	35,600		1.0										0.4	
	X	24.0	45,910		1.0										0.4	
	X	24.0	29,270		0.9										0.3	
	X	24.0	30,880		1.1										0.4	
	X	24.0	32,460		1.3										0.6	
		24.0	32,890													
	X	24.0	32,890		1.0										0.4	
	X	24.0	38,200		1.0										0.4	
	X	24.0	30,040		1.7										0.7	
	X	24.0	38,230		2.5										1.6	
	X	24.0	35,170		1.7										1.0	
		24.0	42,240													
		26.0	42,240													
	X	24.0	42,240		0.8										0.4	
	X	24.0	29,860		1.5										0.8	
	X	24.0	33,970		1.0										0.6	
	X	24.0	33,500		1.0										0.5	
	X	24.0	35,400		0.8										0.4	
		24.0	37,967													
		24.0	37,967													
	X	24.0	37,967		0.8										0.4	
	X	24.0	37,920		0.8										0.4	
	X	24.0	40,600		0.6										0.3	
	X	24.0	37,720		0.6										0.3	
	X	24.0	36,910		2.5										1.9	
		24.0	38,369													
		24.0														
			1,091,629													
			35,214													
			45,910													

* Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-555.900(2) Alternate

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 192		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980	
Plant Address: Church Street		City: Pomona Park	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: 187,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
License Operator's Name	License Class	License Number	Day(s) Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson

A7251
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING LAWFULLY GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2540905 Plant Name: Pomona Park

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)	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	57,555		1.5									0.8	
	X	24.0	37,660		1.5									0.7	
	X	24.0	26,110		1.5									0.7	
	X	24.0	25,410		1.5									0.8	
	X	24.0	29,570		1.4									0.8	
		24.0	37,003												
		24.0	37,003												
	X	24.0	37,003		1.3									0.8	
	X	24.0	41,250		1.4									0.8	
	X	24.0	27,350		1.5									0.9	
	X	24.0	51,570		1.0									0.4	
	X	24.0	33,520		1.3									0.7	
		24.0	36,560												
		24.0	36,560												
	X	24.0	36,560		1.5									0.8	
	X	24.0	31,090		1.2									0.7	
	X	24.0	35,780		1.3									0.7	
	X	24.0	33,860		1.3									0.7	
	X	24.0	35,180		1.0									0.5	
		24.0	37,077												
		24.0	37,077												
	X	24.0	37,077		1.3									0.7	
	X	24.0	42,440		1.3									0.7	
	X	24.0	35,240		1.5									0.8	
	X	24.0	27,250		2.0									1.1	
	X	24.0	28,650		1.3									0.7	
		24.0	31,507												
		24.0	31,507												
	X	24.0	31,507		1.3									0.7	
	X	24.0	31,110		0.6									0.3	
			1,114,590												
			35,955												
			57,555												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

License Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: _____ Paul Thompson _____ A7251 _____
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (D) 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		
															CT Calculations
	X	24.0	31,950		2.0									1.1	
	X	24.0	25,490		1.2									0.7	
	X	24.0	35,070		1.8									1.0	
		24.0	31,603												
		24.0	31,603												
	X	24.0	31,603		0.9									0.4	
	X	24.0	28,350		2.0									1.1	
	X	24.0	23,400		1.8									1.0	
	X	24.0	26,760		1.0									0.7	
	X	24.0	27,630		1.2									0.8	
		24.0	30,637												
		24.0	30,637												
	X	24.0	30,637		1.3									0.8	
	X	24.0	22,790		1.2									0.6	
	X	24.0	26,570		1.3									0.7	
	X	24.0	25,420		1.3									0.7	
	X	24.0	27,700		1.2									0.8	
		24.0	28,307												
		24.0	28,307												
	X	24.0	28,307		1.3									0.8	
	X	24.0	30,680		1.3									0.7	
	X	24.0	25,490		1.3									0.7	
	X	24.0	27,350		1.3									0.7	
	X	24.0	33,150		1.3									0.7	
		24.0	30,690												
		24.0	30,690												
	X	24.0	30,690		1.3									0.8	
	X	24.0	27,410		1.3									0.8	
	X	24.0	23,370		1.4									0.8	
	X	24.0	36,100		1.4									0.8	
		24.0													
			868,390												
			28,013												
			36,100												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
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:	192			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park	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:	187,000				

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
V		C	
Licensed Operator	Name	License Class	License Number
	Paul Thompson	A	7251
	David Haring	C	14091
	Ralph Marriott	C	7527

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: _____ Paul Thompson _____ A7251 _____
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING ... W GROUND WATER OR PURCHASED FINISHED WATE..

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
	X	24.0	26,130		1.2									0.6	
		24.0	31,243												
		24.0	31,243												
	X	24.0	31,243		1.1									0.6	
	X	24.0	31,160		1.3									0.7	
	X	24.0	27,260		1.3									0.5	
	X	24.0	31,150		1.5									0.6	
	X	24.0	26,940		1.5									6.0	
		24.0	38,407												
		24.0	38,407												
	X	24.0	38,407		1.0									0.5	
	X	24.0	31,620		1.7									1.0	
	X	24.0	15,130		1.7									1.0	
	X	24.0	43,320		1.7									1.0	
	X	24.0	24,130		1.8									1.2	
		24.0	33,233												
		24.0	33,233												
	X	24.0	33,233		1.0									0.6	
	X	24.0	30,380		1.0									0.4	
	X	24.0	30,020		2.0									1.2	
	X	24.0	23,230		1.2									0.7	
	X	24.0	30,340		1.2									0.7	
		24.0	25,257												
		24.0	25,257												
	X	24.0	25,257		1.3									0.9	
	X	24.0	30,710		1.3									8.0	
	X	24.0	25,780		1.0									0.6	
	X	24.0	24,290		1.3									0.7	
	X	24.0	28,860		1.5									1.0	
		24.0	28,676												
		24.0	28,676												
			922,222												
			29,749												
			43,320												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Pomona Park</u>		PWS Identification Number: <u>2540905</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <u>192</u>		Total Population Served at End of Month: <u>672</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Pomona Park</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>Church Street</u>		City: <u>Pomona Park</u>	State: <u>Florida</u> Zip Code: <u>32181</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>187,000</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u> </u>			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>
Other Operators:	<u>David Haring</u>	<u>C</u>	<u>14091</u>
			Day(s) Shift(s) Worked
			Days 1st Shift
			Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: 2/7/06 Paul Thompson License Number: A7251

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours plant Operated	Net Quantity of Finished Water Produced (gallons)	Calculations of Free Chlorine Dose to Demonstrate Four-Log Virus Inactivation (if Applicable)										Interference or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Free Chlorine Residual Concentration (mg/L) at Distribution System	Free Chlorine Demand (mg/L)	Free Chlorine Residual Concentration (mg/L) at Distribution System	Free Chlorine Demand (mg/L)	Free Chlorine Residual Concentration (mg/L) at Distribution System	Free Chlorine Demand (mg/L)	Free Chlorine Residual Concentration (mg/L) at Distribution System	Free Chlorine Demand (mg/L)	Free Chlorine Residual Concentration (mg/L) at Distribution System	Free Chlorine Demand (mg/L)			
1		24.0	48,250													
2	X	24.0	48,250			0.9										0.4
3	X	24.0	46,580			1.4										0.4
4	X	24.0	30,560			2.0										0.5
5	X	24.0	33,330			1.8										0.5
6	X	24.0	39,030			1.7										0.5
7		24.0	38,107													
8		24.0	38,107													
9	X	24.0	38,107			1.8										0.5
10	X	24.0	34,070			2.0										0.8
11	X	24.0	38,900			1.8										0.6
12	X	24.0	30,750			1.6										0.4
13	X	24.0	45,220			1.2										0.4
14		24.0	43,030													
15		24.0	43,030													
16	X	24.0	43,030			0.7										0.4
17	X	24.0	38,110			0.7										0.4
18	X	24.0	43,540			1.8										0.5
19	X	24.0	33,220			1.7										0.5
20	X	24.0	46,580			1.7										0.5
21		24.0	43,983													
22		24.0	43,983													
23	X	24.0	43,983			2.4										1.0
24	X	24.0	36,930			2.5										1.0
25	X	24.0	52,200			2.6										1.0
26	X	24.0	30,500			2.2										1.0
27	X	24.0	33,870			1.8										0.7
28		24.0	39,927													
29		24.0	39,927													
30	X	24.0	39,927			2.0										0.7
31	X	24.0	40,900			1.3										0.6
Total			1,245,930													
Average			40,191													
Maximum			52,200													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3) Alternate

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: Pomona Park	PWS Identification Number: 2540905
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: 192	Total Population Served at End of Month: 672
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquamerica.com	

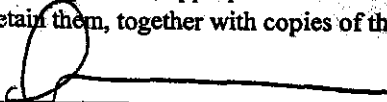
B. Water Treatment Plant Information

Plant Name: Pomona Park	Plant Telephone Number: (352) 787-0980
Plant Address: Church Street	City: Pomona Park State: Florida Zip Code: 32181
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: 187,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operator Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A	7251	Days 1st Shift
Other Operator: David Haring	C	14091	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 3/6/06
 Signature and Date

Paul Thompson

A7251
 License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Slaughter Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Water Produced (gals)	Chlorination Data for Disinfection (Free Chlorine)										Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
				Chlorination Ratio	Chlorine Dioxide Concentration (mg/L)	Free Chlorine Concentration (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Minimum (mg/L)	Free Chlorine Maximum (mg/L)	Free Chlorine Average (mg/L)	Free Chlorine Minimum (mg/L)	Free Chlorine Maximum (mg/L)		
1	X	24.0	34,870			1.4								0.6	
2	X	24.0	37,420			1.3								0.5	
3	X	24.0	34,600			1.3								0.5	
4		24.0	37,223												
5		24.0	37,223												
6	X	24.0	37,223			0.7								0.3	
7	X	24.0	30,880			1.5								1.0	
8	X	24.0	40,890			1.3								0.7	
9	X	24.0	31,020			1.5								1.0	
10	X	24.0	46,540			1.3								0.5	
11		24.0	37,513												
12		24.0	37,513												
13	X	24.0	37,513			1.3								0.5	
14	X	24.0	39,050			1.3								0.5	
15	X	24.0	40,100			1.3								0.4	
16	X	24.0	29,140			1.1								0.3	
17	X	24.0	50,230			1.2								0.4	
18		24.0	36,183												
19		24.0	36,183												
20	X	24.0	36,183			1.2								0.4	
21	X	24.0	37,130			1.2								0.4	
22	X	24.0	36,140			1.5								0.5	
23	X	24.0	29,370			1.2								0.5	
24	X	24.0	37,480			1.2								0.5	
25		24.0	38,337												
26		24.0	38,337												
27	X	24.0	38,337			2.0								0.7	
28	X	24.0	30,820			2.2								0.7	
29		24.0													
30		24.0													
31		24.0													
Total			1,033,450												
Average			33,337												
Maximum			50,230												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3) (Rev. 10/04)

ION LY U. JRA...N R... RT . JR P...S 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:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Lecsborg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

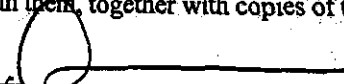
B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

License Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  4/6/06

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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	Day Plant Started on (Place)	Hours plant in Operation	Net Quantity of Water Produced (gals)	Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergencies, Abnormal Operating Conditions, Repair or Maintenance Work that Involves Shutting Water System Components Out of Operation
				Flow Rate (gpd)	Disinfectant Concentration (mg/L)	Disinfectant Contact Time (minutes)	Disinfectant Residual at Point of Measurement (mg/L)	Minimum Disinfectant Residual Required (mg/L)	Minimum Disinfectant Residual (mg/L)	Minimum Disinfectant Residual (mg/L)	Minimum Disinfectant Residual (mg/L)	Minimum Disinfectant Residual (mg/L)	Minimum Disinfectant Residual (mg/L)		
17	X	24.0	40,930		2.1									0.7	
18	X	24.0	37,850		2.2									0.8	
19	X	24.0	32,350		2.0									0.8	
20		24.0	32,740												
21		24.0	32,740												
22	X	24.0	32,740		2.6									1.0	
23	X	24.0	33,500		2.4									1.0	
24	X	24.0	33,990		2.4									1.0	
25	X	24.0	36,940		2.4									0.8	
26	X	24.0	29,660		2.4									0.7	
27		24.0	32,267												
28		24.0	32,267												
29	X	24.0	32,267		2.3									0.7	
30	X	24.0	30,100		1.4									1.0	
31	X	24.0	27,520		2.2									1.0	
1	X	24.0	37,630		2.3									1.0	
2	X	24.0	34,920		2.5									1.1	
3		24.0	35,663												
4		24.0	35,663												
5	X	24.0	35,663		2.1									1.0	
6	X	24.0	33,000		2.2									1.0	
7	X	24.0	44,310		1.4									0.7	
8	X	24.0	24,810		2.2									1.1	
9	X	24.0	31,800		2.2									1.2	
10		24.0	35,190												
11		24.0	35,190												
12	X	24.0	35,190		2.0									1.0	
13	X	24.0	28,150		2.1									0.8	
14	X	24.0	41,370		2.2									0.9	
15	X	24.0	31,530		2.1									0.9	
16	X	24.0	40,810		2.0									0.8	
Total			1,058,750												
Average			34,153												
Maximum			44,310												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
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:	1925			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				


B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park	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:	187,000				

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):			
A		C			
Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift	
Other Operators	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date:  5/4/06 Paul Thompson License Number: A7251

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place X)	Hour plant in Operation	Net Quantity of Water Produced (gal)	Calculation of Free Chlorine Residual				Minimum Required mg/L	Operating Level mg/L	Minimum Residual mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Free Chlorine Concentration Before Treatment (mg/L)	Free Chlorine Concentration After Treatment (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)				
		24.0	36,267								
		24.0	36,267								
	X	24.0	36,267		2.0				0.7		
	X	24.0	34,030		2.0				1.2		
	X	24.0	40,800		2.0				1.2		
	X	24.0	32,210		1.8				0.9		
	X	24.0	42,440		2.4				0.9		
		24.0	37,037								
		24.0	37,037								
	X	24.0	37,037		1.9				0.7		
	X	24.0	32,250		2.3				0.9		
	X	24.0	38,090		2.2				0.9		
	X	24.0	36,780		2.0				0.9		
	X	24.0	25,150		2.0				0.7		
		24.0	42,330								
		24.0	42,330								
	X	24.0	42,330		2.2				0.8		
	X	24.0	36,690		1.8				0.8		
	X	24.0	28,000		1.8				1.5		
	X	24.0	43,750		1.9				1.0		
	X	24.0	38,060		1.9				0.9		
		24.0	37,737								
		24.0	37,737								
	X	24.0	37,737		1.5						
	X	24.0	40,060		1.7				0.8		
	X	24.0	40,590		1.0				0.6		
	X	24.0	27,580		1.5				1.0		
	X	24.0	30,200		1.6				1.4		
		24.0	34,250								
		24.0	34,250								
		24.0									
		24.0	1,095,290								
			35,332								
			43,750								

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	<u>Pomona Park</u>	PWS Identification Number:	<u>2540905</u>
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	<u>192</u>	Total Population Served at End of Month:	<u>672</u>
PWS Owner:	<u>Aqua Utilities Florida</u>		
Contact Person:	<u>Brian Heath</u>	Contact Person's Title:	<u>Area Manager</u>
Contact Person's Mailing Address:	<u>PO Box 490310</u>	City:	<u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number:	<u>(352) 787-0980</u>	Contact Person's Fax Number:	<u>(352) 787-6333</u>
Contact Person's E-Mail Address:	<u>bheath@aguaamerica.com</u>		

B. Water Treatment Plant Information

Plant Name:	<u>Pomona Park</u>	Plant Telephone Number:	<u>(352) 787-0980</u>
Plant Address:	<u>Church Street</u>	City:	<u>Pomona Park</u> State: <u>Florida</u> Zip Code: <u>32181</u>
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	<u>187,000</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	<u>V</u>	Plant Class (per subsection 62-699.310(4), F.A.C.):	<u>C</u>

Operator Name	License No.	Days Worked	Shift(s)
<u>Paul Thompson</u>	<u>6721</u>	<u>5</u>	<u>Days 1st Shift</u>
<u>Darin Stange</u>	<u>6401</u>	<u>5</u>	<u>Days 1st Shift</u>
<u>Keith Hamilton</u>	<u>5727</u>	<u>5</u>	<u>Days 1st Shift</u>

II Certification by Lead/Chief Operator

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

[Signature] 6/6/06
 Signature and Date

Paul Thompson

A7251
 License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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	Plant	Start of Month	End of Month	Total Volume of Water Treated (MG)		Total Volume of Water Distributed (MG)		Total Volume of Water Sold (MG)		Minimum Residual (mg/L)	Average Residual (mg/L)	Maximum Residual (mg/L)	Minimum Chlorine Dose (mg/L)	Average Chlorine Dose (mg/L)	Maximum Chlorine Dose (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Raw Water	Finished Water	Raw Water	Finished Water	Raw Water	Finished Water							
					34,250											
					27,810										1.2	
					32,000										0.2	
					37,580										1.1	
					48,080										1.5	
					45,267										0.7	
					45,267											
					45,267										1.0	
					35,170										0.8	
					31,270										0.7	
					38,820										1.5	
					29,750										0.7	
					44,753											
					44,753											
	X				44,753										0.4	
	X				33,770										0.4	
	X				26,920										0.4	
	X				41,100										0.7	
	X				33,030										0.6	
					40,570											
					40,570											
	X				40,570										0.6	
	X				43,690										0.8	
	X				38,080										0.5	
	X				40,660										0.5	
	X				39,890										0.6	
					42,593											
					42,593											
	X				42,593										0.2	
	X				39,150										0.7	
	X				36,600										0.8	
					1,207,170											
					38,941											
					48,080											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 192		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980	
Plant Address: Church Street		City: Pomona Park	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32181	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 187,000			

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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

7/6/06
 Signature and Date

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to 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	41,110		1.5								1.0	
2	X	24.0	41,040		1.5								1.0	
3		24.0	38,843											
4		24.0	38,843											
5	X	24.0	38,843		1.5								1.0	
6	X	24.0	44,340		1.5								0.8	
7	X	24.0	42,080		2.0								1.1	
8	X	24.0	36,610		0.8								0.4	
9	X	24.0	24,680		1.3								0.4	
10		24.0	32,363											
11		24.0	32,363											
12	X	24.0	32,363		1.4								0.6	
13	X	24.0	24,460		1.4								0.8	
14	X	24.0	24,650		1.0								0.5	
15	X	24.0	22,710		1.3								0.7	
16	X	24.0	51,010		0.6								0.3	
17		24.0	39,177											
18		24.0	39,177											
19	X	24.0	39,177		2.5								1.9	
20	X	24.0	36,380		1.5								0.9	
21	X	24.0	39,390		1.8								1.3	
22	X	24.0	39,470		1.0								0.7	
23	X	24.0	39,600		1.0								0.6	
24		24.0	41,127											
25		24.0	41,127											
26	X	24.0	41,127		1.5								0.8	
27	X	24.0	28,230		1.5								0.7	
28	X	24.0	32,700		1.5								0.7	
29	X	24.0	31,640		1.5								0.9	
30	X	24.0	32,070		1.3								0.8	
31		24.0												
Total			1,086,700											
Average			35,055											
Maximum			51,010											

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

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	Calculations for 4 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					CTV Dose							
				Peak Flow Rate (gpd)	Lowest Finished Water Concentration (mg/L) at Remote Point in Distribution System	Disinfectant Contact Time (min)	Disinfectant Concentration (mg/L) at Remote Point in Distribution System	Disinfectant Concentration (mg/L) at Customer	Temperature (°C)	Minimum CTV Dose (min)	Operating CTV Dose (min)	Minimum Residual (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)			
1		24.0	35,337													
2		24.0	35,337													
3	X	24.0	35,337												0.7	
4	X	24.0	40,440				2.1								1.8	
5	X	24.0	36,090				2.5								2.0	
6	X	24.0	38,080				1.5								1.0	
7	X	24.0	23,100				1.8								0.8	
8		24.0	41,620													
9		24.0	41,620													
10	X	24.0	41,620				1.4								0.8	
11	X	24.0	31,910				1.5								0.8	
12	X	24.0	31,610				1.5								0.8	
13	X	24.0	35,560				1.0								0.4	
14	X	24.0	30,600				1.3								0.7	
15		24.0	38,907													
16		24.0	38,907													
17	X	24.0	38,907				1.3								0.9	
18	X	24.0	30,700				1.4								0.7	
19	X	24.0	40,930				1.5								0.9	
20	X	24.0	46,730				1.5								0.9	
21	X	24.0	36,260				0.9								0.6	
22		24.0	36,427													
23		24.0	36,427													
24	X	24.0	36,427				0.6								0.3	
25	X	24.0	40,760				1.0								0.5	
26	X	24.0	29,580				1.0								0.4	
27	X	24.0	38,600				1.5								0.6	
28	X	24.0	33,150				1.7								1.0	
29		24.0	39,370													
30		24.0	39,370													
31	X	24.0	39,370				1.7								1.3	
Total			1,139,100													
Average			36,745													
Maximum			46,730													

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-8980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333


B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
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:	187,000	Zip Code:	32181
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 9/6/06
 Signature and Date

Paul Thompson

A7251
 License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Water Produced (gal)	Concentrations on Day of Sample (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			
				Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)				
1	X	24.0	49,640			1.3										0.9	
2	X	24.0	44,100			1.3										0.8	
3	X	24.0	51,640			0.7										0.5	
4	X	24.0	42,520			2.5										1.5	
5		24.0	41,360														
6		24.0	41,360														
7	X	24.0	41,360			1.3										0.7	
8	X	24.0	39,030			1.3										0.6	
9	X	24.0	43,010			2.0										1.1	
10	X	24.0	45,340			2.5										2.0	
11	X	24.0	37,630			1.3										0.7	
12		24.0	43,570														
13		24.0	43,570														
14	X	24.0	43,570			1.3										0.6	
15	X	24.0	31,230			1.2										0.6	
16	X	24.0	47,500			1.3										0.7	
17	X	24.0	34,930			1.3										0.7	
18	X	24.0	40,400			1.2										0.7	
19		24.0	37,590														
20		24.0	37,590														
21	X	24.0	37,590			1.2										0.7	
22	X	24.0	36,680			1.2										0.7	
23	X	24.0	32,650			0.6										0.2	
24	X	24.0	29,430			1.2										0.4	
25	X	24.0	24,250			1.0										0.4	
26		24.0	30,780														
27		24.0	30,780														
28	X	24.0	30,780			1.3										0.7	
29	X	24.0	30,530			1.0										0.5	
30	X	24.0	27,480			1.5										0.7	
31	X	24.0	34,920			1.5										0.7	
			1,182,810														
			38,155														
			51,640														

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
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:	192	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333


B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
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:	187,000	Zip Code:	32181
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marlett	C	7327	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  10/4/06

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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	Day of Operation	Hours of Operation	Flow (MGD)	Chlorine Demand (mg/L)	Free Chlorine (mg/L)		Chlorine Dioxide (mg/L)		Ozone (mg/L)	Combined Chlorine (mg/L)	Minimum Residual (mg/L)	Flow Residual (mg/L)	Remarks
					Initial	Final	Initial	Final					
X	24.0	41,130											
	24.0	35,600										0.7	
X	24.0	35,600											
X	24.0	35,600										0.4	
X	24.0	45,910										0.4	
X	24.0	39,270										0.3	
X	24.0	30,880										0.4	
X	24.0	32,460										0.6	
	24.0	32,890											
	24.0	32,890											
X	24.0	32,890										0.4	
X	24.0	38,200										0.4	
X	24.0	30,040										0.7	
X	24.0	39,230										1.6	
X	24.0	35,170										1.0	
	24.0	42,240											
	24.0	42,240											
X	24.0	42,240										0.4	
X	24.0	39,860										0.8	
X	24.0	33,970										0.6	
X	24.0	33,500										0.5	
X	24.0	35,400										0.4	
	24.0	37,967											
	24.0	37,967											
X	24.0	37,967										0.4	
X	24.0	37,920										0.4	
X	24.0	40,680										0.3	
X	24.0	37,720										0.3	
X	24.0	36,910										1.9	
	24.0	38,769											
	24.0												
		1,091,629											
		35,214											
		45,910											

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Pomona Park</u>	PWS Identification Number: <u>2540905</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <u>192</u>	Total Population Served at End of Month: <u>672</u>
PWS Owner: <u>Aqua Utilities Florida</u>	
Contact Person: <u>Brian Heath</u>	Contact Person's Title: <u>Area Manager</u>
Contact Person's Mailing Address: <u>PO Box 490310</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>
Contact Person's E-Mail Address: <u>bheath@aquamenca.com</u>	

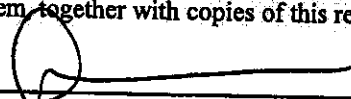
B. Water Treatment Plant Information

Plant Name: <u>Pomona Park</u>	Plant Telephone Number: <u>(352) 787-0980</u>
Plant Address: <u>Church Street</u>	City: <u>Pomona Park</u> State: <u>Florida</u> Zip Code: <u>32181</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>187,000</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u></u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>

Licensed Operator Name	License Class	License Number	Day(s) Shift(s) Worked
<u>Paul Thompson</u>	<u>A</u>	<u>251</u>	<u>Days 1st Shift</u>
<u>David Huang</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
<u>Ralph Mamour</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

Signature and Date  11/3/06

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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 in Month	Operating Hours	Volume of Water Treated (MG)	Volume of Water Delivered (MG)	Chlorine Calculations for Free Chlorine Disinfection (Applicable)				Minimum Residual (mg/L)	Residual (mg/L)	Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)
				Chlorine Demand (mg/L)	Chlorine Applied (mg/L)	Chlorine Residual (mg/L)	Chlorine Dose (mg/L)			
		24.0	57,555							
X		24.0	57,555					0.8		
X		24.0	37,660					0.7		
X		24.0	26,410					0.7		
X		24.0	25,410					0.8		
X		24.0	29,570					0.8		
		24.0	37,003							
		24.0	37,003							
X		24.0	37,003					0.8		
X		24.0	41,250					0.8		
X		24.0	27,350					0.9		
X		24.0	51,570					0.4		
X		24.0	33,520					0.7		
		24.0	36,560							
		24.0	36,560							
X		24.0	36,560					0.8		
X		24.0	31,090					0.7		
X		24.0	35,280					0.7		
X		24.0	33,860					0.7		
X		24.0	35,180					0.5		
		24.0	37,027							
		24.0	37,027							
X		24.0	37,027					0.7		
X		24.0	42,440					0.7		
X		24.0	35,240					0.8		
X		24.0	27,250					1.1		
X		24.0	28,650					0.7		
		24.0	31,507							
		24.0	31,507							
X		24.0	31,507					0.7		
X		24.0	31,110					0.3		
			1,114,590							
			35,955							
			57,555							

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 192		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980	
Plant Address: Church Street		City: Pomona Park	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32181	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 187,000			
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	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	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.

P
12/6/06
Paul Thompson
A7251

Signature and Date
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

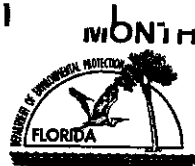
III. Daily Data for the Month/Year of: November, 2006

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 Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	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			
1	X	24.0	31,950		2.0									1.1	
2	X	24.0	25,490		1.2									0.7	
3	X	24.0	35,070		1.8									1.0	
4		24.0	31,603												
5		24.0	31,603												
6	X	24.0	31,603		0.9									0.4	
7	X	24.0	28,350		2.0									1.1	
8	X	24.0	23,400		1.8									1.0	
9	X	24.0	26,760		1.0									0.7	
10	X	24.0	27,630		1.2									0.8	
11		24.0	30,637												
12		24.0	30,637												
13	X	24.0	30,637		1.3									0.8	
14	X	24.0	22,790		1.2									0.6	
15	X	24.0	26,570		1.3									0.7	
16	X	24.0	25,420		1.3									0.7	
17	X	24.0	27,700		1.2									0.8	
18		24.0	28,307												
19		24.0	28,307												
20	X	24.0	28,307		1.3									0.8	
21	X	24.0	30,680		1.3									0.7	
22	X	24.0	25,490		1.3									0.7	
23	X	24.0	27,350		1.3									0.7	
24	X	24.0	33,150		1.3									0.7	
25		24.0	30,690												
26		24.0	30,690												
27	X	24.0	30,690		1.3									0.8	
28	X	24.0	27,410		1.3									0.8	
29	X	24.0	23,370		1.4									0.8	
30	X	24.0	36,100		1.4									0.8	
31		24.0													
Total			868,390												
Average			28,013												
Maximum			36,100												

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



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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pomona Park		PWS Identification Number: 2540905	
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: 192		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg State: Florida Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Pomona Park		Plant Telephone Number: (352) 787-0980		
Plant Address: Church Street		City: Pomona Park State: Florida Zip Code: 32181		
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: 187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date 1/8/07

Paul Thompson

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

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

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

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

Day of Month	Days Plant Started or Resumed Operations	Hours plant in Operations	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at Peak Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) (minutes)	Minimum CT Required (mg-min/L)	Minimum Operating Dose (mg/sec/cm)	Minimum Residual Disinfectant Concentration (C) at End of Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation				
	X	24.0	26,130		1.2							0.6		
		24.0	31,243											
		24.0	31,243											
	X	24.0	31,243		1.1							0.6		
	X	24.0	31,160		1.3							0.7		
	X	24.0	27,260		1.3							0.5		
	X	24.0	31,150		1.5							0.6		
	X	24.0	26,940		1.5							6.0		
		24.0	38,407											
		24.0	38,407											
	X	24.0	38,407		1.0							0.5		
	X	24.0	31,620		1.7							1.0		
	X	24.0	15,130		1.7							1.0		
	X	24.0	43,320		1.7							1.0		
	X	24.0	24,130		1.8							1.2		
		24.0	33,233											
		24.0	33,233											
	X	24.0	33,233		1.0							0.6		
	X	24.0	30,380		1.0							0.4		
	X	24.0	30,020		2.0							1.2		
	X	24.0	23,230		1.2							0.7		
	X	24.0	30,340		1.2							0.7		
		24.0	25,257											
		24.0	25,257											
	X	24.0	25,257		1.3							0.9		
	X	24.0	30,710		1.3							8.0		
	X	24.0	25,780		1.0							0.6		
	X	24.0	24,290		1.3							0.7		
	X	24.0	28,860		1.5							1.0		
		24.0	28,676											
		24.0	28,676											
			922,222											
			29,749											
			43,320											

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

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

PWS ID:	2540905	Plant Name:	Pomona Park
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	2006
---	-------------

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

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

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

Lab Receipt Date and Time: 12/5/07 12:00
 Received for Laboratory By: [Signature]
 Analysis Date and Time: 12/5/07 12:05
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 91°C
 Disinfectant Check Not Detected >0.1 mg/l

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3480 FDOH # E84418

HBEL Report Number: 2130100 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Coliform Membrane Filtration PWS I.D. 2540905

System Name: Pomona Park

System Address: 110 Church St

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

Collector: R. Marriott Collector's Phone #: 386-937-0187

Relinquished By: R. Marriott Received By: [Signature] Relinquished By: [Signature]

Date/Time: 10:00 AM 12-5-07 Date/Time: 12-5-07 1010 Date/Time: 12-5-07 1230

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

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

Sample Collection Date(s): 12-4-07

LABORATORY CERTIFICATE OF ANALYSIS

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

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
	A			2130100001
	A			002
	A			063
	A			2130100002
				04328 MAY 2008

DOCUMENT NUMBER DATE 04328 MAY 2008

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
16	Well # 1	3:30 PM	R	none	
17	Well # 2	3:35 PM	R	none	
18	1775 S. Hwy 17	3:50 PM	D	1.3	
19	220 West Main	4:00 PM	D	1.0	

Average of disinfectant residuals for routine and repeat samples. (Completes for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.15

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# 27522) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities Ft. Leesburg FL, 34748



Page 1 of 1

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

Report authorized by: [Signature] Analyst: [Signature]
 Date: 12/9/07 Technical Director or Designee
 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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

FPSC-COMMISSION CLERK

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

Public Water System Information (to be completed by sampler)

System Name: Romona Park PWS ID #: 2540905

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

Address: Church St

City: Romona Park State: FL ZIP Code: 32181

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: n/a

Sample Information (to be completed by sampler)

Sample Number: 47811DW1 Location Code (if known): 342 Broward

Sample Date: 9/19/07 Sample Time: 8:50 AM PM (circle one)

Sample Location (be specific): 342 Broward

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.7 mg/L Field pH: _____

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

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

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

Sampler's Name: Paul Thompson
 Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
 Sampler's E-Mail Address: n/a

Certification (to be completed by sampler)

Paul Thompson (Print Name) field coordinator (Print Title)

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

Signature: [Signature] Date: 9/19/07

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)
Sample Number: 47811DW1

Report Number: 47811
Date Sample Received: 09/05/07

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

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

Were any analyses subcontracted? Yes No

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

Certification

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



Signature:

Date: 09/13/07

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

Compliance Determination (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Disinfection Byproducts: 62-550.310(3) Lab ID: 47611DW1 PWS ID: 2540905 Sample ID: 342 Broward

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	11.8		EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	7.38		EPA552.2	0.500	09/12/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	2.20		EPA552.2	0.500	09/12/07		E83018
2456	HAA5	60	ug/L	21.4		EPA552.2	0.500	09/12/07		E83018
2941	Chloroform	N/A	ug/L	8.17		EPA502.2	0.500	09/06/07		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	09/06/07		E83018
2943	Bromodichloromethane	N/A	ug/L	4.33		EPA502.2	0.500	09/06/07		E83018
2944	Dibromochloromethane	N/A	ug/L	1.37		EPA502.2	0.500	09/06/07		E83018
2950	Total Trihalomethanes	80	ug/L	13.9		EPA502.2	0.500	09/06/07		E83018

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878



www.flowerslabs.com

Client AQUA UTILITIES PUTNAM COUNTY	Project Name Pomona PARK AUSTIN 2540905
Address P.O. Box 490310 LEESBURG, FL 34749	Contact PAUL THOMPSON
Phone 386-937-1143 FAX 386-329-9977	P.O.# 80
Sampled By (PRINT): PAUL THOMPSON	FCL Lab Coordinator 80
Requested Due Date	PICK UP

Sampler Signature: [Signature] **Date Sampled:** 9/5/07

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #	
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅				
1	342 BROWNS	9/5/07	8:50	DW	47611DW1						XX	XX	CL-0.7 FIELD PRESERVED	3
2														
3														
4														
5														
6														
7														
8														
9														
10														

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
[Signature]	9/5/07	11:05	[Signature]	9-5	11:47	[Signature]	9-5	3:06	[Signature]	9/5/07	1:22

• WHITE - Original - To Be Returned • YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Donalona Park PWS ID #: 2540905
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: Church St
 City: Donalona Park State: FL ZIP Code: 32187
 Phone #: 352-787-0980 Fax #: 352-787-6333
 E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 48101DW1 Location Code (if known): Well # 1
 Sample Date: 9/11/07 Sample Time: 11:45 AM PM (circle one)
 Sample Location (be specific): well
 Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: 7.8

<u>Sample Type (check only one)</u>	<u>Sample Reason(s) (check all that apply)</u>
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 82-550)
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input type="checkbox"/> Plant Tap (not for compliance with 82-550)	<input type="checkbox"/> Confirmation of MCL Exceedance *
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Composite of Multiple Sites **
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Avg Residence Time	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Replacement (of invalidated sample)
	<input type="checkbox"/> Other: _____
	Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

attach a results page for each site.

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

Certification (to be completed by sampler)

Paul Thompson ^{Ralph Harriott} field Coordinator
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 10/09/07

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: EB3018
Certification Expiration Date: 6/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 48101DW1

Report Number: 48101
Date Sample Received: 09/12/07

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

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

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

FL Cert # E 87804

Certification

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

Signature:



Date: 10/02/07

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

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____
Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

EMSL Analytical, Inc.

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



Attn: **Flowers Chemical Laboratories, Inc.**
481 Newburyport Avenue
Altamonte Springs, FL 32701

Fax: (407) 280-6110 Phone: (407) 339-5984

Project:

Customer ID: FLOW50

Customer PO:

Received (Date/Time): 09/13/07 2pm

EMSL Order: 340703935


Collected (Date/Time): 09/11/2007 4:45pm

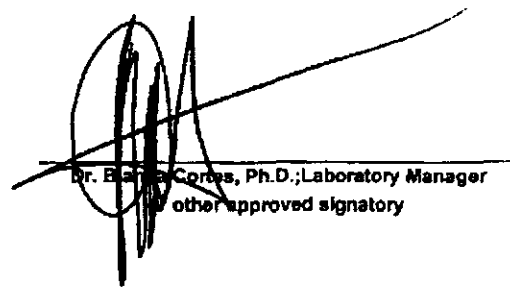
Date Reported: 09/24/2007

**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)
48101 DW1 340703935-001	09/21/07 11:30am	100	10 ¹	0.0134	1271.7	None Detected	None Detected	None Detected	0.16	0.00-0.58	<0.16

- Sonicated on (Date) 09/13/07 at (Time) 3:05pm.
- Filtered by Kelly Deutsch on (Date) 09/13/07 at (Time) 3:30pm.
- Analyzed by Randy Pruitt on (Date) 09/21/07 from 3pm to 3:10pm.
- If you have any questions please call us at 407-599-5887
- EPA number is FL-01176.


Analyst(s)
Randy Pruitt (1)


Dr. Brian Correa, Ph.D.; Laboratory Manager
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: E8780a

**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 CURRENT DOH ANALYTE SHEET*

Lab Name: EMSL Analytical, Inc. Florida Certification #: E87804
 Address: 5125 Adanson Street Suite 900 Certification Expiration Date: 6/30/08
Orlando, FL 32804 Phone #: 407-599-5887

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: Sept. 13, 2007
 PWS ID (From Page 1): _____ Sample Number (From Page 1): 48101 DW1
 Lab Assigned Report Number or Job ID: 340703935

Group(s) Analyzed & 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 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 checked="" 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: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Randy H. Pruitt (Print Name), Analyst (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: [Signature] Date: 09/24/07

* 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: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 340703935 / 4810 DW1

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1048	Nitrate-As-N	10	mg/l							E
	Nitrite-As-N		mg/l							E
	Arsenic	0.05	mg/l							E
	Barium	2	mg/l							E
	Cadmium	0.01	mg/l							E
	Chromium	0.1	mg/l							E
	Copper	1.3	mg/l							E
	Fluoride	4.0	mg/l							E
	Lead	0.01	mg/l							E
	Manganese	0.05	mg/l							E
	Nickel	0.02	mg/l							E
	Selenium	0.07	mg/l							E
	Silver	0.05	mg/l							E
	Thiophene	0.05	mg/l							E
1049	Arsenic	0.05 MFL	mg/l	0.10 MFL	U	EPA 800/R-94 134 (No. 2)	0.10 MFL	9/21/07	3pm	E 87804

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

Page 3 of [insert number of pages]

*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.

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878



www.flowerslabs.com

Client: AUF Petnam Co. Project Name: Pomona Park PWS ID 2540905
 Address: POB 490310 Contact: Paul Thompson P.O.#
Leesburg FL 34748 FCL Lab Coordinator
 Phone: 386-329-1122 Fax 386-329-9977 Requested Due Date: **PICK UP**
 Sampled By (PRINT): Ralph Marriott **80**

Sampler Signature: Ralph Marriott Date Sampled: 9-12-07
 PRESERVATIVES: NONE, H₂SO₄, HNO₃, HCl, Na₂S₂O₅
 ANALYSES REQUEST: As B B T b S
 COMMENTS: pH - 7.8 @ 23.7°

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅			
1	well #1	9-11-07	4:15 PM	DW	45101DW1	✓					As B B T b S	pH - 7.8 @ 23.7°	
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>Debra Vining</u>	9-12	11:30	<u>Ralph Marriott</u>	9-12	1:13	<u>Ralph Marriott</u>	9-12	2:40			

• WHITE - Original - To Be Returned • YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Romona Park PWS ID #: 2540905

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

Address: Church St

City: Romona Park State: FL ZIP Code: 32181

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: Na

Sample Information (to be completed by sampler)

Sample Number: 47216DW1 Location Code (if known): POE

Sample Date: 8/29/07 Sample Time: 10:25 AM PM (circle one)

Sample Location (be specific): _____

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

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

* See 62-550.500(8) for requirements and restrictions.

** See 62-550.650(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrate MCL exceedances.

attach a results page for each site.

Sampler's Name: Paul Thompson
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: Na

Certification (to be completed by sampler)

Paul Thompson field coordinator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)
Sample Number: 47216DW1

Report Number: 47216
Date Sample Received: 08/29/07

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

Inorganics

All 17

Partial

Nitrate

Nitrite

Asbestos

Volatile Organics

All 21 Partial

Synthetic Organics

All 30 Partial

Radionuclides

Single Sample

Qtrly Composite**

Secondaries

All 14 Partial

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

Bromate

Chlorite

Were any analyses subcontracted? Yes No

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

Certification

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

Signature:



Date: 09/06/07

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

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

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No

Sample Analysis Info Satisfactory Yes No

Resample Requested (circle or highlight groups above)

Revised Report Requested (circle or highlight groups above)

Reason(s): Incomplete Report

Location Unsatisfactory

Analysis Unsatisfactory

Missing Analyte Sheet(s)

Other _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 47218DW1 PWS ID: 2540905 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.235		EPA300.0	0.0500	08/30/07	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878



www.flowerslabs.com

Client: AQUA UTILITIES - PUTNAM COUNTY
 Address: P.O. Box 490370
 LEES BVDG, FL 34748
 Phone: 386-937-1143 FAX 386-929-9977
 Sampled By (PRINT): Paul Thompson

Project Name: ROMONA PARK PWS ID# 2540905
 Contact: Paul Thompson
 FCL Lab Coordinator
 Requested Due Date: **PICK UP**
 P.O.#: \$25.00

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅			
1	P.O.E.	8/29/07	11:00	MESA DW	47216DW1						X		
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
[Signature]	8/29/07	11:00	[Signature]	8-29	11:40	[Signature]	8-29	2:37	[Signature]	8/29/07	1:00

• WHITE - Original - To Be Returned

• YELLOW - Duplicate

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: October 23, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: Pomona Park 6446 THM/HAA5
Received: 9/27/06 12:00

[2126920]


Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

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

Respectfully submitted,


Cindy Cromer

Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Pomona Park 6446 THM/HAA5
Received: 9/27/06 12:00

[2126920]

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
Printed: 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

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

CERTIFICATE OF ANALYSIS

[2126920]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park 6446 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: 2126920001						Sampled: 09/26/06 15:15		Received: 09/27/06 12:00			
Sample ID: 342 Broward Grab						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		2.8	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 19:23	WR	E96080
Bromoform	U	0.41	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/9/06 19:23	WR	E96080
Chloroform		4.9	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 19:23	WR	E96080
Dibromochloromethane	I	1.0	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/9/06 19:23	WR	E96080
Total THMs		8.8	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/9/06 19:23	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 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/23/2006

Page 3 of 4



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 BALLPOINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON-GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information
___ FDOH # E96080 ___ FDOH # E85370
5800 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lehigh Acres, FL 33938
 FDOH # E83509 ___ FDOH # E84418
4155 St. Johns Pkwy. 16331 Cortez Blvd.
Suite 1300 Brooksville, FL 34601
Sanford, FL 32771

Company: PRWA UTILITIES

Address: 930 SOUTH S.R. 19 SUITE 3

PALM BEACH, FL Zip: 33477

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: PAUL THOMPSON

Project Name: POMONA PARK # 6446

Sampled By: RALPH MARIOTT

Method(s) of Shipment: _____

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



PRESERVATIVE	
ANALYSES REQUESTED	

Preservation Key
H-Hydrochloric Acid P-Phosphoric Acid
N-Nitric Acid ST-Sodium
S-Sulfuric Acid Thiocyanate
SH-Sodium Hydroxide U-Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	Containers	SAMPLE DESCRIPTION As Will Appear On Report	COMMENTS
	DATE	TIME					
001	9-26-06	3:55 PM	G	DW	4	342 BROWNS	ch-0.4

THOM
HAAS
XX

* 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 of 4	RELINQUISHED BY <u>R. Marriott</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>9-27-06 10:00 AM</u>	DATE/TIME <u>9/27/06 12:00</u>	DATE/TIME <u>9-27-06 10:15</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR BENCIS BY <u>[Signature]</u>
	DATE/TIME <u>9/27/06 12:30</u>	DATE/TIME <u>9/27/06 12:00</u>	DATE/TIME <u>9/27/06 10:15</u>

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

CHAIN PAGE

**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: Pomona Park PWS I.D. #: 2540905

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Church St

City: Pomona Park State: FL ZIP Code: 32181

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 09/26/06 Sample Time: 3:15 PM

Sample Location (be specific): 342 Broward Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 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 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: RALPH MARRIOTT

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: NA

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR RALPH MARRIOTT FIELD COORDINATOR
Print Name Print Title

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

Signature: [Signature] Date: 11/3/06

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: 9/27/2006

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

Lab Assigned Report Number or Job ID: 2126920001

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: 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: _____

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ENVIRONMENTAL
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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: Pomona Park 6446 THM/HAA5
 Sample Location: 342 Broward Grab Disinfectant Residual (mg/L) _____
 Sample Number: 2126920001 PWS ID _____
 Sampling Date: 9/26/06 15:15
 Date Received: 9/27/06 12:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	4.9		EPA 524.2	0.25	10/09/06	7:23 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41	U	EPA 524.2	0.41	10/09/06	7:23 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	2.8		EPA 524.2	0.25	10/09/06	7:23 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	1.0		EPA 524.2	0.30	10/09/06	7:23 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, 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.

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FDOH # E84418

Printed: 10/23/2006

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, DUDSMAR, FL 34677 813-855-1844 Fax 813-855-2218



Harbor Branch Environmental Laboratory

Drinking Water Analyses

Sample ID: 2126920001B

October 18, 2006

Sample No.: 63937.03

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	10/11/06	05:01	E84129
2451	Dichloroacetic Acid	N/A	µg/L	2.6	I	EPA 552.2	1	10/11/06	05:01	E84129
2452	Trichloroacetic Acid	N/A	µg/L	1.8	I	EPA 552.2	1	10/11/06	05:01	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/11/06	05:01	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/11/06	05:01	E84129
2456	Total Haloacetic Acids	60	µg/L	4.4		EPA 552.2	1	10/11/06	05:01	E84129

* Qualifiers:

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- U Analyte was undetected. Indicated concentration is method detection limit.

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

63937
Subcontracting Form 001A
REV 001
Effective Date: 12/05/2002

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/29/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>HAA5</u>						PRESERVATIVE					
SAMPLE TYPE: Composite = C, Gmb = G,		Preservative: HCl = F, HNO ₃ = N, Na ₂ S ₂ O ₃ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = 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	HSB/L SAMPLE ID	QTY	✓				SAMPLE COMMENTS
	DW	9/26/06	1310	G	2126 918001B	1	✓				9x 50ml abn H ₂ O
		9/26/06	1330		2126 919001B	1	✓				
		9/26/06	1515		2126 920001B	1	✓				
		9/26/06	1630		2126 921001B	1	✓				
		9/27/06	08:15		2126 922001B	1	✓				
		9/27/06	0730		2126 923001B	1	✓				
	DW	9/27/06	1230		2126 925001	1	✓				
	DW	9/27/06	1310	G	2126 935002	1	✓				
	DW	9/28/06	0900	G	2126 941001	1	✓				
RELINQUISHED BY:		DATE	TIME	RECEIVED BY:		DATE	TIME				
<u>Shipped to FEDEX</u>		9/28/06	1600	<u>FedEx</u>							
RELINQUISHED BY:		DATE	TIME	LABORATORY NAME AND RECEIVED BY:		DATE	TIME				
<u>FedEx</u>				<u>X-Rudman</u>		9/29/06	0850				

**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: October 13, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: Pomona Park DW Scan
Received: 9/13/06 12:45

[2126793]

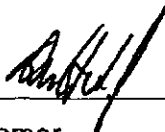
Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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Printed: 10/13/06



**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: Pomona Park DW Scan
Received: 9/13/06 12:45

[2126793]

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>
2126793001	POE Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 504.1	PEST4792		
2126793001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
EPA 505	PEST4791		
2126793001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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Printed: 10/13/06

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126793]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126793001						Sampled: 09/12/06 16:30				
Sample ID: POE Grab						Received: 09/13/06 12:45				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15128		09/13/06 15:15	PA	E83509
pH	Q	7.52	SU	0.200	EPA 150.1	WCDE15129		09/13/06 16:20	PA	E83509
Total Dissolved Solids		170	mg/L	5.0	EPA 160.1	WCDE15143		09/15/06 15:30	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Barium		0.0077	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Iron		0.057	mg/L	0.025	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Manganese		0.0082	mg/L	0.0037	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Sodium		9.5	mg/L	0.50	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:57	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 11:36	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8155		10/2/06 18:22	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8135		09/19/06 12:18	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8150		09/28/06 18:49	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8152	09/28/06 9:54	09/29/06 12:16	DM	E96080
Chloride		18	mg/L	5.0	EPA 300.0	IC6947		09/15/06 3:41	JL	E96080
Fluoride		0.062	mg/L	0.011	EPA 300.0	IC6942		09/14/06 12:19	JL	E96080
Nitrate as N		0.038	mg/L	0.0030	EPA 300.0	IC6942		09/14/06 12:19	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6942		09/14/06 12:19	JL	E96080
Sulfate		8.5	mg/L	1.4	EPA 300.0	IC6947		09/15/06 3:41	JL	E96080
Surfactants as LAS, Mol.wt.340		0.042 U	mg/L	0.042	EPA 425.1	WCDE15131	09/13/06 15:00	09/13/06 15:45	RM	E83509
1,2-Dibromo-3-chloropropane		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 3:07	JL	E96080
1,2-Dibromoethane		0.0024 U	ug/L	0.0024	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 3:07	JL	E96080
Chlordane		0.14 U	ug/L	0.14	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
Endrin		0.11 U	ug/L	0.11	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
gamma-BHC (Lindane)		0.021 U	ug/L	0.021	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
Heptachlor		0.037 U	ug/L	0.037	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
Methoxychlor		0.045 U	ug/L	0.045	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
Toxaphene		0.62 U	ug/L	0.62	EPA 505	PEST4791	09/19/06 14:54	09/19/06 3:56	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 23:37	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 23:37	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 23:37	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 23:37	JL	E96080

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CERTIFICATE OF ANALYSIS

[2126793]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 23:37	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 23:37	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2696		09/25/06 23:12	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 4:21	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2333		09/18/06 18:02	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2333		09/18/06 18:02	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2335		09/20/06 14:58	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2439	09/15/06 11:06	09/20/06 2:47	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2334	09/15/06 11:10	09/20/06 14:15	JJM	E96080
Gross Alpha		1.1 U +/- 0.7	pCi/L		EPA 900.0	KNL1360		10/3/06 8:00	KNL	E84025
Radium 226		1.4 +/- 0.8	pCi/L		EPA 903.1	KNL1360		10/5/06 15:00	KNL	E84025
Radium 228		1.0 U +/- 0.7	pCi/L		EPA Alter.	KNL1360		10/5/06 14:00	KNL	E84025
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1031		09/26/06 9:48	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26277		09/14/06 16:20	TCL	E96080
Cyanide		0.0052	mg/L	0.0047	SM4500CN E	WCGE26317	09/21/06 11:00	09/21/06 15:41	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 34601
FDOH # E84418



Printed: 10/13/06

Page 4 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126793]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126793002						Sampled: Matrix: Water				
Sample ID: TRIP BLANK						Received: 09/13/06 12:45				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2696	09/25/06 23:46	WR	E96080		

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

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 10/13/06

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) 467-584

Chain-of-Custody
and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETE ALL FIELDS
IN BLACK INK

Laboratory not responsible for omitted information

FD0H # E98080 FD0H # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34948 Lehigh Acres, FL 33938

FD0H # E83509 FD0H # E84418
4155 St. Johns Pkwy. 18331 Cortez Blvd.
Suite 1300 Brooksville, FL 34801
Sanford, FL 32771

Company: Aqua Utilities Fla.

Address: 930 S. SR 19 Suite #3

Palatka Fl. Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Pomona Park

Sampled By: R. Marriott

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time _____

Or _____

Rush in _____ Business Days

Requires Laboratory Approval



PRESERVATIVE									

ANALYSES REQUESTED									

Preservation Key

H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium
S=Sulfuric Acid Thioacetate
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	pH	Temperature	odor	Redox	Grass/Algae	Pesticides	Reg VOCs	COMMENTS
	DATE	TIME												
001	9-12-06	4:30 PM	G	DW	1	PDE								
001														
002														

* 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>R. Marriott</u>	RELINQUISHED BY: <u>[Signature]</u>	RELINQUISHED BY: <u>P. All to FedEx</u>
	DATE/TIME: <u>9-13-06 10:00</u>	DATE/TIME: <u>9/13/06 12:45</u>	DATE/TIME: <u>9/13/06 16:00</u>
	RECEIVED BY: <u>[Signature]</u>	RECEIVED BY: <u>[Signature]</u>	RECEIVED BY: <u>[Signature]</u>
	DATE/TIME: <u>9/13/06</u>	DATE/TIME: <u>9/13/06 12:45</u>	DATE/TIME: <u>9/13/06 10:00</u>

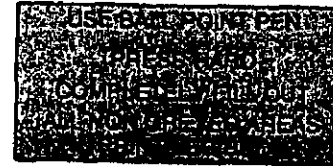
Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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



Laboratory not responsible for omitted information

FDOH # E98080 5600 U.S. 1 North Fort Pierce, FL 34948
FDOH # E85379 307 Cookidge Avenue Lehigh Acres, FL 33936
FDOH # E83509 4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771
FDOH # E84418 18331 Cortez Blvd. Brooksville, FL 34801

Company: Aqua Utilities Fla.

Address: 930 S. SR 19 Suite #3

Palatka Fla. Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

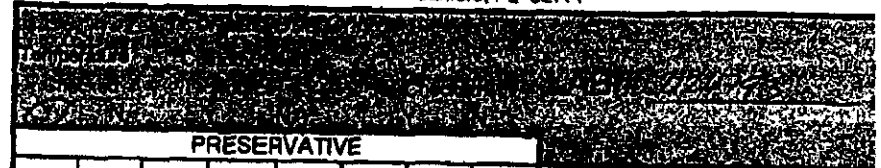
Client Contact: Paul Thompson

Project Name: Pomona Park

Sampled By: R. Marriott

Method(s) of Shipment: _____

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



ANALYSES REQUESTED						
504/608/08	515.1	525.2	531.1	547	549	505
			Alphaset	Endotha	Digast	

Preservation Key

H=Hydrochloric Acid	P=Phosphoric Acid
N=Nitric Acid	ST=Sodium
S=Sulfuric Acid	Th=Thiosulfate
SH=Sodium Hydroxide	U=Unpreserved

COMMENTS

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	504/608/08	515.1	525.2	531.1	547	549	505	COMMENTS
	DATE	TIME												
001	9-12-06	4:30 PM	G	DW	3	PDE	✓							
					1			✓						
					1				✓					
					3					✓				
					1						✓			
001					3							✓		

* 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>R. Marriott</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>9-13-06 10:00 AM</u>	DATE/TIME <u>9/12/06 12:45</u>	DATE/TIME <u>9-12-06 1:00</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>
	DATE/TIME <u>9/12/06</u>	DATE/TIME <u>9/12/06 12:45</u>	DATE/TIME <u>9-12-06 10:50</u>

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLOSMAR, FL 34677 813-855-1844 fax 813-855-2218



Harbor Branch Environmental Laboratory
DW Compliance
Sample ID: 2126 793 001

September 29, 2006
Sample No.: 63443.05
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	09/26/06	09:48	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

03443

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

Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/15/06 TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>DW Compliance A.s + HAA5</u>							PRESERVATIVE					
SAMPLE TYPE: Composite = C, Grab = G, Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₃ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = 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	
01	DW	9-12-06	1020	G	2126750001	1	✓					6x100ml P-HNO ₃
02		9-11-06	1415	G	2126757001	1	✓					4x50ml a.s. UHCl
03		9-12-06	1515	G	2126752001	1	✓					
04	DW	9-12-06	1730	G	2126753001	1	✓					
05	DW	9-12-06	1630	G	2126793001	1	✓					
06	DW	9-12-06	0740	G	2126794001	1	✓					
07	DW	9-12-06	1010	G	2126769002	1		✓				
08			1010		21267700010	1		✓				
09			1145		2126771002	1		✓				
10	DW	9-12-06	1040	G	2126772001B	1		✓				
RELINQUISHED BY: <u>[Signature]</u>				DATE	TIME	RECEIVED BY: <u>Fed Ex</u>				DATE	TIME	
RELINQUISHED BY: <u>Fed Ex</u>				DATE	TIME	LABORATORY NAME AND RECEIVED BY: <u>K. Nordmark</u>				DATE	TIME	
				9-14-06	1600					9/15/06	0820	

**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: Pomona Park PWS I.D. #: 2540905

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Church St

City: Pomona Park State: FL ZIP Code: 32181

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 09/12/06 Sample Time: 4:30 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ 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)
- 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(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: RALPH MARION

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9917

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR RALPH MARION FRED CONSULTANTS
Print Name Print Title

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

Signature: _____ Date: 10/19/06

**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: 9/13/06

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

Lab Assigned Report Number or Job ID: 2126793001

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 | <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 checked="" type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129, E84025

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-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: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 255 Fax: (772) 467-584

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Pomona Park DW Scan
Sample Location: POE Grab
Sample Number: 2128793001
Sampling Date: 9/12/06 16:30
Date Received: 9/13/06 12:45

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/25/06 23:12	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:12	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/25/06 23:12	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 23:12	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:12	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 23:12	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/25/06 23:12	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 23:12	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/25/06 23:12	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/25/06 23:12	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:12	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/25/06 23:12	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/25/06 23:12	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/25/06 23:12	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/25/06 23:12	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/25/06 23:12	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/25/06 23:12	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/25/06 23:12	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/25/06 23:12	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:12	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:12	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. 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 34601
FDOH # E84418

Printed: 10/13/06



**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: Pomona Park DW Scan
Sample Location: POE Grab
Sample Number: 2126793001
Sampling Date: 9/12/06 16:30
Date Received: 9/13/06 12:45

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.038		EPA 300.0	0.0030	9/14/06 12:19	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	9/14/06 12:19	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	SM 3113 B	0.0010	9/26/06 9:48	E84129
1010	Barium	[2]	mg/L	0.0077		EPA 200.7	0.0018	9/28/06 13:57	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	9/28/06 13:57	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	9/28/06 13:57	E96080
1024	Cyanide	[0.2]	mg/L	0.0052	I	SM4500CN E	0.0047	9/21/06 15:41	E96080
1025	Fluoride	[4]	mg/L	0.062		EPA 300.0	0.011	9/14/06 12:19	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	10/02/06 18:22	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	9/29/06 12:16	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	9/28/06 13:57	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	9/19/06 12:18	E96080
1052	Sodium	[160]	mg/L	9.5		EPA 200.7	0.50	9/28/06 13:57	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	9/28/06 11:36	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	9/28/06 13:57	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	9/28/06 18:49	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.

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FDOH # E96080

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FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 10/13/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 255 Fax: (772) 467-584

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Pomona Park DW Scan
Sample Location: POE Grab
Sample Number: 2126793001
Sampling Date: 9/12/06 16:30
Date Received: 9/13/06 12:45

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 13:57	E96080
1017	Chloride	[250]	mg/L	18	I	EPA 300.0	5.0	9/15/06 3:41	E96080
1022	Copper	[1]	mg/L	0.0014	U	EPA 200.7	0.0014	9/28/06 13:57	E96080
1025	Fluoride	[2]	mg/L	0.062		EPA 300.0	0.011	9/14/06/9/14/06	E96080
1028	Iron	[0.3]	mg/L	0.057	I	EPA 200.7	0.025	9/28/06 13:57	E96080
1032	Manganese	[0.05]	mg/L	0.0082	I	EPA 200.7	0.0037	9/28/06 13:57	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	9/28/06 13:57	E96080
1055	Sulfate	[250]	mg/L	8.5		EPA 300.0	1.4	9/15/06 3:41	E96080
1095	Zinc	[5]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 13:57	E96080
1905	Color	[15]	CU	4.0	I	SM2120 B	1.8	9/14/06 16:20	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	EPA 140.1	1.0	9/13/06 15:15	E83509
1925	pH	[6.5-8.5]	SU	7.52	Q	EPA 150.1	0.200	9/13/06 16:20	E83509
1930	Total Dissolved Solids	[500]	mg/L	170		EPA 160.1	5.0	9/15/06 15:30	E83509
2905	Foaming Agents	[0.5]	mg/L	0.042	U	EPA 425.1	0.042	9/13/06 15:45	E83509

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.

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FDOH # E83509

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Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Pomona Park DW Scan
Sample Location: POE Grab
Sample Number: 2126793001
Sampling Date: 9/12/06 18:30
Date Received: 9/13/06 12:45

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.11	U	EPA 505	0.11	0.44	9/19/06	9/19/06 3:56	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.021	U	EPA 505	0.021	0.084	9/19/06	9/19/06 3:56	E96080
2015	Methoxychlor	[40]	ug/L	0.045	U	EPA 505	0.045	0.18	9/19/06	9/19/06 3:56	E96080
2020	Toxaphene	[3]	ug/L	0.62	U	EPA 505	0.62	2.5	9/19/06	9/19/06 3:56	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	9/20/06	9/20/06 23:37	E96080
2032	Diquat	[20]	ug/L	4.8	U	EPA 549.2	4.8	19	9/15/06	9/20/06 14:15	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	9/15/06	9/20/06 2:47	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		9/20/06 14:58	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	9/22/06	10/03/06 4:21	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		9/18/06 18:02	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	2.5	9/22/06	10/03/06 4:21	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	3.4	9/22/06	10/03/06 4:21	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/20/06	9/20/06 23:37	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/20/06	9/20/06 23:37	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.96	9/22/06	10/03/06 4:21	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		9/18/06 18:02	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	9/22/06	10/03/06 4:21	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	2.4	9/22/06	10/03/06 4:21	E96080
2065	Heptachlor	[0.4]	ug/L	0.037	U	EPA 505	0.037	0.15	9/19/06	9/19/06 3:56	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.028	U	EPA 505	0.028	0.11	9/19/06	9/19/06 3:56	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	9/20/06	9/20/06 23:37	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	9/20/06	9/20/06 23:37	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	9/22/06	10/03/06 4:21	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.28	9/22/06	10/03/06 4:21	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	9/20/06	9/20/06 23:37	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.56	9/19/06	9/19/06 3:56	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0010	U	EPA 504.1	0.0010	0.0040	9/20/06	9/20/06 3:07	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0024	U	EPA 504.1	0.0024	0.0096	9/20/06	9/20/06 3:07	E96080
2959	Chlordane	[2]	ug/L	0.14	U	EPA 505	0.14	0.56	9/19/06	9/19/06 3:56	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 62-160, 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.

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Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06



KNL Laboratory Services, Inc.
 2742 N. Florida Ave.
 P.O. Box 1833
 Tampa, FL 33601
 Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
 62-550.310(6)
 Client ID: 2126793 001

KNL Report Number/Job ID: 8945
 PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.1	U	EPA 900.0	1.1	3	0.7	10-03-06	0800	E84025
4020	Radium-226		pCi/L	1.4		EPA 903.0	1.0	1	0.8	10-05-06	1500	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	10-5-06	1400	E84025

Reporting Format 62-550.730
 Effective January 1995, Revised January 2004

*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
 I = the reported value is between the laboratory detection limit and the laboratory practical quantitation 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: _____ PWS I.D. #:

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ Sample Time: _____

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 | | |
| <input type="checkbox"/> Near First Customer | | |

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: _____

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: _____

**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: 9/13/06

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

Lab Assigned Report Number or Job ID: 2126793002

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 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, E84025

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-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: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-5884

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Pomona Park DW Scan
Sample Location: TRIP BLANK
Sample Number: 2126793002
Sampling Date:
Date Received: 9/13/06 12:45

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/25/06 23:46	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:46	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/25/06 23:46	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 23:46	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:46	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 23:46	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/25/06 23:46	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 23:46	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/25/06 23:46	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/25/06 23:46	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:46	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/25/06 23:46	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/25/06 23:46	E96080
2984	Trichloroethane	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/25/06 23:46	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/25/06 23:46	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/25/06 23:46	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/25/06 23:46	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/25/06 23:46	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/25/06 23:46	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:46	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 23:46	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.

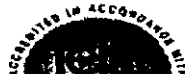
5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06





Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 12, 2007

SENT VIA EMAIL: cmmclure@aquaamerica.com

Ms. Candice McClure
Aqua Utilities Florida, Inc.
Post Office Box 790310
Leesburg, FL 34749

Putnam County - Potable Water
Sanitary Survey 2007
Pomona Park WTP // PWS ID: 2540905

Dear Ms. McClure:

On August 2, 2007, a Sanitary Survey of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. The following deficiencies were noted as requiring action to bring this system into compliance with Chapter 62 of the Florida Administrative Code:

1. The raw sample tap is not downward facing. All suppliers of water must provide a conveniently accessible raw water sampling tap located on the discharge side of the well pump on the upstream of the check valve before the chlorine injection point. It shall be downward opening, smooth-nosed, and terminate at least 12 inches above the ground surface. *FAC rule 62-555.320(8)(b)(2)*
2. The sanitary seal and piping near well #2 exhibited a significant amount of corrosion. Scrape and paint the sanitary seal and the pipe junctions to prevent any possible contamination of the distribution system. *FAC rule 62-555.350*
3. There was a threaded tap at the water treatment plant without a hose bib vacuum breaker (HBVB). Ensure that all threaded taps at the water treatment plant are downward facing and provide hose bib vacuum breakers (HBVBs) or remove the threads on all taps to prevent any possible contamination of the water supply. *FAC rule 62-555.360*

DOCUMENT NUMBER DATE

04328 MAY 22 08

FPSC-COMMISSION CLERK

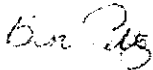
Ms. Candice McClure
September 12, 2007
Page 2 of 2

As a reminder, this system is required to monitor for the following parameters during 2007: Nitrate/Nitrite, Disinfection Byproducts during the month of July through September, and Total Coliform Bacteria with Residual Disinfectant Levels on a monthly basis. In addition, please provide a copy of the Bacteriological, Disinfection Byproduct, and Cross Connection Control Plans so that the Department files for the system are complete. The plans were observed during the inspection, but are not on file at the Department.

It was also noticed during the Sanitary Survey that the well that is in the process of being permitted has PVC outer casing taller than the cement grout inside. This can lead to the accumulation of water inside the well casing. Please remove the extra PVC piping to prevent this accumulation. In addition, please orientate the sampling tap in a downward opening fashion.

Please provide a written response within 15 days of receipt of this letter detailing how all deficiencies will be addressed within the next 30 days. Please contact me at (904) 807-3334 or Benjamin.Piltz@dep.state.fl.us if you have any questions.

Sincerely,



Ben Piltz
Environmental Specialist I

BRR: BLP: bp

cc: Mr. Paul Thompson, Operator, Aqua Utilities Florida, Inc. via pdthompson@aquaamerica.com

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

Plant Name Pomona Park WTP County Putnam PWS ID # 2540905
Plant Location 110 Church Street, Pomona Park, FL 32181 Phone -
Owner Name Agua Utilities Florida, Inc. // Ms. Candice McClure Phone 352-435-4020
Owner Address Post Office Box 490310, Leesburg, FL 34749
Designated Rep. Ms. Candice McClure Title Owner Phone 352-435-4020
Facility Contact Mr. Paul Thompson Title Operator Phone 386-937-1143
This Survey Date 8/2/07 Last Survey Date 3/3/04 Last C.I. Date 4/19/06

PWS TYPE & CLASS: Community - (5D)

SERVICE AREA CHARACTERISTICS

Municipality _____

Food Service: Yes No N/A

GENERAL INFORMATION

Number of Service Connections 192
Population Served 672 Basis Operator
Plant Design Capacity 170,000 gpd
Basis Well capacity
Average Day (from MORs) 33,761 gpd
Max. Day (from MORs) 43,380 gpd
Total Storage Capacity 2,500 gallons
Comments MOR data from 7/07.

LOCATION

Latitude 29° 29' 44.68" North
Longitude 81° 35' 45.27" West
GPS: Yes Date: 7/97
Directions US Hwy 17 south to Main Street in Pomona Park.
Turn left on Church Street and the plant is on the left.

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson

O&M Log: Yes No O&M Manual: Yes No
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Days/wk: Required 3 Actual 5
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
CT calculations are due along with the August MOR.

RAW WATER SOURCE

GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required
Source Onan Generator
Capacity of Standby (kW) 30
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load 4 hr/mo.
What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
Satisfy 1/2 max-day demand? Yes No Unk
Comments Satisfactory

TREATMENT PROCESSES IN USE

Hypochlorination

What additional treatment is needed?
No additional treatment is required.
For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" Neptune Meter
Backflow Prevention Devices: Yes No
Cross-connections Threaded tap observed.
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: Yes No
Comments Threaded tap requires a hose bib vacuum
breaker or remove the threads. <<Cross Connection
Hazard >>

GROUND WATER SOURCE

Well Number (PWS Identification)	2540905		
Well Name (System Identification)	2		
Year Drilled	1962		
Depth Drilled	180'		
Latitude	29° 29' 44.68" N		
Longitude	81° 35' 45.27" W		
GPS (Y or N) / Date (if applicable)	Y - 7/97		
Florida Well ID	AAC1867		
Static Water Level	28'		
Actual Yield (if different than rated capacity)	-		
Strainer	Unknown		
Length (outside casing)	126'		
Diameter (outside casing)	4"		
Material (outside casing)	Steel		
Well Contamination History	CT calc's.		
Is inundation of well possible?	OK		
6' X 6' X 4" Concrete Pad	OK		
SET BACKS	Septic Tank	~150'	
	Reuse Water	OK	
	WW Plumbing	OK	
	Other Sanitary Hazard	OK	
PUMP	Type	Submersible	
	Manufacturer Name	Sta-Rite	
	Model Number	Unknown	
	Rated Capacity (gpm)	~158	
	Motor Horsepower	5	
Well casing 12" above grade?	OK		
Well Casing Sanitary Seal	OK		
Raw Water Sampling Tap	Smooth/upturned		
Above Ground Check Valve	OK		
Fence/Housing	Locked fencing.		
Well Vent Protection	OK		

COMMENTS The raw sample tap needs to be rotated so that it is downward opening.

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Make Stenner Capacity 17 qpd
 Chlorine Feed Rate 22.5 %
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.58 Remote 0.64
 Remote tap location Bacti Sampling Point
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Pre hydro tank
 Booster Pump Info Booster pumps not installed.
 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

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated (G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	H		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	S.G.		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	60/70		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		
Last Inspection Date (for tanks with access manholes)	Unk		

Comments In the process of choosing a company to inspect tanks in time for 2008 deadline.

HIGH SERVICE PUMPS

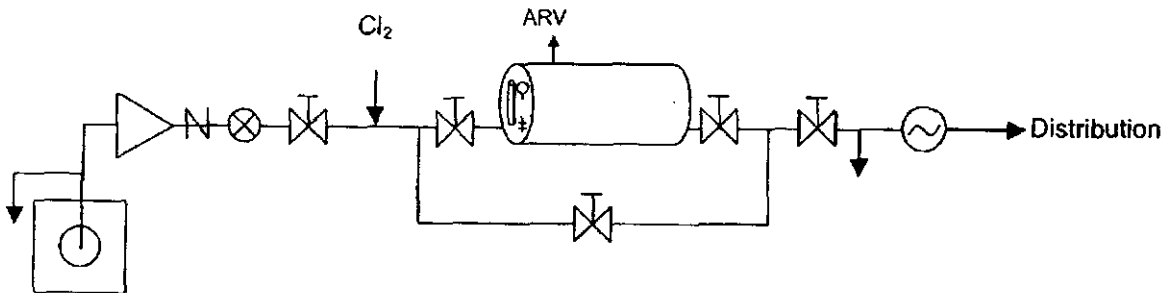
Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from <u>each</u> raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.
Disinfection Byproducts (DBPs)	2006	2007	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2006	2007	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.
Radionuclides	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2005	2008	Samples taken from pre-approved sample plan sites.
Asbestos	Waiver	2011 / Waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

SCHEMATIC (not to scale):



MONITORING VIOLATIONS	MCL VIOLATIONS
No monitoring violations	No MCL violations

DEFICIENCIES:

1. The sampling tap is oriented in a vertical plane.
 2. The sanitary seal is showing signs of corrosion.
 3. Corrosion is visible at the unions of the piping near well #2.
 4. A threaded tap was observed on the hydropneumatic tank.
- [The following area contains multiple horizontal lines for additional notes or deficiencies.]

Inspector Ben Piltz

Title Environmental Specialist I Date September 12, 2007

Approved by Blanca R. Rodriguez
Blanca R. Rodriguez

Title Engineer Specialist IV Date September 12, 2007



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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

December 11, 2007

Ben Piltz
Environmental Specialist I
FDEP Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville FL 32256-4366

**RE: Reply to Sanitary Survey
Pomona Park
PWS ID No. 2540905
Putnam County**

Dear Mr. Piltz:

Thank you for your inspection on August 2, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The raw sample tap is now downward facing.
2. The piping has been scraped and painted.
3. Hose bib vacuum breakers have been installed on all threaded taps at the water treatment plant.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaaamerica.com. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Patrick A. Farris".

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		


B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
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.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  2/7/07 DOCUMENT NUMBER - DATE: 04328 MAY 22 08 Printed or Typed Name: Paul Thompson License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

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 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	Operating UV Dose; mW-sec/cm ²	Minimum Required UV Dose; mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System; mg/L		
1	X	24.0	17,602		1.3									0.9	
2	X	24.0	19,580		1.3									0.8	
3	X	24.0	18,160		1.5									0.9	
4	X	24.0	21,070		1.4									1.0	
5	X	24.0	20,760		1.0									0.3	
6		24.0	16,897												
7		24.0	16,897												
8	X	24.0	16,897		1.2									0.5	
9	X	24.0	14,150		1.5									0.7	
10	X	24.0	15,360		1.3									0.6	
11	X	24.0	10,920		1.3									0.6	
12	X	24.0	18,480		1.3									0.7	
13		24.0	17,620												
14		24.0	17,620												
15	X	24.0	17,620		1.2									0.7	
16	X	24.0	23,340		1.3									0.7	
17	X	24.0	14,920		1.3									0.7	
18	X	24.0	14,590		1.0									0.4	
19	X	24.0	14,480		1.5									0.6	
20		24.0	16,070												
21		24.0	16,070												
22	X	24.0	16,070		2.0									1.2	
23	X	24.0	14,800		1.2									0.5	
24	X	24.0	14,920		1.3									0.5	
25	X	24.0	15,030		1.3									0.6	
26	X	24.0	14,800		1.4									0.8	
27		24.0	14,213												
28		24.0	14,213												
29	X	24.0	14,213		1.2									0.6	
30	X	24.0	22,430		1.3									0.6	
31	X	24.0	17,180		1.3									0.6	
			516,972												
			16,677												
			23,340												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: River Grove		PWS Identification Number: 2540959	
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: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@acquaamerica.com			

B. Water Treatment Plant Information

Plant Name: River Grove		Plant Telephone Number: (352) 787-0980	
Plant Address: River Drive		City: East Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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:	Paul Thompson	A	7251 / Days 1st Shift
Other Operators:	David Haring	C	14091 / Days 1st Shift
	Ralph Marriott	C	7527 / Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: 3/7/07

Paul Thompson
Printed or Typed Name:

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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	14,590		1.2							0.6	
2	X	24.0	23,990		1.3							0.7	
3		24.0	17,320										
4		24.0	17,320										
5	X	24.0	17,320		1.3							0.7	
6	X	24.0	14,720		1.3							0.8	
7	X	24.0	15,030		1.2							0.8	
8	X	24.0	16,210		1.2							0.7	
9	X	24.0	18,700		1.2							0.6	
10		24.0	16,753										
11		24.0	16,753										
12	X	24.0	16,753		1.2							0.7	
13	X	24.0	17,290		1.3							0.7	
14	X	24.0	18,800		1.3							0.7	
15	X	24.0	18,920		1.5							0.8	
16	X	24.0	14,690		1.5							0.8	
17		24.0	19,890										
18		24.0	19,890										
19	X	24.0	19,890		1.3							0.6	
20	X	24.0	11,450		1.3							0.7	
21	X	24.0	21,840		1.4							0.7	
22	X	24.0	15,660		1.5							0.7	
23	X	24.0	14,810		1.5							0.7	
24		24.0	17,667										
25		24.0	17,667										
26	X	24.0	17,667		1.6							0.9	
27	X	24.0	18,500		1.5							0.9	
28	X	24.0	18,820		1.2							0.8	
29		24.0											
30		24.0											
31		24.0											
Total			488,910										
Average			15,771										
Maximum			23,990										

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

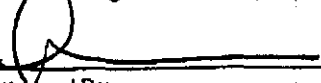
B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
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.):	IV	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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 4/5/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose; to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	11,360		1.1									0.6	
2	X	24.0	15,280		1.5									0.8	
3		24.0	15,960												
4		24.0	15,960												
5	X	24.0	15,960		1.3									0.6	
6	X	24.0	18,380		1.4									1.0	
7	X	24.0	14,910		1.3									0.9	
8	X	24.0	19,450		1.6									0.9	
9	X	24.0	14,920		1.5									0.9	
10		24.0	18,050												
11		24.0	18,050												
12	X	24.0	18,050		1.4									0.9	
13	X	24.0	21,070		1.2									0.8	
14	X	24.0	19,580		1.2									0.8	
15	X	24.0	23,270		1.4									0.8	
16	X	24.0	14,830		1.5									0.8	
17		24.0	17,200												
18		24.0	17,200												
19	X	24.0	17,200		1.5									1.0	
20	X	24.0	11,990		1.5									1.0	
21	X	24.0	18,710		1.5									1.0	
22	X	24.0	18,820		1.5									0.9	
23	X	24.0	14,940		1.4									0.9	
24		24.0	20,843												
25		24.0	20,843												
26	X	24.0	20,843		1.5									0.8	
27	X	24.0	19,210		1.3									1.0	
28	X	24.0	19,640		1.3									0.9	
29	X	24.0	19,760		1.4									0.9	
30	X	24.0	18,790		1.3									1.0	
31		24.0	20,890												
Total			551,960												
Average			17,805												
Maximum			23,270												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

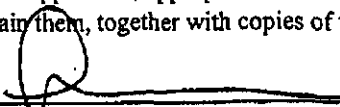
PWS Name: <u>River Grove</u>		PWS Identification Number: <u>2540959</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>107</u>		Total Population Served at End of Month: <u>375</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>River Grove</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>River Drive</u>		City: <u>East Palatka</u>	State: <u>Florida</u> Zip Code: <u>32131</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>200,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operators			
Lead/Chief Operator	Name: <u>Paul Thompson</u>	License Class: <u>A</u>	License Number: <u>7251</u> Days 1st Shift
Other Operators	Name: <u>David Haring</u>	License Class: <u>C</u>	License Number: <u>14091</u> Days 1st Shift
	Name: <u>Ralph Marriott</u>	License Class: <u>C</u>	License Number: <u>7527</u> Days 1st Shift

II. Certification by Lead/Chief Operator

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

 5/3/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair, or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	31,335												
2	X	24.0	31,335		1.3										0.6
3	X	24.0	23,360		1.2										0.7
4	X	24.0	19,470		1.1										0.6
5	X	24.0	21,090		0.6										0.8
6	X	24.0	23,490		1.3										0.9
7		24.0	19,650												
8		24.0	19,650												
9	X	24.0	19,650		0.8										0.7
10	X	24.0	15,450		1.3										0.7
11	X	24.0	18,160		1.3										0.6
12	X	24.0	17,160		1.3										0.8
13	X	24.0	22,480		1.6										0.9
14		24.0	19,220												
15		24.0	19,220												
16	X	24.0	19,220		1.5										1.0
17	X	24.0	11,850		1.4										0.8
18	X	24.0	26,380		1.5										0.7
19	X	24.0	18,780		1.5										0.8
20	X	24.0	16,830		1.5										0.8
21		24.0	17,937												
22		24.0	17,937												
23	X	24.0	17,937		1.5										0.8
24	X	24.0	21,740		1.4										0.5
25	X	24.0	23,230		1.3										1.0
26	X	24.0	19,120		1.3										0.8
27	X	24.0	19,540		1.1										1.0
28		24.0	25,860												
29		24.0	25,860												
30	X	24.0	25,860		1.5										0.7
31		24.0													
Total			628,800												
Maximum			20,284												
Maximum			31,335												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		


B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
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.):	IV	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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  6/5/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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		
1	X	24.0	27,400		1.4							0.8	
2	X	24.0	22,060		1.3							0.7	
3	X	24.0	33,170		1.4							0.8	
4	X	24.0	26,650		1.4							0.5	
5		24.0	28,200										
6		24.0	28,200										
7	X	24.0	28,200		1.4							0.6	
8	X	24.0	18,930		1.5							0.9	
9	X	24.0	15,430		1.4							0.8	
10	X	24.0	23,830		1.5							0.9	
11	X	24.0	19,680		1.8							1.2	
12		24.0	24,037										
13		24.0	24,037										
14	X	24.0	24,037		1.5							0.7	
15	X	24.0	19,680		1.5							0.9	
16	X	24.0	16,090		1.1							0.4	
17	X	24.0	19,250		1.4							0.7	
18	X	24.0	14,900		1.5							1.1	
19		24.0	22,650										
20		24.0	22,650										
21	X	24.0	22,650		1.5							0.7	
22	X	24.0	19,570		1.5							0.5	
23	X	24.0	24,240		1.5							0.7	
24	X	24.0	15,190		1.4							1.1	
25	X	24.0	18,820		1.4							0.8	
26		24.0	17,667										
27		24.0	17,667										
28	X	24.0	17,667		1.4							0.8	
29	X	24.0	31,460		1.3							0.9	
30	X	24.0	22,940		1.0							0.7	
31	X	24.0	19,560		1.1							0.4	
Total			686,510										
Average			22,145										
Maximum			33,170										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		
		Contact Person's Fax Number:	(352) 787-6333

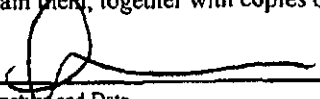
B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		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 Category (per subsection 62-699.310(4), F.A.C.):	IV	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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 7/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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 Densitate 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	18,590			1.3								0.6	
2		24.0	17,660												
3		24.0	17,660												
4	X	24.0	17,660			0.9								0.6	
5	X	24.0	19,420			1.4								1.3	
6	X	24.0	20,450			1.1								0.6	
7	X	24.0	20,640			1.5								0.8	
8	X	24.0	19,460			1.7								0.6	
9		24.0	25,393												
10		24.0	25,393												
11	X	24.0	25,393			1.2								0.6	
12	X	24.0	15,100			0.9								0.4	
13	X	24.0	17,800			1.5								1.0	
14	X	24.0	12,270			1.7								0.8	
15	X	24.0	22,900			1.8								1.4	
16		24.0	19,173												
17		24.0	19,173												
18	X	24.0	19,173			1.3								0.9	
19	X	24.0	29,090			1.1								0.6	
20	X	24.0	23,120			1.0								0.6	
21	X	24.0	14,870			1.3								0.8	
22	X	24.0	14,990			1.3								0.8	
23		24.0	17,580												
24		24.0	17,580												
25	X	24.0	17,580			0.8								0.6	
26	X	24.0	15,200			1.1								0.6	
27	X	24.0	18,990			0.8								0.4	
28	X	24.0	18,670			1.5								0.8	
29	X	24.0	28,430			1.5								1.0	
30		24.0	18,034												
31		24.0													
Total			587,444												
Average			18,950												
Maximum			29,090												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333


B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	32131
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 8/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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 Started 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 (D) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
		24.0	18,034												
	X	24.0	18,034		1.8										1.0
	X	24.0	18,900		1.5										0.8
	X	24.0	22,660		1.7										0.8
	X	24.0	18,770		1.7										0.8
	X	24.0	14,430		1.7										0.8
		24.0	29,833												
		24.0	29,833												
	X	24.0	29,833		2.8										1.3
	X	24.0	19,420		1.1										0.4
	X	24.0	22,770		0.8										0.4
	X	24.0	14,860		1.0										0.6
	X	24.0	19,310		1.7										0.6
		24.0	14,663												
		24.0	14,663												
	X	24.0	14,663		1.8										0.9
	X	24.0	20,870		1.8										1.1
	X	24.0	18,980		1.3										0.8
	X	24.0	15,400		1.1										0.5
	X	24.0	28,410		0.8										0.4
		24.0	17,243												
		24.0	17,243												
	X	24.0	17,243		1.5										0.8
	X	24.0	12,240		1.5										0.7
	X	24.0	14,530		1.8										1.2
	X	24.0	14,860		1.3										0.5
	X	24.0	24,060		0.8										0.5
		24.0	14,560												
		24.0	14,560												
	X	24.0	14,560		1.3										0.7
	X	24.0	11,170		1.4										0.7
Total			576,608												
Average			18,600												
Maximum			29,833												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

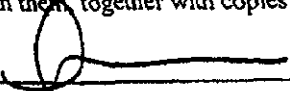
PWS Name:	River Grove	PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980	
Plant Address:	River Drive	City:	East Palatka	
		State:	Florida	
		Zip Code:	32131	
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.):	IV			
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	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  9/6/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

CT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations					UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·s/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
8/1	X	24.0	17,990		1.4							1.1	
8/2	X	24.0	11,380		1.2							0.7	
8/3	X	24.0	14,520		2.2							1.4	
8/4		24.0	16,230										
8/5		24.0	16,230										
8/6	X	24.0	16,230		0.7							0.8	
8/7	X	24.0	18,390		1.4							0.8	
8/8	X	24.0	19,040		1.1							0.6	
8/9	X	24.0	20,760		0.6							0.8	
8/10	X	24.0	23,160		1.0							0.3	
8/11		24.0	21,240										
8/12		24.0	21,240										
8/13	X	24.0	21,240		1.4							0.7	
8/14	X	24.0	20,780		1.1							0.5	
8/15	X	24.0	21,640		1.5							0.7	
8/16	X	24.0	18,280		1.5							0.9	
8/17	X	24.0	22,930		1.0							0.6	
8/18		24.0	23,943										
8/19		24.0	23,943										
8/20	X	24.0	23,943		1.5							0.6	
8/21	X	24.0	28,670		2.0							0.7	
8/22	X	24.0	22,830		2.3							1.8	
8/23	X	24.0	25,670		1.5							1.0	
8/24	X	24.0	37,260		1.3							0.6	
8/25		24.0	16,570										
8/26		24.0	16,570										
8/27	X	24.0	16,570		0.8							0.4	
8/28	X	24.0	14,840		1.7							0.9	
8/29	X	24.0	14,840		1.7							0.7	
8/30	X	24.0	22,960		2.0							1.1	
8/31	X	24.0	19,390		3.0							2.0	
Total			629,280										
Average			20,299										
Maximum			37,260										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

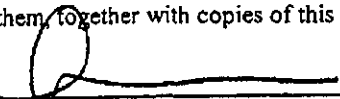
B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
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.):	IV	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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 2540959 Plant Name: River Grove

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 Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1			24.0	16,933											
2			24.0	16,933											
3	X		24.0	16,933		2.0								1.0	
4	X		24.0	19,170		1.8								0.9	
5	X		24.0	15,160		2.2								1.3	
6	X		24.0	19,610		1.0								1.0	
7	X		24.0	15,380		1.0								0.4	
8			24.0	16,573											
9			24.0	16,573											
10	X		24.0	16,573		1.5								0.7	
11	X		24.0	18,620		1.4								0.7	
12	X		24.0	11,370		1.2								0.6	
13	X		24.0	14,940		2.5								1.0	
14	X		24.0	14,730		1.8								1.3	
15			24.0	14,947											
16			24.0	14,947											
17	X		24.0	14,947		1.7								1.0	
18	X		24.0	18,090		2.0								1.0	
19	X		24.0	11,150		2.0								1.0	
20	X		24.0	11,050		2.2								1.5	
21	X		24.0	17,650		1.8								1.2	
22			24.0	15,370											
23			24.0	15,370											
24	X		24.0	15,370		1.5								1.0	
25	X		24.0	14,830		1.5								1.0	
26	X		24.0	15,260		1.5								1.0	
27	X		24.0	14,510		1.0								0.6	
28	X		24.0	15,040		3.0								1.9	
29			24.0	15,873											
30			24.0	15,873											
31			24.0												
Total				469,777											
Average				15,154											
Maximum				19,610											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Rivet Grove		PWS Identification Number: 12540959	
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: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6533	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Rivet Grove		Plant Telephone Number: (352) 787-0980	
Plant Address: River Drive		City: East Palatka	State: Florida Zip Code: 32131
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.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): G	
Licensed Operators	Name	License Class	License Number Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251 Days 1st Shift
Other Operators:	David Haring	C	14091 Days 1st Shift
	Ralph Marriott	C	7527 Days 1st Shift

II Certification by Lead/Chief Operator

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

 Signature and Date	11/08/07 Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2540959 Plant Name: River Grove

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)	Conditions (Repair or Abnormal Operation 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	15,874		2.2									1.3	
2	X	24.0	14,820		2.0									1.1	
3	X	24.0	15,040		2.0									1.1	
4	X	24.0	14,710		1.6									0.8	
5	X	24.0	11,020		1.5									0.7	
6		24.0	15,860												
7		24.0	15,860												
8	X	24.0	15,860		1.7									0.74	
9	X	24.0	14,600		1.5									0.6	
10	X	24.0	10,490		1.5									0.7	
11	X	24.0	15,470		1.4									0.7	
12	X	24.0	14,920		1.7									0.7	
13		24.0	14,597												
14		24.0	14,597												
15	X	24.0	14,597		1.7									1.3	
16	X	24.0	16,220		1.5									1.0	
17	X	24.0	13,520		1.5									1.0	
18	X	24.0	16,110		1.4									0.8	
19	X	24.0	18,810		1.5									0.8	
20		24.0	13,627												
21		24.0	13,627												
22	X	24.0	13,627		1.3									0.9	
23	X	24.0	15,030		1.3									0.9	
24	X	24.0	14,700		1.0									0.5	
25	X	24.0	11,140		1.9									0.7	
26	X	24.0	15,130		2.0									1.0	
27		24.0	13,913												
28		24.0	13,913												
29	X	24.0	13,913		1.3									0.6	
30	X	24.0	17,620		1.0									0.4	
31	X	24.0	11,030		2.0									0.8	
Total			450,244												
Average			14,524												
Maximum			18,810												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: River Grove		PWS Identification Number: 2540959	
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: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: River Grove		Plant Telephone Number: (352) 787-0980	
Plant Address: River Drive		City: East Palatka	State: Florida Zip Code: 32131
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.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators			
	Name	License Class	License Number
Lead Operator	Paul Thompson	A	7251 Days 1st Shift
Other Operators	David Haring	C	14091 Days 1st Shift
	Ralph Marriott	C	7527 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.

	Paul Thompson	A7251
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

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

Day of the Month	Days Plant in Operation (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 Unusual Operation Conditions, Repair, Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l		
	X	24.0	14,490		1.8									1.1	
	X	24.0	14,270		2.0									1.2	
		24.0	16,177												
		24.0	16,177												
	X	24.0	16,177		2.0									1.5	
	X	24.0	14,700		1.9									1.3	
	X	24.0	11,020		1.8									1.1	
	X	24.0	18,700		1.8									1.1	
	X	24.0	14,380		2.3									1.1	
		24.0	16,097												
		24.0	16,097												
	X	24.0	16,097		2.0									1.5	
	X	24.0	19,120		2.5									2.0	
	X	24.0	11,890		1.3									0.9	
	X	24.0	18,040		1.3									0.9	
	X	24.0	18,590		1.3									0.8	
		24.0	16,133												
		24.0	16,133												
	X	24.0	16,133		1.2									0.9	
	X	24.0	15,230		1.3									0.8	
	X	24.0	14,810		1.1									0.6	
	X	24.0	17,730		1.2									0.6	
	X	24.0	16,410		1.1									0.5	
		24.0	17,327												
		24.0	17,327												
	X	24.0	17,327		3.0									2.0	
	X	24.0	15,130		2.3									1.6	
	X	24.0	15,450		1.8									1.1	
	X	24.0	18,910		1.8									1.0	
	X	24.0	18,590		1.7									0.9	
		24.0													
			484,660												
			15,634												
			19,120												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	108	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

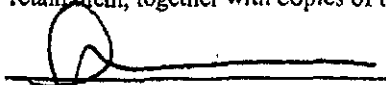
B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
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.):	IV	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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	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.

 01/09/08
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
12/1		24.0	17,503												
12/2		24.0	17,503												
12/3		24.0	17,503		1.6									0.9	
12/4	X	24.0	20,650		1.6									0.9	
12/5	X	24.0	15,130		1.4									0.7	
12/6	X	24.0	15,140		1.7									1.1	
12/7	X	24.0	15,140		1.9									1.3	
12/8		24.0	17,727												
12/9		24.0	17,727												
12/10	X	24.0	17,727		0.8									0.4	
12/11	X	24.0	19,500		1.7									0.9	
12/12	X	24.0	14,460		1.7									1.1	
12/13	X	24.0	14,380		1.6									1.0	
12/14	X	24.0	15,580		1.6									1.1	
12/15		24.0	17,347												
12/16		24.0	17,347												
12/17	X	24.0	17,347		1.5									1.1	
12/18	X	24.0	15,250		1.6									1.1	
12/19	X	24.0	18,830		1.3									0.8	
12/20	X	24.0	14,600		1.6									1.1	
12/21	X	24.0	15,480		1.3									1.0	
12/22		24.0	17,447												
12/23		24.0	17,447												
12/24	X	24.0	17,447		1.0									0.8	
12/25	X	24.0	18,050		1.7									1.2	
12/26	X	24.0	19,120		1.6									1.0	
12/27	X	24.0	16,870		1.8									1.1	
12/28	X	24.0	21,070		1.1									0.5	
12/29		24.0	17,297												
12/30		24.0	17,297												
12/31	X	24.0	17,297		1.4									0.8	
Total			531,210												
Minimum			17,136												
Maximum			21,070												

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

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

PWS ID: 2540959 Plant Name: River Grove

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

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

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

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	307	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
Contact Person's Fax Number:	(352) 787-6333		

B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
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		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		
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	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: DOE/ML/DLB NUMBER-DATE: Paul Thompson License Number: A7251
 Printed or Typed Name: Paul Thompson

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

PWS Identification Number: 2540959 Plant Name: River Grove

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 Month	Type of Disinfection	Flow (MGD)	Chlorine Dose (mg/L)	Chlorine Residual (mg/L)				Residual at End of Distribution System	Minimum Residual (mg/L)	Notes
				At Plant	At End of Treatment	At End of Distribution System	At End of Distribution System			
1	X	24.0	25.975							
2	X	24.0	25.975						0.5	
3	X	24.0	22.710						0.4	
4	X	24.0	14.840						0.5	
5	X	24.0	22.920						0.5	
6	X	24.0	11.190						0.4	
7	X	24.0	25.710							
8	X	24.0	25.710						0.4	
9	X	24.0	26.570						0.6	
10	X	24.0	7.210						0.6	
11	X	24.0	18.500						0.5	
12	X	24.0	18.720						0.5	
13		24.0	17.247							
14		24.0	17.247							
15	X	24.0	17.247						0.5	
16	X	24.0	19.900						0.6	
17	X	24.0	18.730						0.6	
18	X	24.0	22.370						0.5	
19	X	24.0	11.300						0.6	
20		24.0	24.167							
21		24.0	24.167							
22	X	24.0	24.167						1.0	
23	X	24.0	14.950						1.0	
24	X	24.0	18.400						0.8	
25	X	24.0	14.420						0.9	
26	X	24.0	15.390						0.7	
27		24.0	18.767							
28		24.0	18.767							
29	X	24.0	18.767						0.3	
30	X	24.0	15.070						0.3	
Total			602,810							
Average			19,445							
Maximum			26,570							

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: River Grove		PWS Identification Number: 2540959	
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: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: River Grove		Plant Telephone Number: (352) 787-0980		
Plant Address: River Drive		City: East Palatka	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32131		
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.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operator Name		License Class	License Number	Days 1st Shift Worked
Lead/Chief Operator: Paul Thompson		A	7251	Days 1st Shift
Other Operators: David Haring		C	14091	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: 3/6/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

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	Operating	Flow (MGD)	Volume (MG)	All Disinfectant Residuals (mg/L) to be maintained from 8:00 AM to 8:00 PM										Minimum Concentration (mg/L)	Maximum Concentration (mg/L)	Notes		
				Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chloramines	Chlorine Dioxide	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine				Chloramines	
1	X	24.0	19,270														0.4	
2	X	24.0	18,520														0.4	
3	X	24.0	19,150														0.5	
4		24.0	18,153															
5		24.0	18,153															
6	X	24.0	18,153														0.5	
7	X	24.0	26,160														0.6	
8	X	24.0	11,300														0.5	
9	X	24.0	14,960														0.5	
10	X	24.0	18,630														0.5	
11		24.0	18,297															
12		24.0	18,297															
13	X	24.0	18,297														0.5	
14	X	24.0	16,470														0.5	
15	X	24.0	18,290														0.5	
16	X	24.0	17,870														0.4	
17	X	24.0	16,470														0.5	
18		24.0	19,087															
19		24.0	19,087															
20	X	24.0	19,087														0.5	
21	X	24.0	18,940														0.6	
22	X	24.0	18,740														0.6	
23	X	24.0	22,290														0.6	
24	X	24.0	10,980														0.6	
25		24.0	18,343															
26		24.0	18,343															
27	X	24.0	18,343														5.0	
28	X	24.0	12,270														0.5	
29		24.0																
30		24.0																
31		24.0																
Total			501,950															
Minimum			16,192															
Maximum			26,160															

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>River Grove</u>		PWS Identification Number: <u>2540959</u>	
PWS Type: <input checked="" type="checkbox"/> <u>Community</u> <input type="checkbox"/> <u>Non-Transient Non-Community</u> <input type="checkbox"/> <u>Transient Non-Community</u> <input type="checkbox"/> <u>Consecutive</u>			
Number of Service Connections at End of Month: <u>107</u>		Total Population Served at End of Month: <u>375</u>	
PWS Owner: <u>Aqua-Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquamemca.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>River Grove</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>River Drive</u>		City: <u>East Palatka</u>	State: <u>Florida</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> <u>Raw Ground Water</u> <input type="checkbox"/> <u>Purchased Finished Water</u>				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>200,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Days, Shifts Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other Operators	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

 Signature and Date	<u>4/6/06</u> Printed or Typed Name	<u>A7251</u> License Number
------------------------	--	--------------------------------

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

PWS Identification Number: 2540959 Plant Name: River Grove

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 Month	Plant	Flow (MGD)	No. of Customers Served	Chlorine Dioxide		Free Chlorine		Combined Chlorine (Chloramines)		Total Residual (mg/L)	Average of 24-Hour Residual (mg/L)	Average of 24-Hour Residual (mg/L) - Minimum
				Applied (mg/L)	Residual (mg/L)	Applied (mg/L)	Residual (mg/L)	Applied (mg/L)	Residual (mg/L)			
1	X	24.0	18,620		1.4							0.5
2	X	24.0	14,420		1.4							0.6
3	X	24.0	18,620		1.5							0.5
4		24.0	18,800									
5		24.0	18,800									
6	X	24.0	18,800		1.6							0.6
7	X	24.0	25,940		1.8							1.0
8	X	24.0	19,160		1.8							1.2
9	X	24.0	18,830		1.6							1.0
10	X	24.0	11,750		1.6							0.9
11		24.0	20,807									
12		24.0	20,807									
13	X	24.0	20,807		1.3							0.7
14	X	24.0	22,550		1.3							0.7
15	X	24.0	15,110		1.9							0.6
16	X	24.0	22,240		1.4							0.6
17	X	24.0	18,340		1.3							0.5
18		24.0	24,553									
19		24.0	24,553									
20	X	24.0	24,553		1.3							0.5
21	X	24.0	30,940		1.3							0.5
22	X	24.0	22,870		1.3							0.6
23	X	24.0	18,470		1.3							0.5
24	X	24.0	7,460		1.3							0.5
25		24.0	19,160									
26		24.0	19,160									
27	X	24.0	19,160		1.3							0.5
28	X	24.0	18,590		1.3							0.4
29	X	24.0	19,560		1.3							0.4
30	X	24.0	22,810		1.4							0.5
31	X	24.0	15,350		1.4							0.5
Total			611,590									
Average			19,729									
Maximum			30,940									

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>River Grove</u>		PWS Identification Number: <u>2540959</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>107</u>		Total Population Served at End of Month: <u>375</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>River Grove</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>River Drive</u>		City: <u>East Palatka</u>	State: <u>Florida</u> Zip Code: <u>32131</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>200,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Days Shifts Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other operators	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
	<u>Ralph Marriott</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

Signature and Date: 5/4/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

Ultraviolet Radiation Other (Describe): _____

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

Day of the Month	Plant Operable	Flow (MGD)	Turbidity (NTU)	Chlorination Data										Residual (mg/L)	Notes		
				Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chloramines (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)			Combined Chlorine (mg/L)	Chloramines (mg/L)
1		24.0	24,980														
2		24.0	24,980														
3	X	24.0	24,980														0.5
4	X	24.0	30,720														0.5
5	X	24.0	25,030														0.5
6	X	24.0	22,960														0.5
7	X	24.0	25,780														0.6
8		24.0	20,547														
9		24.0	20,547														
10	X	24.0	20,547														0.6
11	X	24.0	18,490														0.6
12	X	24.0	15,900														0.7
13	X	24.0	22,830														0.6
14	X	24.0	14,710														0.6
15		24.0	27,780														
16		24.0	27,780														
17	X	24.0	27,780														0.5
18	X	24.0	13,960														0.7
19	X	24.0	26,320														0.6
20	X	24.0	24,700														0.4
21	X	24.0	28,050														0.5
22		24.0	27,760														
23		24.0	27,760														
24	X	24.0	27,760														0.8
25	X	24.0	24,160														0.4
26	X	24.0	27,080														0.5
27	X	24.0	19,710														0.3
28	X	24.0	17,330														0.3
29		24.0	27,263														
30		24.0	27,263														
31		24.0	27,263														
Total			715,457														
Average			23,079														
Maximum			30,720														

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

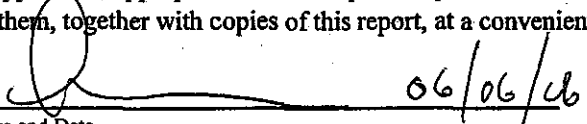
PWS Name: <u>River Grove</u>	PWS Identification Number: <u>2540959</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <u>107</u>	Total Population Served at End of Month: <u>375</u>
PWS Owner: <u>Acqua America Florida</u>	
Contact Person: <u>Brian Heath</u>	Contact Person's Title: <u>Area Manager</u>
Contact Person's Mailing Address: <u>PO Box 490310</u>	City: <u>East Lake</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>
Contact Person's E-Mail Address: <u>bheath@acquaamerica.com</u>	

B. Water Treatment Plant Information

Plant Name: <u>River Grove</u>	Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>River Drive</u>	City: <u>East Palatka</u> State: <u>Florida</u> Zip Code: <u>32131</u>		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>200,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
<u>Paul Thompson</u>	<u>A</u>	<u>754</u>	<u>Days 1st Shift</u>
<u>David Harris</u>	<u>C</u>	<u>755</u>	<u>Days 1st Shift</u>
<u>Ralph Marras</u>	<u>C</u>	<u>757</u>	<u>Days 1st Shift</u>

II Certification by Lead/Chief Operator

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

Signature and Date:  06/06/06
 Printed or Typed Name: Paul Thompson
 License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

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

Day	Time	Flow (MGD)	Chlorine (lb)	Residual (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation	Other	Notes
X	24.0	27,264		0.8						
X	24.0	23,720		0.3						
X	24.0	38,028		0.7						
X	24.0	28,490		0.8						
X	24.0	31,420		0.3						
	24.0	31,120								
	24.0	31,120								
X	24.0	31,120		0.4						
X	24.0	19,720		0.3						
X	24.0	19,490		0.4						
X	24.0	27,190		2.5						
X	24.0	22,270		0.2						
	24.0	28,610								
	24.0	28,610								
X	24.0	28,610		0.4						
X	24.0	27,830		0.2						
X	24.0	19,920		0.3						
X	24.0	37,050		0.2						
X	24.0	19,820		0.3						
	24.0	33,580								
	24.0	33,580								
X	24.0	33,580		0.4						
X	24.0	34,340		0.4						
X	24.0	31,200		0.4						
X	24.0	35,850		0.4						
X	24.0	26,870		0.3						
	24.0	35,427								
	24.0	35,427								
X	24.0	35,427		0.6						
X	16.0	60,580		1.5						Planned Outage
X	24.0	24,050		1.6						
		941,304								
		30,365								
		60,580								

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

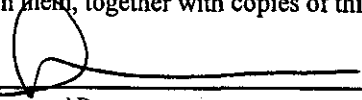
PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: River Grove		Plant Telephone Number: (352) 787-0980	
Plant Address: River Drive		City: East Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	David Haring	C	14091
	Ralph Marriott	C	7527

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:  7/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to 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	39,320		1.3									0.6	
2	X	24.0	28,500		0.8									0.3	
3	X	24.0	22,530		0.4									0.2	
4		24.0	18,470												
5	X	24.0	18,470		0.6									0.2	
6	X	24.0	18,950		0.8									0.2	
7	X	24.0	25,230		0.8									0.2	
8	X	24.0	28,590		0.8									0.3	
9	X	24.0	30,440		1.0									0.3	
10		24.0	27,260												
11		24.0	27,260												
12	X	24.0	27,260		0.9									0.4	
13	X	24.0	18,630		1.0									0.4	
14	X	24.0	14,830		1.2									0.4	
15	X	24.0	18,520		1.0									0.4	
16	X	24.0	18,960		1.5									0.5	
17		24.0	26,600												
18		24.0	26,600												
19	X	24.0	26,600		1.8									0.5	
20	X	24.0	31,400		1.5									0.5	
21	X	24.0	23,280		1.5									0.6	
22	X	24.0	27,820		1.5									0.7	
23	X	24.0	28,480		2.0									1.3	
24		24.0	23,317												
25		24.0	23,317												
26	X	24.0	23,317		1.5									1.0	
27	X	24.0	18,610		1.3									0.8	
28	X	24.0	11,370		1.4									0.5	
29	X	24.0	18,190		2.5									1.5	
30	X	24.0	16,010		0.8									0.5	
31		24.0													
Total			708,130												
Average			22,843												
Maximum			39,320												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

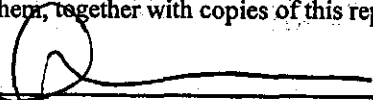
B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
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.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Days Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  8/8/06
 Printed or Typed Name: Paul Thompson
 License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

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 Station (Plant)	Hour of Operation	No. Gallons of Finished Water Produced	Disinfection Data										Emergency or Abnormal Operating Conditions (Repair, Maintenance Work that Involves Taking Water System Components Out of Operation)	
				Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)		
7/1			24,473												
7/2			24,473												
7/3	X		24,473										0.5		
7/4	X		14,930										0.5		
7/5	X		28,000										0.6		
7/6	X		27,890										0.4		
7/7	X		19,250										0.9		
7/8			15,030												
7/9			15,030												
7/10	X		15,030										0.6		
7/11	X		23,470										0.6		
7/12	X		15,570										0.6		
7/13	X		18,500										0.5		
7/14	X		27,570										0.7		
7/15			23,500												
7/16			23,500												
7/17	X		23,500										0.5		
7/18	X		14,920										0.5		
7/19	X		19,360										0.4		
7/20	X		25,630										1.5		
7/21	X		22,380										1.5		
7/22			20,580												
7/23			20,580												
7/24	X		20,580										0.9		
7/25	X		19,350										0.4		
7/26	X		18,490										1.3		
7/27	X		18,390										1.7		
7/28	X		14,810										0.8		
7/29			21,877												
7/30			21,877												
7/31	X		21,877										0.6		
Total			644,890												
Average			20,803												
Maximum			28,000												

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

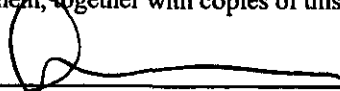
PWS Name: River Grove	PWS Identification Number: 2540959
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 107	Total Population Served at End of Month: 375
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: bheath@aquaaamerica.com	

B. Water Treatment Plant Information

Plant Name: River Grove	Plant Telephone Number: (352) 787-0980		
Plant Address: River Drive	City: East Palatka State: Florida Zip Code: 32131		
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.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Additional Operations Records			
Name	License Class	License Number	Day(s) Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  8/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

Month	Day	Flow (MGD)	Flow (MG)	Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide			Average Residual (mg/L)	Presence of Abnormal Operating Conditions at various locations in the Water Supply or Drinking Water System Components (If any, describe)
				At Plant	At Distribution System	At Point of Use	At Plant	At Distribution System	At Point of Use	At Plant	At Distribution System	At Point of Use		
X		24.0	23,640		1.5								0.7	
X		24.0	26,640		0.8								0.3	
X		24.0	27,580		1.5								0.5	
X		24.0	19,890		1.5								0.8	
		24.0	21,447											
		24.0	21,447											
X		24.0	21,447		1.5								0.8	
X		24.0	18,930		1.5								0.8	
X		24.0	16,100		1.5								0.7	
X		24.0	23,690		1.5								0.7	
X		24.0	19,360		1.5								0.6	
		24.0	26,060											
		24.0	26,060											
X		24.0	26,060		1.5								0.6	
X		24.0	24,000		1.5								0.7	
X		24.0	28,010		1.5								0.6	
X		24.0	24,110		1.3								0.6	
X		24.0	25,850		1.5								0.6	
		24.0	21,747											
		24.0	21,747											
X		24.0	21,747		1.0								0.4	
X		24.0	19,360		0.6								0.3	
X		24.0	19,260		1.2								0.5	
X		24.0	15,150		1.1								0.4	
X		24.0	18,610		1.6								0.6	
		24.0	18,860											
		24.0	18,860											
X		24.0	18,860		1.5								0.8	
X		24.0	15,250		1.5								0.8	
X		24.0	18,940		1.5								0.8	
X		24.0	18,500		1.5								0.8	
			667,210											
			21,523											
			28,010											

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490980	City:	Leesburg, Florida
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

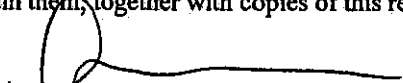
B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka, Florida
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:	32131
Plant Category (per subsection 62-699.310(4), F.A.C.):	B	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator Name	License Class	License Number	Days Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  10/4/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

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	Hour	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Ultraviolet Radiation	Other (Describe)	Disinfectant Residual (mg/L)	Temperature (°F)	pH	Residual Type
X	24:0	18,820	1.5									0.7
	24:0	16,193										
	24:0	16,193										
X	24:0	16,193	1.3									0.6
X	24:0	23,570	1.5									0.6
X	24:0	18,710	1.3									0.6
X	24:0	19,370	1.3									0.6
X	24:0	14,920	0.7									0.3
	24:0	16,363										
	24:0	16,363										
X	24:0	16,363	0.8									0.3
X	24:0	17,940	0.8									0.3
X	24:0	11,030	0.8									0.3
X	24:0	19,030	0.25									0.8
X	24:0	18,600	1.3									0.6
	24:0	20,397										
	24:0	20,397										
X	24:0	20,397	1.3									0.5
X	24:0	11,340	0.8									0.4
X	24:0	18,500	1.2									0.6
X	24:0	15,030	1.0									0.4
X	24:0	11,670	1.0									0.4
	24:0	17,517										
	24:0	17,517										
X	24:0	17,517	0.8									0.3
X	24:0	15,340	0.8									0.3
X	24:0	18,920	0.6									0.3
X	24:0	19,460	0.7									0.3
X	24:0	18,810	1.5									0.6
	24:0	21,333										
	24:0											
		523,803										
		16,897										
		23,570										

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
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:	1072	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Letsburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquafloamerica.com		


B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
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.):	
IV		C	
Name	Days Worked	Days 1st Shift	Days 2nd Shift
Paul Thompson	7251		
David Haring	4691		
Ralph Marion	5273		

II. Certification by Lead/Chief Operator

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


11/3/06
Paul Thompson
A7251
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

Date/Time	Plant	Flow (MGD)	pH	Temperature (°F)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Residual (mg/L)	Remarks
10/1/06	X	24.0	7.2	50.0												
10/2/06	X	24.0	7.2	50.0												
10/3/06	X	24.0	7.2	50.0												
10/4/06	X	24.0	7.2	50.0												
10/5/06	X	24.0	7.2	50.0												
10/6/06	X	24.0	7.2	50.0												
10/7/06	X	24.0	7.2	50.0												
10/8/06	X	24.0	7.2	50.0												
10/9/06	X	24.0	7.2	50.0												
10/10/06	X	24.0	7.2	50.0												
10/11/06	X	24.0	7.2	50.0												
10/12/06	X	24.0	7.2	50.0												
10/13/06	X	24.0	7.2	50.0												
10/14/06	X	24.0	7.2	50.0												
10/15/06	X	24.0	7.2	50.0												
10/16/06	X	24.0	7.2	50.0												
10/17/06	X	24.0	7.2	50.0												
10/18/06	X	24.0	7.2	50.0												
10/19/06	X	24.0	7.2	50.0												
10/20/06	X	24.0	7.2	50.0												
10/21/06	X	24.0	7.2	50.0												
10/22/06	X	24.0	7.2	50.0												
10/23/06	X	24.0	7.2	50.0												
10/24/06	X	24.0	7.2	50.0												
10/25/06	X	24.0	7.2	50.0												
10/26/06	X	24.0	7.2	50.0												
10/27/06	X	24.0	7.2	50.0												
10/28/06	X	24.0	7.2	50.0												
10/29/06	X	24.0	7.2	50.0												
10/30/06	X	24.0	7.2	50.0												
10/31/06	X	24.0	7.2	50.0												
															631,060	
															20,357	
															32,000	

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

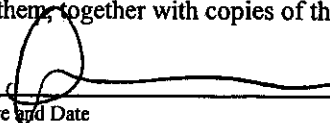
PWS Name:	River Grove	PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	107	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO-Box 490310	City:	Leesburg, Florida
Contact Person's Telephone Number:	(352) 787-0980	State:	Zip Code: 34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980	
Plant Address:	River Drive	City:	East Palatka, Florida	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  12/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

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

Day of the Month	Plant Served by Operator (X)	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 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) or 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 (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)	Lowest Residual Disinfectant Concentration Remote Point in Distribution System (mg/l)			
11/1	X	24.0	15,480		1.3										0.6	
11/2	X	24.0	53,460		1.2										0.6	
11/3	X	24.0	18,830		1.3										0.6	
11/4		24.0	19,260													
11/5		24.0	19,260													
11/6	X	24.0	19,260		1.4										0.6	
11/7	X	24.0	15,590		1.2										0.5	
11/8	X	24.0	18,510		1.1										0.5	
11/9	X	24.0	14,830		1.2										0.6	
11/10	X	24.0	14,720		1.2										0.6	
11/11		24.0	18,650													
11/12		24.0	18,650													
11/13	X	24.0	18,650		1.3										0.6	
11/14	X	24.0	16,660		1.1										0.6	
11/15	X	24.0	19,270		1.2										0.6	
11/16	X	24.0	14,720		1.3										0.7	
11/17	X	24.0	15,040		1.2										0.7	
11/18		24.0	17,640													
11/19		24.0	17,640													
11/20	X	24.0	17,640		1.0										0.6	
11/21	X	24.0	18,500		1.0										0.6	
11/22	X	24.0	17,650		1.2										0.7	
11/23	X	24.0	20,120		1.0										0.6	
11/24	X	24.0	23,590		1.2										0.7	
11/25		24.0	23,227													
11/26		24.0	23,227													
11/27	X	24.0	23,227		1.5										0.9	
11/28	X	24.0	23,160		1.8										1.1	
11/29	X	24.0	18,610		1.3										0.8	
11/30	X	24.0	18,510		1.4										0.8	
11/31		24.0														
Total			593,580													
Average			19,148													
Maximum			53,460													

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: River Grove		PWS Identification Number: 2540959	
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: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: River Grove		Plant Telephone Number: (352) 787-0980	
Plant Address: River Drive		City: East Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000			

Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operator	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	David Haring	C	14091
	Ralph Marriott	C	7527

II. Certification by Lead/Chief Operator

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

1/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

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

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

Ultraviolet Radiation Other (Describe):

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

Day of Month	Plant Identifier	Flow (MGD)	Volume (MG)	Chlorine Calculations on a Daily Basis to Demonstrate Four-Log Virus Inactivation is Applicable										Notes				
				Flow Rate (MGD)	Disinfectant Concentration (mg/L)	Disinfectant Measurement Point (mg/L)	Lowest of Disinfectant Measurement Point (mg/L)	Flow Rate (MGD)	Disinfectant Concentration (mg/L)	Disinfectant Measurement Point (mg/L)	Lowest of Disinfectant Measurement Point (mg/L)	Flow Rate (MGD)	Disinfectant Concentration (mg/L)		Disinfectant Measurement Point (mg/L)	Lowest of Disinfectant Measurement Point (mg/L)		
	X	24.0	18,610			1.5											0.7	
		24.0	18,507															
		24.0	18,507															
	X	24.0	18,507			1.3												0.6
	X	24.0	16,230			1.3												0.7
	X	24.0	32,130			1.2												0.7
	X	24.0	19,700			1.4												0.7
	X	24.0	18,500			1.3												0.7
		24.0	19,190															
		24.0	19,190															
	X	24.0	19,190			1.1												0.6
	X	24.0	22,840			1.5												0.8
	X	24.0	14,820			1.5												0.9
	X	24.0	18,830			1.5												1.0
	X	24.0	15,050			1.5												1.0
		24.0	17,610															
		24.0	17,610															
	X	24.0	17,610			1.5												0.9
	X	24.0	18,520			1.5												0.9
	X	24.0	18,950			1.5												0.9
	X	24.0	18,530			1.5												1.0
	X	24.0	19,360			1.8												1.1
		24.0	16,313															
		24.0	16,313															
	X	24.0	16,313			1.5												1.0
	X	24.0	17,850			1.6												1.0
	X	24.0	22,720			1.3												0.8
	X	24.0	14,940			1.3												0.8
	X	24.0	19,250			1.4												0.8
		24.0	17,602															
		24.0	17,602															
		576,894																
		18,609																
		32,130																

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

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

PWS ID:	2540959	Plant Name:	River Grove
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):			
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =			
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =			

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

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5800 U.S. 1 North, Fort Pierce FL 34948
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2384

Lab Receipt Date and Time: 12/12/07
 Received for Laboratory By: [Signature]
 Analysis Date and Time: 12/12/07 1645
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 42°C
 Disinfectant Check Not Detected >0.1 mg/l

HBEL Report Number: 2130202 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Colbert Membrane Filtration PWS I.D. 2540959

System Name: River Grove
 System Address: 250 River Dr

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

Collector: R. Marriott Collector's Phone #: 386-329-0187

Relinquished By: R. Marriott Received By: [Signature] Relinquished By: [Signature]
 Date/Time: 12-12-07 10:00 AM Date/Time: 12/12/07 Date/Time: 12/12/07 12:00

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

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

Sample Collection Date(s): 12-11-07

LABORATORY CERTIFICATE OF ANALYSIS

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

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
	A			2130202 001
	A			102
	A			2130202 017

DOCUMENT NUMBER: 04328 DATE: MAY 22 80

FPSC-COMMISSION CLERK

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid mg/L	pH
1	Well	2:00 PM	R	none	
2	107 River Terr.	2:10 PM	D	1.2	
3	138 E. St. Johns Terr.	2:20 PM	D	0.9	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.05

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# 02527) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities Fl.
POBx 490310
Leesburg Fl.
34748



Page 1 of 1

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

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

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

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 Distributor; P-Plant Tap; S-Special (clearance, etc.)
² Defined in Florida Administrative Code Rule 62-180
 Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT

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

Public Water System Information (to be completed by sampler)

System Name: River Grove PWS ID #: 2540959

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

City: East Palatka State: FL ZIP Code: 32131
Phone #: 352-787-0980 Fax #: 352-787-6333
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47894DW1 Location Code (if known): 121 W. St. Johns Terr.
Sample Date: 9/19/02 Sample Time: 12:45 AM PM (circle one)
Sample Location (be specific): 121 W. St. Johns Terrace
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: _____

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

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

* See 62-550.600(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

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

Sampler's Name: Paul Thompson
Sampler's Phone #: 352-787-10980 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson (Print Name) field coordinator (Print Title)

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

Signature: [Signature] Date: 9/19/02

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 160697
Altamonte Springs, FL 32715-0697

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

Analysis Information (to be completed by lab)
Sample Number: 47694DW1

Report Number: 47694
Date Sample Received: 08/06/07

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

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

Were any analyses subcontracted? Yes No

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

Certification

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



Signature:

Date: 09/13/07

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

Compliance Determination (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Disinfection Byproducts: 62-550.310(3) Lab ID: 47694DW1 PWS ID: 2540959 Sample ID: 121 W. St. Johns Terr.

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	0.689		EPA552.2	0.500	09/12/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	10.8		EPA552.2	0.500	09/12/07		E83018
2456	HAA5	60	ug/L	11.5		EPA552.2	0.500	09/12/07		E83018
2941	Chloroform	N/A	ug/L	1.01		EPA502.2	0.500	09/07/07		E83018
2942	Bromoform	N/A	ug/L	19.3		EPA502.2	0.500	09/07/07		E83018
2943	Bromodichloromethane	N/A	ug/L	2.53		EPA502.2	0.500	09/07/07		E83018
2944	Dibromochloromethane	N/A	ug/L	8.28		EPA502.2	0.500	09/07/07		E83018
2950	Total Trihalomethanes	80	ug/L	31.1		EPA502.2	0.500	09/07/07		E83018

Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

Flowers Chemical Labs-South
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

Flowers Chemical Labs-North
812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878



www.flowerslabs.com

Client: **FLWA UTILITIES PUTNAM** Project Name: **RIVER GROVE PWS 10# 2540959**
 Address: **P.O. Box 490310** Contact: **PAUL THOMPSON** P.O. **PICK UP**
LEESBURG, FL 34779 FGL Lab Coordinator
 Phone: **386-937-1143** FAX: **386-329-2977** Requested Due Date: **10/10**
 Sampled By (PRINT): **PAUL THOMPSON**

Sampler Signature: *[Signature]* Date Sampled: **7/5/07**

GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	12/15/05	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₃			
1	121 W. ST. JOHNS TRL	9/5/07	12/15/05	DW	47694DW1						XX	24.0	3
2												cl-05	
3												FIELD	
4												PRESERVED	
5													
6													
7													
8													
9													
10													

Requested By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Requested By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>[Signature]</i>	9/6/07	7:50AM	<i>[Signature]</i>	9-6	11:30	<i>[Signature]</i>	9-6	7:30	<i>[Signature]</i>		

• WHITE - Original - To Be Returned • YELLOW - Duplicate

[Signature] For 9/6/07 144/

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

Public Water System Information (to be completed by sampler)

System Name: River Grove PWS ID #: 2540959

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

Address: River Dr

City: East Palatka State: FL ZIP Code: 32131

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 48124DW1 Location Code (if known): 108 River Dr.

Sample Date: 9/11/07 Sample Time: 11:05 AM PM (circle one)

Sample Location (be specific): 108 River Dr

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.8

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

* See 62-550.500(5) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

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

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

Certification (to be completed by sampler)

Ben Paul Thompson ^{Ralph Marriott} former field coordinator
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 10/09/07

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)
Sample Number: 48124DW1

Report Number: 48124
Date Sample Received: 09/12/07

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

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

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

Certification

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

Signature:



Date: 10/04/07

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

Compliance Determination (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Secondary Contaminants: 82-660.320 Lab ID: 48124DW1 PWS ID: _____ Sample ID: 106 River Dr.

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1016	Calcium	N/A	mg/L	70.3		EPA200.7	0.100	09/18/07		E83018
1055	Sulfate	250	mg/L	65.5		EPA300.0	5.00	10/03/07		E83018
1930	Total Dissolved Solids	500	mg/L	854		SM2540C	2.50	09/14/07		E83018

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

OTHER CONTAMINANTS

Report Number / Job ID: 48124DW1

PWS ID (From Page 1):

River Grove _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
N/A	Conductivity	N/A	umhos/cm	1120		EPA120.1	1.00	09/14/07	-	E83018
N/A	Alkalinity as CaCO3	N/A	mg/L	118		EPA310.1	1.0	09/17/07	-	E83018

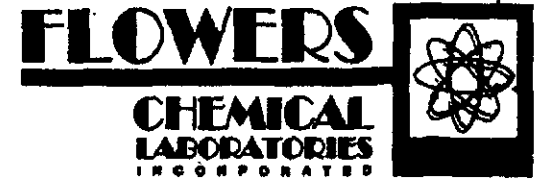
*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, * are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification 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.

Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-8110

Flowers Chemical Labs-South
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8080

Flowers Chemical Labs-North
812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

www.flowerslabs.com



Client: AUF Putnam Co. Project Name: River Grove 106 River Dr
 Address: PO Box 490310 Contact: Paul Thompson P.O.#
Leesburg FL 34749 FCL Lab Coordinator
 Phone: Requested Due Date: **PICK UP**

Sampled By (PRINT):

Sampler Signature

Date Sampled

PRESERVATIVES

ANALYSES REQUEST

COMMENTS

GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

NONE H₂SO₄ HNO₃ HCl Na₂S₂O₈

Conductivity
 Calcium
 Alkalinity
 TDS
 Sulfate

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₈	ANALYSES REQUEST	COMMENTS	Total #
1	106 River Dr	7-12-07	11:05 AM	DW	48124DW1	/						Cl ₂ - 0.8 mg/l temp - 25.6° pH - 7.8	
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>Ralph Marshall</u>	7-12-07	10:30 AM	<u>[Signature]</u>	7-12	11:30	<u>[Signature]</u>	7-12	2:40	<u>[Signature]</u>		
									<u>[Signature]</u>	7/12/07	1:51

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

Public Water System Information (to be completed by sampler)

System Name: River Grove PWS ID # 2540959

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: River Dr.

City: East Palatka State: FL ZIP Code: 32131
Phone #: 352-787-0980 Fax #: 352-787-6333
E-Mail Address: NA

Sample Information (to be completed by sampler)

Sample Number: 47220DW1 Location Code (if known): POE
Sample Date: 8/29/07 Sample Time: 8:55 AM PM (circle one)
Sample Location (be specific): _____
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

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

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

Sampler's Name: Paul Thompson
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: NA

Certification (to be completed by sampler)

Paul Thompson field coordinator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)
Sample Number: 47220DW1

Report Number: 47220
Data Sample Received: 08/29/07

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

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

Were any analyses subcontracted? Yes No

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

Certification

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



Signature:

Date: 09/06/07

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

Compliance Determination (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 47220DW1 PWS ID: 2540959 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	EB3018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	EB3018

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878



www.flowerslabs.com

Client: **AQUA UTILITIES - PUTNAM COUNTY** Project Name: **RIVER GRAVE PWSID # 2540959**
 Address: **P.O. Box 490310** Contact: **PAUL THOMPSON** P.C. **PICK UP**
LEESBURG, FL 34748 FCL Lab Coordinator
 Phone: **386-937-1143 FAX 386-329-9977** Requested Due Date: **PO**

Sampled By (PRINT): **Paul Thompson**

Sampler Signature: *[Signature]* Date Sampled: **8/9/07**

GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅			
1	P.O.E.	8/9/07	8:55	DW	47220DW1						X		44-6
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>[Signature]</i>	8/29/07	11:20	<i>[Signature]</i>	8-29	11:40	<i>[Signature]</i>	8-29	2:37	<i>[Signature]</i>	8/29/07	11:41

• WHITE - Original - To Be Returned • YELLOW - Duplicate

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: June 8, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: River Grove Odor/TDS DE
Received: 6/06/07 11:30

[2128811]


Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

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

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 6/8/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 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: River Grove Odor/TDS DE
Received: 6/06/07 11:30

[2128811]

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
Analytical Issue

Method HBEL Batch Analyte

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 6/8/07



**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

[2128811]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove Odor/TDS DE

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128811001 Sample ID: POE Grab						Sampled: 06/06/07 8:00 Matrix: Water		Received: 06/06/07 11:30 Results reported on Wet Weight Basis		
Odor - Dechlorinated		4.1	T.O.N.	1.0	EPA 140.1	WCDE16168		06/07 13:08	PA	E83509
Total Dissolved Solids		730	mg/L	5.0	EPA 160.1	WCDE16175		06/07 15:13	PA	E83509

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 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

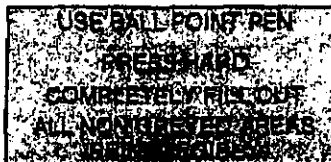
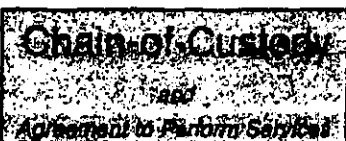
Printed: 6/8/07





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-4584



Laboratory not responsible for omitted information
FDOH # E98080 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 34601
Sanford, FL 32771

Company: Aqua Utilities Fl

Address: 4305 SR 19 Suite # 3

Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: River Grove

Sampled By: R. Marriott

Method(s) of Shipment: _____

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



PRESERVATIVE									
ANALYSES REQUESTED									

Preservation Key

H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium
S=Sulfuric Acid Thioulfate
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED										COMMENTS			
	DATE	TIME																		
BLT	6/16/07	8:00 AM	G	DL	2	PDE	COOL	✓	TDS	✓										

Sample Type: G=Grab C=Composite Matrix: S=Solid SL=Sludge OW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 2 of 7	RELINQUISHED BY: <u>R. Marriott</u> DATE/TIME: <u>6-16-07 10:00 AM</u>	RELINQUISHED BY: <u>[Signature]</u> DATE/TIME: <u>6/16/07 11:30</u>	RELINQUISHED BY: _____ DATE/TIME: _____
	RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>6/16/07</u>	RECEIVED BY: _____ DATE/TIME: _____	RECEIVED BY: _____ DATE/TIME: _____
	[Redacted Signature Area]		
	[Redacted Signature Area]		

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**

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

System Name: RIVER GROVE PWS I.D. #: 2540959
 System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
 Address: RIVER DRIVE

City: EAST PALM BEACH State: FL ZIP Code: _____
 Phone #: 386-937-1143 Fax #: 386-329-9977
 E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 06/06/07 Sample Time: 8:00 AM
 Sample Location (be specific): POE Grab

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 checked="" type="checkbox"/> Entry Point (to Distribution)	<input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>2nd</u>)
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Ave Residence Time	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Other: _____

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: RALPH MARDIOTT
 Sampler's Phone #: 386-937-0187 Sampler's Fax #: 386-329-9977
 Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL THOM PSON (FOR RALPH MARDIOTT) FIELD COORDINATOR
 Print Name Print Title

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

Signature: [Signature] Date: 6/26/07

**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 #: E83509
 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: 6/6/07

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

Lab Assigned Report Number or Job ID: 2128811001

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 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"/> Chlorate |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <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: 08-Jun-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.**

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

SECONDARY CHEMICAL ANALYSIS

62 - 550.320

(PWS031)

Client: Aqua Utilities Florida, Inc. Workorder: River Grove Odor/TDS DE
 Sample Location: POE Grab
 Sample Number: 2128811001
 Sampling Date: 6/06/07 8:00
 Preservative: Nitric Acid or None
 Date Received: 6/06/07 11:30

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
----	-----------	-----	--------	--------	-----	------	--------

1920	Odor - Dechlorinated [3]		4.1	T.O.N. EPA 140.1	1.0	6/06/07 13:08	E83509
1930	Total Dissolved Solids [500]		730	mg/L EPA 160.1	5.0	6/06/07	E83509

Southeast Florida
FDOH # E96080

Central Florida
FDOH # E83509

Southwest Florida
FDOH # E85370

West Central Florida
FDOH # E84418

Printed: 6/8/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: October 10, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: River Grove Asbestos
Received: 9/27/06 12:00

[2126930]

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lakeland, FL 33938
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/10/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: River Grove Asbestos
Received: 9/27/06 12:00

[2126930]

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
Analytical Issue

Method HBEL Batch Analyte

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: 10/10/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126930]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove Asbestos

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126930001 Sample ID: 150 E. St. Johns Terr Grab						Sampled: 09/26/06 16:30 Matrix: Water		Received: 09/27/06 12:00 Results reported on Wet Weight Basis		
Asbestos		0.17 U	ml/L	0.17	EPA 100.2			09/26/06 11:30	EMS	E87804

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

5600 US 1 North
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

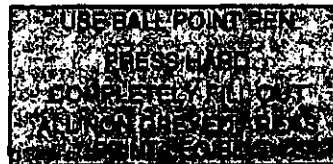
Printed: 10/10/06





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584



Laboratory not responsible for omitted information

FDOH # E86080 FDOH # E85370
 5800 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936

FDOH # E83509 FDOH # E84418
 4155 St. Johns Pkwy. 18331 Cortez Blvd.
 Suite 1300 Brooksville, FL 34601
 Sanford, FL 32771

Company: Aqua Utilities FL
 Address: 930 S. SR 9, suite #3
Palm Bay, FL Zip: 32917
 Phone: 386-329-1122 Fax: 386-329-9977
 Contact: Paul Thompson
 Subject Name: River Grove
 Collected By: R. Marriett

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush In _____ Business Days
 Requires Laboratory Approval

2/26/06

	PRESERVATIVE																								
ANALYSES REQUESTED																									
<div style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div>																									
<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Preservation Key</th> </tr> <tr> <td>H-Hydrochloric Acid</td> <td>P-Phosphoric Acid</td> <td>N-Nitric Acid</td> <td>ST-Sodium</td> </tr> <tr> <td>S-Sulfuric Acid</td> <td>Th-thiosulfate</td> <td>SH-Sodium Hydroxide</td> <td>U-Unpreserved</td> </tr> </table>			Preservation Key				H-Hydrochloric Acid	P-Phosphoric Acid	N-Nitric Acid	ST-Sodium	S-Sulfuric Acid	Th-thiosulfate	SH-Sodium Hydroxide	U-Unpreserved											
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COMMENTS																									
Subcontracted to FANCL 9/27/06 <i>[Signature]</i>																									

SPL ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION	Quantities	COMMENTS
	DATE	TIME				As Will Appear On Report		
707	9-26-06	4 ³⁰ PM	B	DW	1	150 E. St. Johns Terr.	1	

Sample Type: G-Grab C-Composits Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater N-Marine

Report Page	RELINQUISHED BY <u>R. Marriett</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>9-27-06 9:00 AM</u>	DATE/TIME <u>9/27/06 12:00</u>	DATE/TIME <u>9/27/06 1:00</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>
DATE/TIME <u>9/27/06 12:20</u>	DATE/TIME <u>9/27/06 12:00</u>	DATE/TIME <u>9/27/06 10:15</u>	

Color: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLE

**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: River Grove PWS I.D. #: 2540959

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: River Drive

City: East Palatka State: FL ZIP Code: 32131

Phone #: 352-787-0980 Fax #: 352-787-6833

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 09/26/06 Sample Time: 4:30 PM

Sample Location (be specific): 150 E. St. Johns Terr Grab

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 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: RALPH MARRIOTT

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR RALPH MARRIOTT OPERATOR/FIELD COORDINATOR
Print Name Print Title

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

Signature: [Signature] Date: 11/3/06

**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: 9/27/06

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

Lab Assigned Report Number or Job ID: 2126930001

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 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 checked="" 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: E87804

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: 10-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: _____

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Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: River Grove Asbestos
Sample Location: 150 E. St. Johns Terr Grab
Sample Number: 2126930001
Sampling Date: 9/26/06 16:30
Date Received: 9/27/06 12:00

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
1094	Asbestos	[7]	0.17 U	mf/L		EPA 100.2	0.17	9/26/06 11:30	E87804

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.

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FDOH # E83509



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Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/10/06

EMSL Analytical, Inc.

5125 Adanson Street, Suite 900, Orlando, FL 32804
 Phone: (407) 599-8887 Fax: (407) 599-9663 Email: orlandolab@emsl.com



Attn: Don Haah
 Harbor Branch
 5600 US 1 North
 Fort Pierce, FL 34946

Fax: 772-467-1584 Phone: 772-465-2400

Project: 2126930

Customer ID: HARB51
 Customer PO:
 Collected(Date/Time): 09-28-06 4:30pm
 Received(Date/Time): 09-28-06 10:02am
 EMSL Order: 340603830

Date Reported: 10-09-06

**Determination of Asbestos Structures over 10um in Length in Ground 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 Units	Concentration of Asbestos Fibers (MFL)	Comments
2126930 001 340603830-0001	10-09-06 2pm	100	10 ¹	0.0082	1271.7	None Detected	None Detected	None Detected	0.17	0.00 - 0.88	<0.17	

- Sonicated at (Time): 11:15am to 11:30pm on (Date): 09-28-06
- Filtered by: Randy Pruitt on (Date): 09-28-06 at (time): 11:30am
- Analyzed by: Randy Pruitt on (Date): 10-09-06 from 5:30pm to 5:45pm.
- If you have any questions please call us at 407-599-5887.
- EPA number is FL-01176.

Analyst(s)
Randy Pruitt (1)

Dr. Blanca Cortes
 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 NELAP unless otherwise noted.
 ACCREDITATIONS: FL Lab ID: B87804

100.2-V221

THIS IS THE LAST PAGE OF THE REPORT.

AQUA
Utilities Florida

Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, FL 34749-0310

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

November 9, 2006

Florida Department of Environmental Protection
Blanca Rodriguez
7825 Baymeadows Way, Suite 200 B
Jacksonville, FL 32256

Re: River Grove, PWS ID# 2540959

Dear Ms. Rodriguez,

Attached you will find the Odor and Asbestos analysis results for the facilities referenced above.

Any questions please contact me at (352) 787-0980.

Sincerely,



Candice M. McClure
Office Assistant

Cc: Patrick Farris, AUF

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LABORATORIES, INC.**

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

Date issued: October 13, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: River Grove 6447, DW Scan
Received: 9/19/06 11:50

[2126846]

Dear Brian Heath;

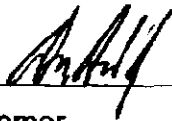
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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Page 1 of 6

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5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 205 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: River Grove 6447 DW Scan
Received: 9/19/06 11:50

[2126846]

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>
2126846001	P.O.E. Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 505	PEST4794	2126846001 Decachlorobiphenyl	Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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Printed: 10/13/06

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5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 467-2400, Ext. 255 Fax: (772) 467-5384

CERTIFICATE OF ANALYSIS

[2126846]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove 6447 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2126846001		Sampled: 09/18/06 17:30		Received: 09/19/06 11:50				
Sample ID:		P.O.E. Grab		Matrix: Water		Results reported on Wet Weight Basis				
Odor - Dechlorinated		7.1	T.O.N.	1.0	EPA 140.1	WCDE15153		09/19/06 15:15	PA	E83509
pH	Q	7.59	SU	0.200	EPA 150.1	WCDE15155		09/20/06 14:47	PA	E83509
Total Dissolved Solids		730	mg/L	10	EPA 160.1	WCDE15177		09/22/06 15:07	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Barium		0.019	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Copper		0.0020	mg/L	0.0014	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Iron		0.048	mg/L	0.025	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Sodium		81	mg/L	0.50	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Zinc		0.012	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:56	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 12:04	DM	E96080
Lead		0.00080	mg/L	0.00061	EPA 200.9	META8156		10/3/06 12:38	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8163		10/6/06 9:22	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8162		10/5/06 11:29	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8152	09/28/06 9:54	09/29/06 12:35	DM	E96080
Chloride		220	mg/L	5.0	EPA 300.0	IC6857		09/26/06 5:40	JL	E96080
Fluoride		0.15	mg/L	0.011	EPA 300.0	IC6852		09/26/06 12:58	JL	E96080
Nitrate as N		0.066	mg/L	0.0030	EPA 300.0	IC6852		09/26/06 12:58	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6852		09/26/06 12:58	JL	E96080
Sulfate		63	mg/L	1.4	EPA 300.0	IC6857		09/26/06 5:40	JL	E96080
Surfactants as LAS, Mol.wt.340		0.071	mg/L	0.042	EPA 425.1	WCDE15170	09/20/06 13:45	09/20/06 14:30	RM	E83509
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4802	09/29/06 10:33	09/30/06 0:21	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4802	09/29/06 10:33	09/30/06 0:21	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
Endrin		0.098 U	ug/L	0.098	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
Heptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
Methoxychlor		0.042 U	ug/L	0.042	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
Toxaphene		0.58 U	ug/L	0.58	EPA 505	PEST4794	09/25/06 13:52	09/26/06 3:10	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:37	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:37	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:37	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:37	JL	E96080

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CERTIFICATE OF ANALYSIS

[2126846]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove 6447 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:37	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:37	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2700		09/29/06 1:59	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 625.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 11:31	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2338		10/3/06 17:48	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2338		10/3/06 17:48	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2337		09/28/06 17:07	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2443	09/22/06 11:53	10/4/06 21:20	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2336	09/25/06 7:53	09/26/06 15:01	JJM	E96080
Gross Alpha		2.9 +/- 1.8	pCi/L		EPA 900.0	KNL1360		10/6/06 8:00	KNL	E84025
Radium 226		1.1 +/- 0.7	pCi/L		EPA 903.1	KNL1360		10/6/06 15:00	KNL	E84025
Radium 228		1.0 U +/- 0.7	pCi/L		EPA Alter.	KNL1360		10/6/06 14:00	KNL	E84025
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1032		09/26/06 9:48	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26304		09/20/06 13:30	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26357	10/2/06 9:00	10/2/06 14:56	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 34601
 FDOH # E84418



Printed: 10/13/06

Page 4 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone (772) 467-2400, Ext. 255 Fax (772) 467-584

CERTIFICATE OF ANALYSIS

[2126846]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove 6447 DW Scan

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126846002						Sampled: 09/19/06 11:50				
Sample ID: TRIP BLANK						Matrix: Water				
						Received: 09/19/06 11:50				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2700		09/29/06 2:33	WR	E96080

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

Q Sample held beyond the accepted holding time.

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

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

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

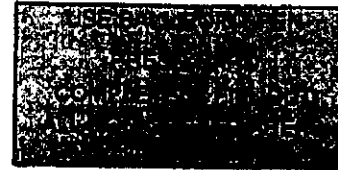
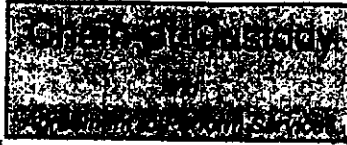
16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584



Laboratory not responsible for omitted information

FDCH # E98080

FDCH # E85370

5600 U.S. 1 North
Fort Pierce, FL 34946

307 Coolidge Avenue
Lehigh Acres, FL 33936

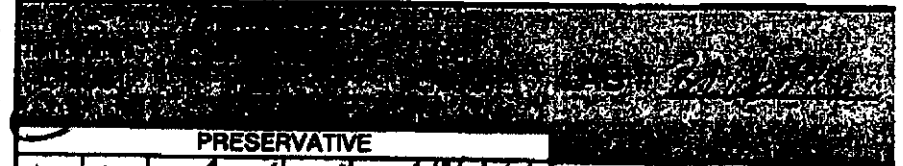
FDCH # E83509
4155 St. Johns Pkwy.
Suite 1300
Sanford, FL 32771

FDCH # E84418
16331 Cortez Blvd.
Brooksville, FL 34801

Company: ARVA Utilities
Address: 930 South SR 19 Suite 3
Palatka, FL Zip: 32177
Phone: 386-329-1122 Fax: 386-329-9977
Client Contact: PAUL Thompson
Project Name: River Grove #1447
Sampled By: David Haring

Method(s) of Shipment: _____

Standard Laboratory Turn Around Time
Or
Rush in _____ Business Days
Requires Laboratory Approval



PRESERVATIVE						
HAZ	H ₂ O ₂	/	/	/	HCl	HCl
ANALYSES REQUESTED						
1	1	1	1	1	2	3

Preservation Key
H-Hydrochloric Acid P-Phosphoric Acid
N-Nitric Acid BT-Sodium
S-Sulfuric Acid Thiocyanate
SH-Sodium Hydroxide U-Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	pH	CYANIDE	PHOSPHATE	CHLORIDE	SULFIDE	PH-COPPER	TDS	Odor	MSDS	Gases Alpha	And 276/278	Reg VOCs	COMMENTS	
	DATE	TIME																		
001	18 Sep 06	1730	G	M	11	P.O.E.	1	1	1	1	1	1	1	1	2	3			Collection time is when last sample collected	

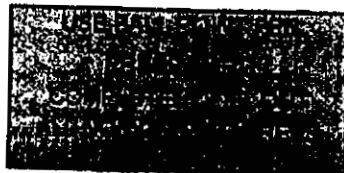
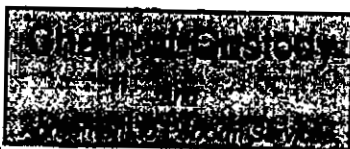
* Sample Type: G-Grab C-Composites ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

Report Page 6 of 6	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>B. Cook - FedEx</u>	RELINQUISHED BY
	DATE/TIME <u>19 Sep 06 / 1600</u>	DATE/TIME <u>9/19/06 1600</u>	DATE/TIME
	RECEIVED BY	RECEIVED BY	
	DATE/TIME <u>9/19/06 1150</u>	DATE/TIME	



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-6884



Laboratory not responsible for omitted information
 FDOH # E86080 FDOH # E86370
 5800 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34948 Lehigh Acres, FL 33938
 FDOH # E83509 FDOH # E84418
 4155 St. Johns Pkwy. 18331 Cortez Blvd.
 Suite 1300 Brooksville, FL 34601
 Sanford, FL 32771

Company: AQUA Utilities
 Address: 930 South SR 19 Suite 3
Palatka FL Zip: 32177
 Phone: 386-329-1122 Fax: 386-329-9977
 Client Contact: Paul Thompson
 Project Name: River Grove #6447
 Sampled By: David Haring

Method(s) of Shipment: _____
 Standard Laboratory Turn Around Time _____
 Or _____
 Rush in _____ Business Days
 Requires Laboratory Approval



PRESERVATIVE								
ST	ST	ST	ST	ST	ST	ST	ST	ST
ANALYSES REQUESTED								

Preservation Key
 H-Hydrochloric Acid P-Phosphoric Acid
 N-Nitric Acid ST-Sodium
 S-Sulfuric Acid Thiourea
 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	ST	ST	ST	ST	ST	ST	ST	
001	18 Sept	1730	G	M	14	P.O.E.	3	1	1	1	1	3	1	3	Collection Time is when last sample collected	
002					3	Top Blank										

69 of 65 Report Page	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>A. Cook → Fedx</u>	RELINQUISHED BY _____
	DATE/TIME <u>19 Sep 06 / 11:50</u>	DATE/TIME <u>9/19/06 (60)</u>	DATE/TIME _____
	RECEIVED BY <u>DL</u>	RECEIVED BY _____	RECEIVED BY _____
	DATE/TIME <u>9/19/06 11:50</u>	DATE/TIME _____	DATE/TIME _____

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Harbor Branch Environmental Laboratory

DW As & HAA5

Sample ID: 2128 846 001

October 9, 2006

Sample No.: 83892.04

PWS ID: _____

Inorganic Contaminants §2-550.310(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	09/28/06	09:48	E84129

* Qualifiers:

U. Analyte was undetected. Indicated concentration is method detection limit.

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

623692

Subcontracting Form 001A
REV 001
Effective Date: 12/05/2002

Receiving Laboratory: S.A.L.

The samples are to be shipped by FedEx to arrive on 9/22/06 TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS		
PROJECT NAME: <u>PW As + HAA5</u>							PRESERVATIVE						
SAMPLE TYPE: Composite = C, Grab = G,			Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₅ = ST, FeSO ₄ = S, NaOH = SH, Unpreserved = U				As by Invoice	HAA5	N	NH4Cl			
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Wast = W, Oil = O													
Class Code	MATRIX	COLLECTION DATE	TIME	TYPE	FIELD SAMPLE ID	# BOTTLES						SAMPLE COMMENTS	
01	DW	9/18/06	1830	G	2126 849 001	1	✓					5x100ml P HNO ₃	
02		9/18/06	1630	G	2126 844 001	1	✓					2x100ml G NH ₄ Cl	
03		9/18/06	0800	G	2126 845 001	1	✓					3x500ml G NH ₄ Cl	
04		9/18/06	1730	G	2126 846 001	1	✓						
05	DW	9/18/06	1005	G	2126 861 001	1	✓						
06		9/18/06	1400	G	2126 850 001	1		✓					
07		9/18/06	1445	G	2126 857 001	1		✓					
08		9/18/06	1155	G	2126 855 002	1		✓					
09		9/18/06	0845	G	2126 856 002	1		✓					
10	DW	9/18/06	1945	G	2126 857 002	1		✓					
RELINQUISHED BY: <u>Jordan to FedEx</u>				DATE: <u>9-21-06</u>	TIME: <u>1600</u>	RECEIVED BY: <u>FedEx</u>				DATE:	TIME:		
RELINQUISHED BY: <u>FedEx</u>				DATE:	TIME:	LABORATORY NAME AND RECEIVED BY: <u>K Nordmark</u>				DATE: <u>9/22/06</u>	TIME: <u>0855</u>		

Pg. 1 of 2
2.H

**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: River Grove PWS I.D. #: 2540259

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: River Oriole

City: East Palatka State: FL ZIP Code: 32131

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 09/18/06 Sample Time: 5:30 PM

Sample Location (be specific): P.O.E. Grab

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 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: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: NA

CERTIFICATION (to be completed by sampler)

I, David Haring Senior Facility Operator
Print Name Print Title

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

Signature: David Haring Date: 19 Oct 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: 9/19/06

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

Lab Assigned Report Number or Job ID: 2126846001

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 | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input checked="" type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129, E84025

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-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: _____

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 225 Fax: (772) 467-584

VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: River Grove 6447 DW Scan
Sample Location: P.O.E. Grab
Sample Number: 2126848001
Sampling Date: 9/18/06 17:30
Date Received: 9/19/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/29/06 1:59	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:59	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/29/06 1:59	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 1:59	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:59	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 1:59	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/29/06 1:59	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 1:59	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/29/06 1:59	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/29/06 1:59	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:59	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 1:59	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/29/06 1:59	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/29/06 1:59	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/29/06 1:59	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 1:59	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/29/06 1:59	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/29/06 1:59	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/29/06 1:59	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:59	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:59	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. 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 34601
FDOH # E84418

Printed: 10/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: River Grove 6447 DW Scan
Sample Location: P.O.E. Grab
Sample Number: 2126846001
Sampling Date: 9/18/06 17:30
Date Received: 9/19/06 11:50

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.066		EPA 300.0	0.0030	9/20/06 12:58	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	9/20/06 12:58	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	SM 3113 B	0.0010	9/26/06 9:48	E84129
1010	Barium	[2]	mg/L	0.019		EPA 200.7	0.0018	9/28/06 14:56	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	9/28/06 14:56	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	9/28/06 14:56	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	10/02/06 14:56	E96080
1025	Fluoride	[4]	mg/L	0.15		EPA 300.0	0.011	9/20/06 12:58	E96080
1030	Lead	[0.015]	mg/L	0.00080	I	EPA 200.9	0.00061	10/03/06 12:38	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	9/29/06 12:35	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	9/28/06 14:56	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	10/06/06 9:22	E96080
1052	Sodium	[160]	mg/L	81		EPA 200.7	0.50	9/28/06 14:56	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	9/28/06 12:04	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	9/28/06 14:56	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	10/05/06 11:29	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

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FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: River Grove 6447 DW Scan
Sample Location: P.O.E. Grab
Sample Number: 2126846001
Sampling Date: 9/18/06 17:30
Date Received: 9/19/06 11:50

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 14:56	E96080
1017	Chloride	[250]	mg/L	220		EPA 300.0	5.0	9/28/06 5:40	E96080
1022	Copper	[1]	mg/L	0.0020	I	EPA 200.7	0.0014	9/28/06 14:56	E96080
1025	Fluoride	[2]	mg/L	0.15		EPA 300.0	0.011	9/20/06 9/20/06	E96080
1028	Iron	[0.3]	mg/L	0.048	I	EPA 200.7	0.025	9/28/06 14:56	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	9/28/06 14:56	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	9/28/06 14:56	E96080
1055	Sulfate	[250]	mg/L	63		EPA 300.0	1.4	9/28/06 5:40	E96080
1095	Zinc	[5]	mg/L	0.012	I	EPA 200.7	0.010	9/28/06 14:56	E96080
1905	Color	[15]	CU	4.0	I	SM2120 B	1.8	9/20/06 13:30	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	7.1		EPA 140.1	1.0	9/19/06 15:15	E83509
1925	pH	[6.5-8.5]	SU	7.59	Q	EPA 150.1	0.200	9/20/06 14:47	E83509
1930	Total Dissolved Solids	[500]	mg/L	730		EPA 160.1	10	9/22/06 15:07	E83509
2905	Foaming Agents	[0.5]	mg/L	0.071	I	EPA 425.1	0.042	9/20/06 14:30	E83509

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.

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FDOH # E84418

Printed: 10/13/06

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: River Grove 6447 DW Scan
 Sample Location: P.O.E. Grab
 Sample Number: 2126846001
 Sampling Date: 9/18/06 17:30
 Date Received: 9/19/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.098	U	EPA 505	0.098	0.39	9/25/06	9/26/06 3:10	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.019	U	EPA 505	0.019	0.076	9/25/06	9/26/06 3:10	E96080
2015	Methoxychlor	[40]	ug/L	0.042	U	EPA 505	0.042	0.17	9/25/06	9/26/06 3:10	E96080
2020	Toxaphene	[3]	ug/L	0.68	U	EPA 505	0.58	2.3	9/25/06	9/26/06 3:10	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	9/26/06	10/03/06 22:37	E96080
2032	Diquat	[20]	ug/L	4.8	U	EPA 549.2	4.8	19	9/25/06	9/26/06 15:01	E96080
2033	Endothal	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	9/22/06	10/04/06 21:20	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		9/28/06 17:07	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	9/27/06	10/03/06 11:31	E96080
2036	Oxaryl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		10/03/06 17:48	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	2.5	9/27/06	10/03/06 11:31	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	3.4	9/27/06	10/03/06 11:31	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/26/06	10/03/06 22:37	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/26/06	10/03/06 22:37	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.96	9/27/06	10/03/06 11:31	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		10/03/06 17:48	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	9/27/06	10/03/06 11:31	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	2.4	9/27/06	10/03/06 11:31	E96080
2065	Heptachlor	[0.4]	ug/L	0.035	U	EPA 505	0.035	0.14	9/25/06	9/26/06 3:10	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.026	U	EPA 505	0.026	0.10	9/25/06	9/26/06 3:10	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	9/26/06	10/03/06 22:37	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	9/26/06	10/03/06 22:37	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	9/27/06	10/03/06 11:31	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.28	9/27/06	10/03/06 11:31	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	9/26/06	10/03/06 22:37	E96080
2383	PCB	[.5]	ug/L	0.13	U	EPA 505	0.13	0.52	9/25/06	9/26/06 3:10	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0020	U	EPA 504.1	0.0020	0.0080	9/29/06	9/30/06 0:21	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0047	U	EPA 504.1	0.0047	0.019	9/29/06	9/30/06 0:21	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.52	9/25/06	9/26/06 3:10	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 62-160, 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

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 FDOH # E84418

Printed: 10/13/06



KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 2126846 001

KNL Report Number/Job ID: 8950
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	2.9		EPA 900.0	1.8	3	1.3	10-06-06	0800	E84025
4020	Radium-226		pCi/L	1.1		EPA 903.0	0.9	1	0.7	10-05-06	1500	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	10-5-06	1400	E84025

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation 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: _____ PWS I.D. #:

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ Sample Time: _____

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: _____

**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: 9/19/06

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

Lab Assigned Report Number or Job ID: 2126846002

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 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"/> Qtry Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: EB4129, EB4025

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-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: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: River Grove 6447 DW Scan
Sample Location: TRIP BLANK
Sample Number: 2126846002
Sampling Date:
Date Received: 9/19/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.8	9/29/06 2:33	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 2:33	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/29/06 2:33	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 2:33	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 2:33	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 2:33	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/29/06 2:33	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 2:33	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/29/06 2:33	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/29/06 2:33	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 2:33	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 2:33	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/29/06 2:33	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/29/06 2:33	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/29/06 2:33	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 2:33	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/29/06 2:33	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/29/06 2:33	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/29/06 2:33	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 2:33	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 2:33	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

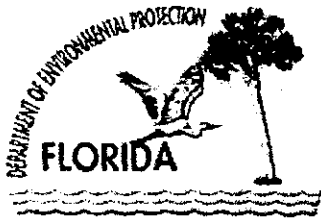
4155 St. Johns Pkwy, Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06





Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 12, 2007

SENT VIA EMAIL: cmmclure@aquaamerica.com

Ms. Candice McClure
Aqua Utilities Florida, Inc.
Post Office Box 490310
Leesburg, FL 34749

Putnam County - Potable Water
Sanitary Survey 2007
River Grove Subdivision WTP // PWS ID: 2540959

Dear Ms. McClure:

On August 2, 2007, a Sanitary Survey of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. The following deficiencies were noted as requiring action to bring this system into compliance with Chapter 62 of the Florida Administrative Code:

1. The 15,000-gallon ground storage tank exhibited corrosion at the end facing the plant. Scrape and paint the end of the tank to prevent any possible contamination of the drinking water system. *FAC rule 62-555.350*
2. Provide a lid or cap on the opening of the pre-chlorination storage drum to avoid any possible contamination as well as provide a small air gap to allow the pressure within the container to remain stable. *FAC rule 62-555.350(1)*
3. There was a threaded tap at the water treatment plant without a hose bib vacuum breaker (HBVB). This tap was located near the post chlorination storage room on the outside wall of the plant. Ensure that all threaded taps at the water treatment plant are downward facing and provide hose bib vacuum breakers (HBVBs) or remove the threads on all taps to prevent any possible contamination of the water supply. *FAC rule 62-555.360*
4. The well casing does not extend 12 inches above grade as required per rule. The Department will accept the casing as it currently exists unless the well is found to be chemically or bacteriologically compromised. At the time that any maintenance is performed on the well casing, please raise the casing to at least 12 inches and replace the sanitary seal. *FAC rule 62-555.350*

DOCUMENT NUMBER-DATE

04328 MAY 22 08

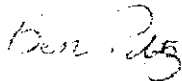
FPSC-COMMISSION CLERK

Ms. Candice McClure
September 12, 2007
Page 2 of 2

As a reminder, this system is required to monitor for the following parameters during 2007: Nitrate/Nitrite, Quarterly Total Dissolved Solids and Odor Threshold, Lead and Copper Tap sampling once during June through September, Disinfection Byproducts once during July through September, and Total Coliform Bacteria with Residual Disinfectant Levels on a monthly basis. In addition, please provide a copy of the Bacteriological, Disinfection Byproduct, and Cross Connection Control Plans so that the Department files for the system are complete. The plans were observed during the inspection, but are not on file at the Department.

Please provide a written response within 15 days of receipt of this letter detailing how all deficiencies will be addressed within the next 30 days. Please contact me at (904) 807-3334 or Benjamin.Piltz@dep.state.fl.us if you have any questions.

Sincerely,



Ben Piltz
Environmental Specialist I

BRR: BLP: bp
cc: Mr. Paul Thompson, Operator, Aqua Utilities Florida via pdthompson@aquaamerica.com

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

Plant Name River Grove Subdivision County Putnam PWS ID # 2540959
Plant Location 250 River Drive, East Palatka, Florida 32131 Phone 386-329-1122
Owner Name Aqua Utilities Florida, Inc. // Candice McClure Phone 352-435-4020
Owner Address Post Office Box 490310, Leesburg, FL 34749
Designated Rep. Ms. Candice McClure Title Owner Phone 352-435-4020
Facility Contact Mr. Paul Thompson Title Operator Phone (386) 937-1143
This Survey Date 8/2/07 Last Survey Date 3/3/04 Last C.I. Date 4/19/06

PWS TYPE & CLASS: Community - (4C)

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

GENERAL INFORMATION

Number of Service Connections 107
Population Served 375 Basis _____
Plant Design Capacity 90,000 gpd
Basis Well Design Capacity
Average Day (from MORs) 18,600 gpd
Max. Day (from MORs) 29,833 gpd
Total Storage Capacity 16,800 gallons
Comments Data is based on July 2007 MOR.

LOCATION

Latitude 29° 38' 54.23" North
Longitude 81° 36' 27.22" West
GPS: Yes Date: 7/97
Directions Take I-95 south to exit 311 (FL 207). Head west to East Palatka. In approximately 19.5 miles, turn right on McCormick Rd. Turn left on Putnam County Blvd. Make a right on Ferry Rd and right on River Terrace. Left on River Drive.

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson A-7251

O&M Log: Yes No O&M Manual: Yes No
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Days/wk: Required 5 Actual 5
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Complete Operations, Equipment, and Maintenance logs and sampling plans are on site at the facility.

RAW WATER SOURCE

GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 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

Hypochlorination and aeration.
What additional treatment is needed?
No additional treatment is required.
For control of what deficiencies?
-

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 3" Neptune meter
Backflow Prevention Devices: Yes No
Cross-connections Threaded tap.
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: Yes No
Comments Threaded tap was observed next to the postchlorination storage room.

GROUND WATER SOURCE

Well Number (PWS Identification)		2540959	
Well Name (System Identification)		1	
Year Drilled		1962	
Depth Drilled		200'	
Latitude		29° 38' 54.247" N	
Longitude		81° 36' 27.217" W	
GPS (Y or N) / Date (if applicable)		Y - 7/97	
Florida Well ID		AAC1899	
Static Water Level		Unknown	
Actual Yield (if different than rated capacity)			
Strainer		Unknown	
Length (outside casing)		Unknown	
Diameter (outside casing)		6"	
Material (outside casing)		Steel	
Well Contamination History		OK	
Is inundation of well possible?		OK	
6' X 6' X 4" Concrete Pad		OK	
SET BACKS	Septic Tank	OK	
	Reuse Water	OK	
	WW Plumbing	OK	
	Other Sanitary Hazard	OK	
PUMP	Type	Centrifugal	
	Manufacturer Name	Goulds	
	Model Number	4BF15035	
	Rated Capacity (gpm)	125	
	Motor Horsepower	5	
Well casing 12" above grade?		Ok, <12"	
Well Casing Sanitary Seal		OK	
Raw Water Sampling Tap		Smooth/downturned	
Above Ground Check Valve		OK	
Fence/Housing		Secured in fence.	
Well Vent Protection		Not required.	

COMMENTS The well casing extends less than 12" above the ground surface.

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Make Stenner Capacity 17 gpd
 Chlorine Feed Rate 90
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant UU>2.2 Remote .87
 Remote tap location 121 W. St. John Terrace
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Pre hydro tank
 Booster Pump Info Not in use.
 Comments Seal the opening in the prechlorination storage tank.

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 checked="" 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 UUCascade Capacity 215 gpm
 Aerator Condition OK
 Bloodworm Presence None observed
 Visible Algae Growth OK
 Protective Screen Condition OK
 Comments _____

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated (G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	H1	H2	
Capacity (gal)	3,000	15,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	Yes	
Sight Glass or Level Indicator	L.I.	N/A	
Fittings for Sight Glass	Yes	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	PRV	ARV	
On/Off Pressure	40,50	N/A	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	
Last Inspection Date (for tanks with access manholes)	In process	In process	

Comments In the process of locating a contractor to clean all tanks. Rust/corrosion noted on the side of the 15,000 gallon tank.

HIGH SERVICE PUMPS

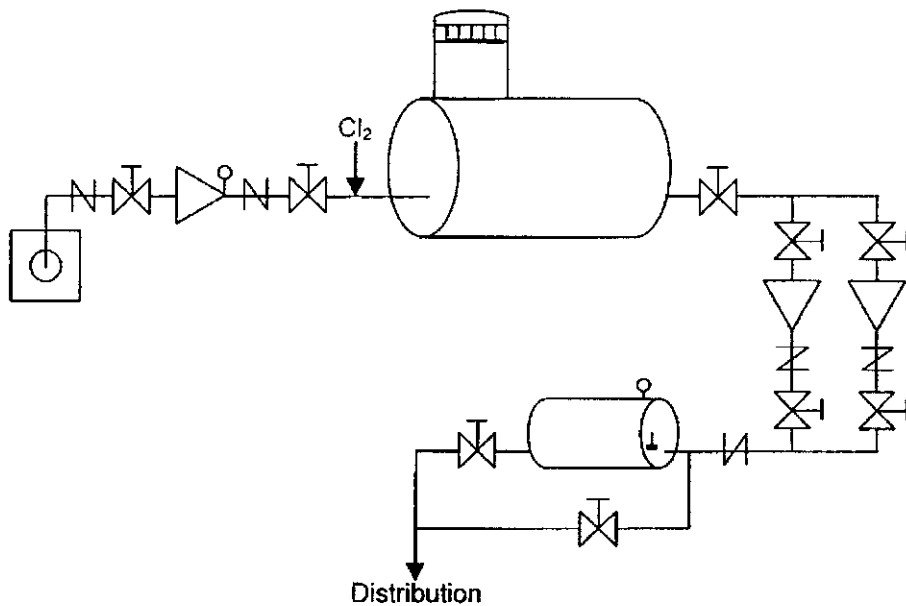
Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Goulds	
Model	3656	3656	
Capacity (gpm)	170	170	
Motor HP	10	10	
Date Installed	unknown	unknown	
Maintenance	Good	Good	

Comments _____

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from each raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.
Disinfection Byproducts (DBPs)	2006	2007	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2006	2007	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.
Radionuclides	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2006 for set, TDS/Odor Quarterly	2009 for set, TDS/Odor Quarterly	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2004	2007	Samples taken from pre-approved sample plan sites.
Asbestos	2006	2009	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

SCHEMATIC (not to scale):



MONITORING VIOLATIONS	MCL VIOLATIONS
No monitoring violations.	Odor MCL, currently conducting quarterly

DEFICIENCIES:

- Corrosion was observed on the side of the 15,000 gallon Ground Storage Tank
 - Seal the opening in the prechlorination storage drum.
 - Threaded tap was observed on the outside plant wall near the postchlorination storage room.
 - The well casing does not extend 12" or greater above ground surface.
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Inspector Ben Piltz

Title Environmental Specialist I

Date September 12, 2007

Approved by Blanca R. Rodriguez

Title Engineer Specialist IV

Date September 12, 2007



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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

December 11, 2007

Ben Piltz
Environmental Specialist I
FDEP Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville FL 32256-4366

**RE: Reply to Sanitary Survey
River Grove
PWS ID No. 2540959
Putnam County**

Dear Mr. Piltz:

Thank you for your inspection on August 2, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The corrosion mentioned in the letter is actually stained from the railing. This will be cleaned off and repainted.
2. A cap has been provided for the chlorine drums.
3. Hose bib vacuum breakers have been installed on all threaded taps at the water treatment plant.
4. The well casing will be extended at the next well maintenance event. At this time, the well sampling events do not demonstrate that the well has been chemically or bacteriologically compromised.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaaamerica.com. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Patrick Farris".

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail