PUTNAM COUNTY

Silver Lake Oaks WTF Silver Lake Oaks WWTF

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 4 of 5

Containing:

Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



See Pages 4 for Instructions.					
. General Information for the Month/	Year of: January, 200				
		····			
A. Public Water System (PWS) Informa	ation			Anna i a a a a a a a a a a a a a a a a a	0544050
PWS Name: Silver Lake Oaks				PWS Identification Number:	2544258
PWS Type:	Non-Transient Non-Commun	Ity Transient Non-Com		Consecutive	
Number of Service Connections at End of Mont PWS Owner: Agua Utilities Flori				Population Served at End of Month	h: 94
	38		- Icone	uct Person's Title: Area	Manager
Contact Person: Brian Heath Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Manager Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980				787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		TÇONIA	EL PERSONS PER MUNICE. (332)	747-0333
3. Water Treatment Plant Information					
Plant Name: Silver Lake Oaks	 	· · · · · · · · · · · · · · · · · · ·		Plant Telephone Number:	(352) 787-0980
Plant Address: 7017 Silver Lake D	rive		City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment by Plant:	Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	Plant, gallons per day:	100,800			
Plant Category (per subsection 62-699.310(4), F	.A.C.): IV			lass (per subsection 62-699.310(4)	
Licensed Operators	Name/	License Class	License Number	Day(s)#.	Shift(s) Worked 1.5
Lead Chief Operator Paul Thompson		A	7251	Days 1st Shift	
Other Operators 2015 David Haring		le	14091	Days 1st Shift	
Ralph Marriott		C	7527	Days 1st Shift	
	· · · · · · · · · · · · · · · · · · ·				
					
	, , , , , , , , , , , , , , , , , , ,				
	<u> </u>				<u> </u>
			}_		
4. 100 100 100 100 100 100 100 100 100 10	<u> </u>		<u> </u>	<u> </u>	
I. Certification by Lead/Chief Operato	vr.				
I, the undersigned water treatment plan		n the lead/chief operator of the	water treatment n	lant identified in part I of thi	s remore I contificable
information provided in this report is to					
International Standard 60 or other appl	liceble standards referenced in s	when the 62 555 320(3) E A	ny olec an unikus:	g water nearliess chemicals	used at this plant conform to NSF
international Standard of or other appl	icable standards referenced in st	dosection 62-335.320(3), F.A.V	ات. I also certify the	at the following additional of	perations records for this plant
were prepared each day that a licensed	operator started or visited this p	lant during the month indicate	d above: (1) recor	ds of amounts of chemicals t	used and chemical feed rates; and
(2) if applicable, appropriate treatment			these additional o	perations records to the PW	S owner so the PWS owner can
retain them, tagether with copies of thi	s report, at a convenient location	n for at least ten years.			
()	f . /-				
	- 2/1/07	Paul Thompson			A7251
Signature and Date	DOCUMENT NUMBER	Printed or Typed Name			License Number
DEP Form 62-555 900(3)Alternate	04329 MAY	22 🕿 Page 1			
	U4363 MAI				

FPSC-COMMISSION CLERK

PWS Id	entificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. D	aily Data	for the N	lonth/Year	ol:		January, 2007								
				vation/Remov		hlorine [Chlorine Di	ovide	Czone	☐ Comb	ined Chlori	ne (Chioren	nines)	
	raviolet R		_	er (Describe):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chlorate D	OALUC	1 020110	1 Come	MINI CIRNIC	HC (CHOIM	ituics)	
Tura	e minimen	ntamt Danid	Annal Santon		'l' C	Free Chi	orine T	Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
98998	1.23 5.20	ENGAPET	A STATE OF STATE	Per Cost	TOURION SYSTEM.	70 1100 CIII		- section		NEWS LETON	-y waanaanaan	N. E. C. L.	HOW WAS A	Property of the Control of the Contr
* 3	. No. 22	* * *			FICEICUIERIONS, OF	10 V:10096; 10	Wemosizie:	COUL-FOR	yurus inac	nivation, 1177	applicables	130303 TSM00		
0.475							Culations 215	Post Tyles	Til 12 and 18	500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 (1) U V 3	LOSC AND		
: Vaj	100	West Section	166		100	5.650	Lowence	WAY (C)	物的	13. 199	في الزو تلوك أو ي	没有完全		
1		No. 14			一个大学 人名美	Distillectant	Provided?	4	操業等					
	Days Plant				Lowest Residual	Contact Targe	Before or at	3 12			张建筑 "200		Down Residua	
7.00	Victoria		Net Quantity		Disinfectant		FIG.				FET abvest	TV Dase	Z I Z I NIBOZANI	2 Dimercano or Amormal Operating
Davor	Operator	Hours riant	f-Water	1.3-1.4.5	Defore of First	Doing District	To an a part	2.	16. 34	Minimum CT	* Operating	Required	Remote Pointing	Conditions (Repair of Maintenance Work that
E the S	Place	With M.	Producted (Peak Flow	Customer During	POR PION	Prow me	Temp of	pH of Water.	Required me	UV Dose.	· · · · · · · · · · · · · · · · · · ·	Distribution	Elivolves Taking Water System Components.
Month	* (XI)	Operation	gal	Rate, gpd	Peak Flow mg L	* Minutes -	深省进程	Water, Pc	if Applicable	d min/L to	MW scc/cm ²	* sec/cm **	ASSESS CONTRACTOR	Emergency of Abnormal Operating Conditions Reput for Maintenance Work that Emouves Taking Water System Components.
W 2	X	24.0			1.4								0.9	
	X	24.0	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	1.7		 	ļ	<u> </u>	ļ		ļ <u>.</u>	1.4	·
建物的	X	24.0 24.0		 	1.2		 						1.0	
600		24.0		 	1.3		 						1.0	
100		24.0		 			 			<u> </u>				
AKK	Х	24.0	4,433		1.3		 						1.0	
	X	24.0	3,200		1.2	* <u>*</u>							1.0	
	X	24.0			1,4								1,1	
127 M	X	24.0 24.0			1.3			ļ			1.		1.0	
5510V3		24.0			1.3		 						1.0	 `
300 MB		24.0	4,667	 			 					 		
8915	x	24.0	4,667		1.3				 				1,0	
216.6	X	24.0	4,700		1.2		<u> </u>						0.8	
器以	Х	24.0			1,2								1,0	
2 M 3	X	24.0	2,500		1.0								0.8	
100	Х	24.0	3,400		1.1		<u> </u>						0.8	
10 00 E		24.0												
成200年	x	24.0 24.0		 	1,2			 		<u> </u>			0.9	
4000	- X	24.0	4,400	 	1.1				 	 		 	0.9	
100	x	24.0	4,200		1.2		 		 	<u> </u>		 	0.9	
11/25	x	24.0			1.2							1	0,9	
426年	Х	24.0	5,200		1.2								1.0	
3827		24.0	4,433											
₩28¥		24.0	4,433											
29.1	X	24.0			1.2		<u> </u>					<u> </u>	0.9	
3600ME	X	24.0		ļ	1.3	· ·	 	-					0.9	
建筑	X	24.0	139,900	<u> </u>	1.2			<u> </u>	<u></u>	l		L	0.8	l
CANAL DE		No.	4,513	1										

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

9,500



See Pages 4 for Instructions

. General Information		/one of					
			·U/				
A. Public Water System	(PWS) Information	tion					
	Silver Lake Oaks					PWS Identification Number:	2544258
PWS Type:	✓ Community	Non-Transient Non-Commun	ity 🔲 Ti	ranslent Non-Comi	munity L	Consecutive	
Number of Service Connect	ions at End of Month:	. 38			Tota	of Population Served at End of Mont	h: 94
PWS Owner:	Actua Utilities Florida					•	
Contact Person:	Brian Heath				Con	tact Person's Title: Area	Manager
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787 -09 80			Con	tact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Ad		beheath@aguaamerica.com	1			· · · · · · · · · · · · · · · · · · ·	
B. Water Treatment Pla	int Information						
	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0980
	7017 Silver Lake Dri				City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water			
Permitted Maximum Day O				100,800	- 		
Plant Category (per subsecti	on 62-699.310(4), F.A			T:=%		Class (per subsection 62-699.310(4	
Licensed Operators		Name	the second of the c	License Class			Shift(s); Worked
Lead/Chief Operator: Other/Operators:	Paul Thompson			A	7251	Days 1st Shift	
Other Operators:	David Haring		 -	C	14091	Duys 1st Shift	
	Ralph Marriott			С	7527	Days 1st Shift	
2.31 A							
200			·				
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<u> </u>	•	<u> </u>	•	<u> </u>	
L Certification by Lead	/Chief Operator						
		operator licensed in Florida, ar	n the lead/chie	f onerator of the	water treatment	plant identified in part I of th	is report. I certify that the
							used at this plant conform to NSF
		cable standards referenced in si					
							used and chemical feed rates; and
					these additional	operations records to the PW	'S owner so the PWS owner can
retain them, together w	with copies of this	report, at a convenient location	i for at least ter	n years.			
[~]		././.					
c		3/7/07	Paul Thompso	NI.			A7251
Signature and Date		7	Printed or Typ				License Number

PWS Id	entification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
111. 10	aily Data	for the V	louth/Year			February, 2007								
			g Virus Inactiv					3.3.	F 0	<u> </u>		/CU	-inan	
	traviolet R		C Other			wound	Uniorme Di	oxide	Uzone	「 Comb	ined Chlorif	e (Chioran	10165)	
-				·					1.00	(61)		Chile 1		
Type o	i Disinted	ctant Resid	lual Maintair	ned in Distr	ibution System:	Free Chic	rine	Combin	cd Chlorine	(Chloramine	S)	Chlorine I	JONGOS	The second section of
				AMERICAN C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if z	Applicable*	<u> </u>		
					7	CT Cale	ulations } - 5	"" 中域更多	during his	المارية المجارية المجارية	UV I	Dose .	Ling Buck (S)	Emergency or Agnormal Operating Conditions; Reput; proMaintenance Work that Mayolves Taking Water System, Components Out of Operation
			Net Quantity of Finished Water	434		Disinfoctant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Táin ar		1.20	200		1	2. 独立意	
						Disinferment	Providéd	[ş: 4:].		Service		3. 3.	$ \cdot $	
	Days Plant		12.00	33.00	"Lowest Residual	Contact Time	Before or at	[· - , .\$	Figure 1	· • • • • • • • • • • • • • • • • • • •			Lowest Residual	Secretary Halls
	Staffed or		Net Quantity		Disinfectant -	(T) lit C	First		Company of	12 1 B	* 1	Minimum	Disinfectant 5	
	Visited by		of Finished	1.4	Concentration (C)	Measurement	¿ Customer:	4.	5 N 100	100	Lowest	·UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	A(G, G) > 1	Before or at First	Point During	During Peak	1.50	و تند ودام دو	Minimum CT	Operating	Required,	Remote Point in	Conditions: Repair or Maintenance Work that
11.0	(* ****	***	, Producted.	Peak Flow	Customer During	Peak Flow,	Flow mg v	1 emp of	pH of Water,	Required, ing	UV Lose,	mw.	Distribution &	Uniof Operation
Month #Mag	"X") .	Operation		Rate gpd.		mmutes	//min/L	Water, SC	ii Applicable	FIRITYL #	m W-scc/cm"	sec/cm	System, mg/L:	Programme a Control Operation (1997)
2	X	24.0 24.0			1,2		<u> </u>	 		 -		<u> </u>	0.8	
3 2	 ^-	24.0	4,667	··	0.8	 	 	 	 	 			0.4	
4		24.0	4,667				 		 					
/. 5)	х	24.0	4,667		1,5		 		 				1.1	
6 -	X	24.0	3,700		1.5			 					1.2	
7	Х	24.0	4,200		1.9								1.6	
∜8.∵	Х	24.0			1.6								1.3	
19:28	Х	24.0	4,200		1.6								1.3	
- 10∵		24.0					ļ							· .
1-1:		24.0					 			 				
1, 12 13 ;	X	24.0 24.0	4,667 6,100		1.5 1,5				<u> </u>				1.1	
14	X	24.0	5,700		1,5		 		 -				1.2	
15.	- x	24.0	3,400		0.4		 		 				0.4	
, 161	$\frac{1}{x}$	24.0	4,600		1.5			 	 				1.2	
17 %		24.0	4,667				 							
18		24.0	4,667											
19	Х	24.0	4,667		1.5								1.3	
. √20∠ ,	X	24.0			, 1.5								1.2	,
21.	х	24.0	3,600		1.5								1.1	
.:122.:	Х	24.0	4,400		1.6		ļ						1.3	
23. ⊱	X	24.0	4,600		1.8		ļ		ļ				1.4	
24 4.		24.0 24.0	4,233 4,233		ļ	 	 	 	ļ. ———	 		ļ	 	
- 25 e i	х	24.0	4,233		1.5	 		 	 	 	•		1.1	
27 : :	X	24.0	4,700		1.6	· -	 	 		 			1.2	
/28.	×	24.0	4,000		1.5		 	 		 			1.1	
29	<u>^</u>	24.0	7,000		<u>'''</u>		 	 	 	 				
-30%		24.0		-			· • • • • • • • • • • • • • • • • • • •	 	<u> </u>					
317		24.0												
Total 😘	3785 (34)	প্ৰকাশ কু পুৰুত	125,400											
		Section Section	4,045											

6,100

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



See Pages 4 for Instri	uetione						
. General Information		Year of: March, 2007	7				
. Public Water System		tion		·-	PWS Identification Number	2544258	
	Silver Lake Oaks					C 2344230	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity Transient Non-Comm		Consecutive	Month: 94	
Number of Service Connect				Total i	opulation Served at End of	Monun: 94	
PWS Owner:	Aqua Utilities Florid	Ja			D 1 T:1	Acre Manager	
Contact Person:	Brian Heath					Area Manager Zip Code:	34749
Contact Person's Mailing A		PO Box 490310		City: Leesburg	State: Florida	(352) 787-6333	34749
Contact Person's Telephone		(352) 787-0980		Contac	n Person's Fax Number:	(332) /8/-0333	
Contact Person's E-Mail Ad		beheath@aquaamerica.cor	<u>n</u>				
3. Water Treatment Pla					m on the Market	(352) 787-09	20
Plant Name;	Silver Lake Oaks				Plant Telephone Number:		32177
Plant Address:	7017 Silver;Lake Dri			City: Palatka	State: Florida	Zip Code.	32.177
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finished Water			<u> </u>	J
Permitted Maximum Day O			100,800		· · · · · · · · · · · · · · · · · · ·	310(4), F.A.C.); D	
Plant Category (per subsecti	ion 62-699.310(4), F.,			Plant C	ass (per subsection 62-699.3	(a) / Shi (b/d) Worked	
Licensed Operators	<u> </u>	Name,				(s) / Shift(s) Worked	
Lead/Chief:Operator:			A	7251	Days 1st Shift		
Other-Operators:	David Haring		C	14091	Days 1st Shift		
	Ralph Marriott		c	7527	Days 1st Shift		
1 30 00 500 100 00 00 00							
							 -
3337 37 38						<u></u>	
		•	· · · ·		•	4	
	VCD-C-C						
L Certification by Leac					1	- fabia sampat Tagatifu	tlant elan
I, the undersigned water	er treatment plant	coperator licensed in Florida, a	am the lead/chief operator of the	water treatment p	iant identified in part i	of this report. I certify	mar me
information provided i	in this report is tru	ue and accurate to the best of n	ny knowledge and belief. I certi	fy that all drinking	g water treatment chem	icals used at this plant c	onform to NSF
International Standard	60 or other appli	cable standards referenced in s	subsection 62-555.320(3), F.A.C	. I also certify the	at the following additio	nal operations records f	or this plant
were prepared each da	y that a licensed of	operator staffed or visited this	plant during the month indicated	above: (1) recor	ds of amounts of chemi	icals used and chemical	feed rates; and
(2) if applicable, appro	priate treatment	process performance records.	Furthermore, I agree to provide	these additional of	perations records to the	e PWS owner so the PW	S owner can
		report, at a convenient locatio			•		
relation dious, together v	· tur copies or ans	report, at a controllion tocatio	in tot at loads toll yours.				
1 N		c / \ / \ ID	D. 155			A7251	
		7/2/01	Paul Thompson			· ———	·
Signature and Date		/ /	Printed or Typed Name			License Nun	IDET

LM2 I	entification	n Number:		2544258		Plant Name:	Silver Lake	Oaks_					 	
III. D	aily Data	for the N	lonth/Year	of:		March, 2007								
			g Virus Inactiv							P 1		(6) 1		
	traviolet R			r (Describe):		hlorine [Chiorine Di	oxide	Uzone	1 Comi	oined Chioru	ne (Chioran	nines)	
>				•		Free Chlo	orine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
 					ibution System: T Calculations, or	HV Dose to	Democtate	Four-Foo	Vinie Inac	tivation life	Annlicable			Company of the Company
				1	. Calculations, of	CT Calc	Licinostate	Our-DOX	VILUS IIIGC	ivauon, ma	TOTAL TIVAL)ose		
]						· Ca Cale	Lowest CT Provided Before or at First Customer During Peak Flow, mg-				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7030	5	
1 :							Lowest CT	L.						
	Dan 11					Disinfectant	Provided		}-				Lowest Residual	
	Days Plant Staffed or	200	1		- Lowest Residual	Contact Time	Before or at		, , , , ,	•		Minimum	Disinfectant	
	Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First		1		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Beek			Minimum CI	Operating	Required,	Remote Point in	Conditions: Repair or Maintenance Work that
the	(Place	in	Producted.	Peak Flow		Peak Flow	Flow me-	Temp of	pH of Water.	Required, nie	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation		Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ³	System, mg/L	Out of Operation
g griften a	х	24.0	3,600	,	1.6			<u> </u>					1.4	
2	X	24.0			1.6								1.3	
. 3		24.0												
4		24.0							,					
5	X	24.0			1.6								1.3	
6	Х	24.0			1.6	 .		ļ <u>.</u>			<u> </u>		1.3	
7 8	<u>x</u>	24.0			1.4		ļ	ļ	<u> </u>	ļ			0.8	
9	- <u>^</u>	24.0	3,900 4,000		1.4			 			 		0.8	
-10		24.0			4,4		<u> </u>					<u> </u>		
11		24.0		· -							 			
12.	х	24.0			1.2								0.8	
. 13	X	24.0		:	1.2			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	† 		0.8	
14	X .	24.0	5,000		1.2						<u> </u>		0.7	
15.	Х	24.0	6,000		1.2								0.8	
16	Х	24.0			1,2								0.8	
17		24.0												
18		24.0									L			
19	X	24.0			1.3			ļ	ļ				1.0	
20	X	24.0	3,600		. 1.2		<u></u>				 	<u>' </u>	0.9	<u> </u>
21 22	X	24.0 24.0	3,400 4,400		1.2 1.2				 			 	0.8	
23	- 2	24.0	3,000		1.3								0.9	
24		24.0	3,733		1.5			├ ──					0.7	
25		24.0	3,733				 	 		 				
26	х	24.0	3,733		1.3					-	 		0.9	
27	X	24.0	4,000		1.3						<u> </u>		0.8	
28	х	24.0			1.2				1				0.8	
29	X_	24.0	3,600		1.2								0.8	
.30	X	24.0			1.3						L		0.9	
31		24.0												
Total		- ,	128,300											

4,139 6,000

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



See Pages 4 for Ins	·4									
I. General Informati	on for the Mouth/A	Vent of:	pril. 2007							
			prii, 2001							
A. Public Water Syste		ition					PWS Identification Numb		2544258	
PWS Type:	Silver Lake Oaks Community	Man 7	- 6	Tunnelant Nam Com		11	Consecutive	er.	2344236	
	ections at End of Month	Non-Transient No		Transient Non-Com	munity	_=	Population Served at End o	f Month:	94	
PWS Owner:	Aqua Utilities Florid		<u> </u>	·		TOTAL	ropulation Served at End o	I MONIAL.		
Contact Person:	Brian Heath	18		·	····	Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing	Additional Control of the Control of	PO Box 490310			City: Leesbu	4	State: Florida		Zip Code:	34749
Contact Person's Telepho		(352) 787-0980			iony. Lacaba		ct Person's Fax Number:	(352) 787-633		
Contact Person's E-Mail		beheath@aguaame	arica com			Conta	41 1 0130113 T BATT-BIBOTT	(Carry Carry		
B. Water Treatment		oon or the control of	31104.90111		····			 		
Plant Name:	Silver Lake Oaks						Plant Telephone Number.		(352) 787-0	980
Plant Address:	7017 Silver Lake Dri	ive	·=		City: Palatka]	State: Florida		Zip Code:	32177
Type of Water Treatmen		✓ Raw Ground Water	r Purchas	ed Finished Water			<u> </u>			
Permitted Maximum Day				100,800						
Plant Category (per subs			īV		1	Plant C	lass (per subsection 62-699			
"Licensed Operator	ST 25	Name	· 一个一个	License Class.	License Nu	mber	S S S S S S S S D	iy(s)#Shift(s	Worked	以外经 "下"
Lead/Chief Operato	Paul Thompson			A	7251		Days 1st Shift			
Other Operators des	David Haring			С	14091		Days 1st Shift			
	Ralph Marriott			С	7527		Days 1st Shift			
	(A)									
	*	M								
	Š									
a programme	\$V						<u></u>			
A THOMPSON A										
	1 4	,	•					<u> </u>		
	1663 1 643									
II. Certification by Le								Y Call	T	-41
		operator licensed in I								
		ue and accurate to the								
		cable standards refere								
		operator staffed or vis								
(2) if applicable, app	propriate treatment	process performance r	ecords. Furthermo	ore, I agree to provide	these addition	onal o	perations records to the	he PWS owne	r so the P	WS owner can
		report, at a convenier								
/ \ ` `	•.	1		• • • • • • • • • • • • • • • • • • • •						
10		5/3/17	Paul Ti	hompson					A7251	
Signature and Date		- / ~ / × / -		or Typed Name					License Nu	mber
Pro Min Date		•	1111100	· · · · proor · · · · · · · · · · · · · · · · · ·						

PWS Id	entification	n Number:		2544258		Plant Name;	Silver Lake	Oaks			. 			
III. D	aily Data	for the N	lonth/Year	of:		April, 2007								
			Virus Inactiv	******		hlorine	Chlorine Di	avide	Corone	E Comb	ined Chloris	ne (Chloren	nines)	
	raviolet R			r (Describe):		,	Ciliorate O	UAIGU	, 020	, Come	,E100 Q1,101 E	10 (01110102)		
Type o	f Disinfed	tant Resid				Free Chlo	rine [Combin	ed Chiorine	(Chloramine	s)	Chlorine I	Dioxide	
52377	नुष्यम् अन्तरम	1 1 1 1 1 1 1	172 17 2 10 10 10		T Caladianadas	1177-158-6-989	O de la constant	Four Log	Minte Inoc	tivation (if	Ariolicable!	ENGLISCHER	A Section	Emergency or Amornal Operating Conditions: Repair of Maintenance Work that a involves flaking Water System Components Tour of Operation (**)
, ,				3.	- Calculations por	Covidence	Deniosiace	rout-rog	WILUS INOC	age of Olympia	Constitution	The Control		
1.0				10000	** 1	NEW YORK OF THE	SIMUOIDA V		15 3 3 3 3 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	Mostly The Nation	Sel Ville 1 to	Si# 197	THE RESERVE	
1	$\lambda_{2} \Delta_{2} = 1$				34.4	46365	Lowest CT		- 4 · 6	48 P 15 15		364	10 Page 134	
V 50	Davis Plant					Disinfectant	Provided		978				Tamber Desided	
50.7	Staffed or		Net Ouantity	5 m	Disinfectants	Contact Time	Detore or at			7. 5. 7. 3.23		Minimum	Sy Disintectant.	
25.03	Visited by		of Finished		Concentration (C)	Measurement	* Customer *			4000	Lowest	UV Dose	Concentration at	a Emergency on Atmormal Operating
-Day of [Operator	Hours plant	of Finished Water		Before of at First	Point During	During Peak	12.		Minimum Cl	Operating	Required	Remote Point in-	Conditions: Repair or Maintenance Work that
1 THE 7	PARCE	in	Producted	Peak Flow	Customer During 2	Peak Flow	Flow mg-	Temp of	pH of Water,	Required; mg	UV Dose	是 mWing	Distribution	Thyolves Taking Water System Components
Month	₹\w("X0) ()	Operation	gal	Rate gpd.?.	Peak Flow, mig/L μ	ininutes - C	mir/U	Water / C	il Applicable	win/Te-St	mw-sec/cm;	Secolom 35	> System/mg/Lik	Manager Caron of obergrounds 2002 - 34
342 Hz	х	24.0 24.0			1.0	···-	ļ	ļ					0,6	
300	X	24.0	4,000		1.3								0.4	
大学会	Х	24.0	6,000		1,3								0.7	
775 (A.)	Х	24.0	3,000		0.9	·							0.5	
7476 VE	X	24.0	3,700		1,3								1,0	
\$48.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$4		24.0 24.0	5,233									·		
349 S	- x	24.0	5,233 5,233		1.3							·	0.9	
941037	X	24.0	5,700		1.2								0.8	
沙和塔	Х	24.0	4,100		1,5								1.1	
-30(2	Х	24,0	10,000		1.6								1.1	
3 13 6	Х	24.0	4,100		1.6								1.1	
\$2.(4.)} **35%		24.0 24.0	4,467					ļ				<u></u>	<u> </u>	
/ 1678	X	24.0	4,467 4,467		1.5								1.1	
V.W.E	×	24.0	4,000		1.7								1.2	
118	X	24.0	4,300		1.9			<u> </u>					1.2	
- 19 🕸	X	24.0	4,500		1.9								1.2	
¥20±a	Х	24.0	3,800		1.9								1.3	
3.£168 1882278		24.0	5,600	ļ				ļ	 					
1762275K	×	24.0 24.0	5,600 5,600		1.8			-					1.3	
14.25-24	- x	24.0	4,500		1.8								1.4	
9525#	X	24.0	6,600		1.8								1.4	
i. 26.‡.	х	24.0	6,100		1.8								1.4	
3.27.	х	24.0	6,300		1.8								1.3	
3.028 W		24.0	4,067										ļ	
2429.÷		24.0	4,067	<u> </u>			<u></u>	 	<u> </u>			 		
30,7a	X	24.0 24.0	4,067		1.7		<u> </u>	-					1.3	
Total Six	المعدد أحوا بالمالة	24.0 35.75.35.15	144,800						<u> </u>	<u> </u>	L	r	<u> </u>	
		A Comment	4,671											
Miximu	n par i di A	PARTE V												
				·										

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



General Information	for the Moath/Ye	an of: May, 2007		······	***************************************		
			· · · · · · · · · · · · · · · · · · ·				
PWS Name:		on					
PWS Type:	Silver Lake Oaks				 	PWS Identification Num	ber: 2544258
	Community	Non-Transient Non-Communit	tyTr	ansient Non-Com		Consecutive	
Number of Service Connection PWS Owner:		38			Tot	at Population Served at End	of Month: 94
	Aqua Utilities Florida						
Contact Person's Mailing Ad	Brian Heath	7				tact Person's Title:	Area Manager Zip Code: 34749
Contact Person's Telephone) Box 490310			City: Leesburg	State: Florida	
Contact Person's E-Mail Add		52) 787-0980			ICor	tact Person's Fax Number:	(352) 787-6333
Water Treatment Pla		eheath@aquaamerica.com		·			-
	Silver Lake Oaks					70	(352) 787-0980
	7017 Silver Lake Drive				O's 5 led	Plant Telephone Number	
Type of Water Treatment by		✓ Raw Ground Water	In		City: Palatka	State: Florida	Zip Code: 32177
Permitted Maximum Day Op			Purchased Finis				
Plant Category (per subsection	on 62-699 Block) FA	C.): IV		100,800	Disas	Class (per subsection 62-699	9.310(4), F.A.C.): D
Licensed Operators	311 02- <u>0</u> 33:210(4); 1 :50;	Name		License Class	License Number		ay(s) / Shift(s) Worked
Lead/Chief Operator		3,44110		A	7251	Days 1st Shift	ay(3) / Simiq's) worked
	David Haring			Ĉ	14091	Days 1st Shift	
	Ralph Marriott			č	7527	Days 1st Shift	
					1521	Days 13t Shift	
, , , ,							
, 100 Sept.	· · · · · · · · · · · · · · · · · · ·	-					
						- 	•
La contract of		•		•	,		
Certification by Lead/							
I, the undersigned water	r treatment plant of	perator licensed in Florida, am	n 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 an	d belief. I certi	fy that all drinki	ng water treatment cher	micals used at this plant conform to N
International Standard (60 or other applicat	ble standards referenced in sul	bsection 62-55	5.320(3), F.A.C	. I also certify t	hat the following additi	ional operations records for this plant
were prepared each day	that a licensed ope	erator staffed or visited this pl	ant during the	month indicated	labove: (1) reco	ords of amounts of chen	nicals used and chemical feed rates; a
(2) if applicable approx	nriate treatment nro	ncess performance records Fi	inthormore I a	mea to secuida	these additional	operations regards to the	he PWS owner so the PWS owner cal
retain them together w	ith conies of this re	port, at a convenient location	for at least ton	gree to provide	uicse additional	obergions recotos to n	tie L. M.2 OMITEL 20 THE L. M.2 OMITEL COL
Together wi	an copies of time (c	port, at a convenient location	TOT AT TOUST TOU	years.			
-		10/15		,			
Signatuly and Date		0 10 1 0 1	Paul Thompson				A7251
		· [Printed or Type				License Number

PWS	dentification	n Number:		2544258		Plant Name:	Silver Lake	Oaks	·					
Ш.	Daily Data	for the N	louth/Year	of:		May, 2007						+		
1			g Virus Inactiv				Chlorine Di	ovide	☐ Ozone	Comb	ined Chlorir	e (Chlorer	ninee)	
	traviolet R			т (Describe):		1	Ciliorate Di	UAZUC	1 02012	1 COME	nica Choin	ir (Cinora		
-					ibution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
-75-	T		1444		T Calculations, or		·							
l				·	.1 Calculations, or	CT Cala	ulations	OUI-LUE	VIIOS IIIAC	iivation, ii i	UV I		1	
}	1	\			· ·	Crosse	U.Z.OONS		1. :	`	70 4 1	, 030		[-
							Lowest CT							
	The Plane			1		Disinfectant	Provided	, ·					Y annual Year island	. · ·
	Days Plant Staffed or		Net Quantity	•	Lowest Residual Disinfectant	Contact Time	Before or at.					Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished		Concentration (C)	(T) at C. Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Dayo	-	Hours plant			Before or at First	Point During	During Peak	ŀ		Minimum CT	Operating	Required,	Remote Point in	Conditions: Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow	Flow mo	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Monti		Operation	gal.	Rate gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min⁄L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0			1,8								1.3	
2	X	24.0	6,200		1,8								1.0	
3	X	24.0	4,500		1.7			<u> </u>					1.1	
5 -	X	24.0 24.0	6,700 6,233	 	1.0			ļ			•		0.6	
6		24.0	6,233	 				 						
7	X	24.0	6,233	 -	1,3	· · · · · · · · · · · · · · · · · · ·							0.8	
. 8	X	24.0			1.3			 					0.8	
9	X	24.0	6,400		1.5		·	<u> </u>					0.8	
10	X	24.0	4,600		1.5								1,1	
. 110	X	24.0	5,000		• 0,9								0.4	
12		24.0	6,000											
13-	×	24.0	6,000				[ļ					0.9	
15	Î	24.0	5.000	 	1.3			 		 			0.9	
16	$\frac{2}{x}$	24.0	6,000		1.7				,				0.9	
17	X	24.0	6,000		1.7			 					0.8	
18	X	24.0	9,400		0.6								0.6	
19		24.0	6,167											
20		24.0	6,167											
21	X	24.0	6,167		0.9								0.5	
22	X	24.0	4,100		0.8							<u></u>	0.5	
23	X	24.0	2,500		1.0			<u> </u>	ļ				0.6	
24 25	X	24.0 24.0	4,200 6,100		0.9	 -	· · · · · · · · · · · · · · · · · · ·	 					0.5	
26	 ^	24.0	4,067		0.9			 	— ———				0.3	
27	<u> </u>	24.0	4,067	<u> </u>				 	 				· · · · · · · · · · · · · · · · · · ·	
28	X	24.0	4,067		0.9	-		t	t				0.5	
29	X	24.0	6,400		0.9		 						0.6	
- 30	Х	24.0	4,000		0.8								0.4	
- 31	X	24.0	4,500		0.7								0.3	
Total	interior		168,100											

9,400

Maximum

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

MICHALL
well-the well-
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
5
*/ Y= \\
FLORIDA

	for the Month/Y			_			WS Identification Numb	····	2544258	
ublic Water System	n (PWS) Informat	tion				_		4.		
WS Name:	Silver Lake Oaks		Tra	nsient Non-Comm	unity		nsecutive pulation Served at End o	Month:	94	
WS Type:	✓ Community	Non-Transient Non-Col	Juli Gracy			Total Po	pulation Served at End o	101011an		
umber of Service Connec	ctions at End of Month	1.					, artist	Area Manager		
WS Owner:	Aqua Utilities Florid	â.					Person's Title:	/dea trans-	Zip Code:	34749
Contact Person:	Brian Heath			•	City: Leesbur		tate: Florida	(352) 787-633		
Contact Person's Mailing	Address:	PO Box 490310				Contact	Person's Fax Number.	(332) (0)		
Contact Person's Telephon	ic Number:	(352) 787-0980	com							
Contact Person's E-Mail A	Address:	beheath@aquaameric	a,COIII						(352) 787-0	980
Water Treatment P	lant Information						lant Telephone Number		Zip Code:	32177
Plant Name:	Silver Lake Oaks		· · · · · · · · · · · · · · · · · · ·		City: Palatka		State: Florida			
Plant Address:	7017 Silver Lake D	rive	Purchased Finis	shed Water						
Come of Water Treutment	by Plant:	✓ Raw Ground Water	Purchased t in.	100 800				210(4) E A C). D	
Permitted Maximum Day	Operating Capacity of	f Plant, gallons per day:	IV	100,000		Plant Cl	ss (per subsection 62-69	9.310(4), F.A.C	worked	
Plant Category (per subse	ection 62-699.310(4), t	r.A.C.):		License Class	License Nu	ımber	The Control of the Co	ay(s) / someth	3,7077.03.	
Licensed Operators	S ³	Name	有人的人,不是	٨	7251		Days 1st Shirt	<u> </u>		
Lead/Chief-Operator	ry Paul Thompson			c	14091		Days 1st Shift			
Other Operators	David Haring			c	7527		Days 1st Shift			
1. 2	Ralph Marriott			<u>~</u>						
						,				
	37		· · · · · · · · · · · · · · · · · · ·							
	(An)									
										·
				 	 				·	
Sec. 100 1	· .				1					
the state of the state of the state of	7 65		_				slant identified in pa			

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. L	Daily Date	i for the A	donth/Year	of:		June, 2007								
			g Virus Inacti		val: Free (<u> </u>			· · · · · ·		
F 111	traviolet R	adiation	C Othe	o- (Desembe)	· Warter (Pulotine 1	Chlorine D	ioxide	Ozone	Com	bined Chlori	ne (Chlorai	nines)	
r-										(7)	· ·			
Type	of Disinie	ctant Kesi	dual Mainta	ined in Distr	ribution System:	Free Chlo	orine /	Combin	ned Chlorine	(Chloramin	as))	Chlorine I	Dioxide	
].		137 %		11 1 1 1 1 C	T Calculations; o	r UV Dose, to	Demostate:	Four-Log	Virus Inac	tivation, if	Applicable		はおきを地	Emergency or Abnormal Operating Conditions: Repair or Majntenance Work that Involves Baicing Water System Components
1 :: ;					で、は、一個なる場合	CT Cak	ulations		programme (and the second	" UV	Dosc, Jan	200	
					1.00 1.25 2.27 3. 82	1. 100	P. C. 202	10.00			2) King 1	13.7		
[2] ib	,					Disinferiant	Printing	16. 68	~					
1.00	Days Plant			. Sugar : 1	Lowest Residual	Contact Time	Before or at	1 3.3	2				Lowest Residual	TABLE TO A PARTY OF PARTY
100	Suffed or		Not Quantity		Disinfectant :	(A) (T) at Car.	v # First	1.43				Minimum	Disinfectant	A COLUMN AND A STATE OF THE STA
	Visited by	7- 7	of Finished		Concentration (C)	Measurement	Customer	1.6	Take to be	100	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	* Point During	During Peak	11.	A link	Minimum Cl	Operating	Required.	Remote Point in	Conditions Repair or Maintenance Work that
Month	(Place						Flow, mg) curb of	pH of Water	Required, rug	UV Dose mW-sec/cm ²	Jim W	Distribution	Involves Taking Water System Components
Fill of		Operation 24.0		Rate, gpd.	Peak Flow, mg/L		mm/J.₹.	Water,	it Applicable	minvL	mwsec/cm	sec/cm	0.9	
2.12		24.0			1.4		 	<u> </u>		 	 		0.9	
3 .3		24.0						┼──	 	 		 		
2.4.4		24.0			1.5	 		 	 			i	1.0	
, ,,3 ·s	X	24.0			0.9			 			 		0.7	
6 4	Х	24.0	7,000		1.3			T					0.9	
197	Х	24.0			1,4								0.9	
8	X	24,0			0.6			<u> </u>					0.2	
. 9		24.0												
11.	×	Z4 Q 24.0		 	·		<u> </u>				<u> </u>			
12%	×	24.0		 	0.6			 		<u></u>		 	0.5	
o. 13 g	×	24.0		 	1.8		 	 	 				1.4	
14	X	24.0		 	1.6			┼			 	}	1.2	
15.	х	24.0			1.5			 					1.2	<u> </u>
16		24.0	4,800						 					
17		24.0								<u> </u>				
18%	Х	24.0	1.77		1,4								1.1	
19	х	24.0			1.4								1.0	
20	X	24.0			1.4					ļ			1.0	
21	X	24.0		<u> </u>	1.3				ļ				1.0	
23		24.0			1.4	 				ļ	ļ		1,0	
24		24.0		 	· · · · · · · · · · · · · · · · · · ·			ļ	 	 -			 	
25:	X	24,0		<u> </u>	1.1			}					0.5	
26		24.0			1.4			 					0.9	
27 ,-,	x	24.0			1.3			 			 	 	0.9	
28	Х	24.0			1.4			<u> </u>			<u> </u>		0.9	
. 29	Х	24.0			1.4			I			·		0.9	
. 30 🔆		24.0												
31 %		24.0												
			144,600]										
Avgerag	C . 原语 企 . A	्रानिका के लोग	4,665											

7,000

Maximum

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



See Pages 4 for Instr	uctions.								
l, General Information	for the Month/	Year of: July, 200	7						
A. Public Water System	(PWS) Informs	ntion							
PWS Name:	Silver Lake Oaks		······································	·		PWS Identification Num	ber:	2544258	
PWS Type:	✓ Community	Non-Transient Non-Comi	munity T	ransient Non-Com	munity	Consecutive			
Number of Service Connec						Population Served at End	of Month:	94	
PWS Owner:	Aqua Utilities Florid	ia		·-· , , -·				_	
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad		beheath@aquaamerica.c	om						
B. Water Treatment Pla	ant Information								
Plant Name:	Silver Lake Oaks					Plant Telephone Number	[(352) 787-0	980
Plant Address:	7017 Silver Lake Dr				City: Palatka	State: Florida		Zip Code:	32177
Type of Water Treatment by		Raw Ground Water	Purchased Fini	ished Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		100,800					
Plant Category (per subsect	ion 62-699.310(4), F.					ass (per subsection 62-69			
Licensed Operators		Name	Son Take 1	License Class	License Number	D with the contract of the con	ay(s)//Shift(s)	Worked:	
Bead/Chief.Operator:				A	7251	Days 1st Shift			
Other Operators.	David Haring			С	14091	Days 1st Shift			
	Ralph Marriott			С	7527	Days 1st Shift	·		
THE PARTY OF THE P									
					·		·		
	····	·							
			· · · · · · · · · · · · · · · · · · ·						
Take to the second									
									
				ļ			,,,		
(1981年) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				<u> </u>					
I. Certification by Lead	/Chief Operator								
		operator licensed in Florida	are the lead/elic	formula of the	stroton treatment - 4	lant identified in	T -64L:	I	Al a cl
information provided i	n this report is to	operator receised in Florida	faut the lead/clife	a operator of the	water treatment p	ant identified in part	of this report	i. I certify	that the
Tatanada a l Standard	o and report is an	ue and accurate to the best of	i my knowledge al	na bellet. I certi	ty that all drinking	water treatment che	micals used at	this plant c	conform to NSF
international Standard	ou or other appli	cable standards referenced in	n subsection 62-53	55.320(3), F.A.C	C. I also certify tha	it the following addit	ional operation	s records (for this plant
were prepared each day	y that a licensed of	operator staffed or visited th	is plant during the	month indicated	i above: (1) record	ds of amounts of cher	micals used and	d chemical	feed rates; and
(2) if applicable, appro	opriate treatment	process performance records	s. Furthermore, I	agree to provide	these additional of	perations records to t	he PWS owner	so the PW	/S owner can
retain them, together w	ith copies of this	report, at a convenient local	tion for at least ter	1 усагз.					
		01-1-							
		818107	Paul Thompso	NO.				A7251	
Signature and Date			Printed or Typ				_	License Nun	her
=									+U6)

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
111.	aily Data	for the N	Ionth/Year	of:		July, 2007								
			g Virus Inacti		val: E7 Exec	Chlorine [<u> </u>		<u></u>		4.00	(01.1	*	
- 11	traviolet R	adiation	Othe	r (Dargeiha)	. prince ("HOLDIC I	Chlorine D	loxide) Ozone	1 Com	pined Chiori	ne (Chiorai	nines)	
r									1 494 1	(0) 1				
Type	or Disinie	CUANT Resid	dual Maintai	ned in Distr	ribution System:	✓ Free Chk	orine ;	Combi	ned Chiorine	(Chloramine	:\$) 	Chlorine I	Dioxide	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	• 127.35		Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water, System Components Out of Operation
1						CT Cut	ulations		14	ξ,	⊭.∵UV.	Dose	1	
	1.00	N 12		1 3 5 - 3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Section 1	I owner (T	7:	· · · · · · · ·	a grant in		i		
	2. 添了6:	347.50	1.5	· - 2 ; 5 ; 5 ; 5	第二个人	Dismrectant	Provided	35 N		S North	• • • • • • • • • • • • • • • • • • • •			KING MAN SAN BEEN
96%	Days Plant		参生 1.2	▲ 호텔》 호	Lowest Residual	Contact Time	Before or at					To the state of	Lowest Residual	
	Staffed or	1/4/19	Net Quantity	1	Disinfectant -	ELONICE -	First				S. 3. 3.	Minimum	Disinfectant	
1 1	Visited by		of Finished		Concentration (C)	Measurement T	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	े कुल्लाक्ष्मी विनेत्र जेक स्टब्स्ट्र	Before of at First	Point During	During Peak	J. J.		Minimum CT	Operating	Required	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	/n	Producted,	Peak Flow	Customer During 2	E Peak Flow	Flow, ing-	1 emp or	pH of Water,	Required, mg	UV Dose,	mw•	Distribution	Involves Taking Water, System Components
- Month	(* (* X -), **	Operation 24.0	gal. 6,300	Rate, gpd.	APeakiPlowying/DA	Rminutes' - "	THUNK /	Water, ; C	11 Applicable	S. min/L	mW-sec/cm	sec/cm	System, mg/L-/	Out of Operation
W. 72	×	24.0		 	1.4		 						1.0	
39/2 39/3 39/4 39/4	X	24.0		 	1.3			 	 	 	 		0.9	
NO4 7	X	24.0		 	1.4	-			 		 		1.0	
were to	X	24.0		 	1.4	·	 		 				1.0	
416 m	Х	24.0			1.4								1.0	
7746		24.0	<u> </u>											
40.		24.0												
401000 401000	X	24.0			1.4		<u></u>						0.9	
	X	24.0 24.0			1.2		 _		<u> </u>		<u> </u>	<u> </u>	0.5	
292	x	24.0			1.3				 	ļ			0.7	
7813 £	X	24,0		 	1.0		 	 	 				0.4	
114		24.0			*		 	 	 					
د کان ۷		24.0		 	-				 					
2.16	×	24.0	4,500		0,8		1	1					0.4	
17.	X	24,0			1,2								0.7	
.5 18 V	X	24.0			1,4								1.2	
1.19.8	Х	24.0			1.5								1.2	
÷ 20 ·	X	24.0		ļ <u></u>	1.5								1.2	
त्य ्2 1-हे		24.0					ļ	<u> </u>	<u> </u>					
∉22 √. ~ 23 √.	X	24.0 24.0			1,	 	}							
24	x	24.0	6,200		1.1	 	 						0.5 0.5	
<i>→</i> 25 ·	- ^ X	24.0			0.9		 						0.4	
26	x	24.0			1.0	 -							0,5	
27	X	24.0	4,200		0.5		 	 					0.2	
28		24.0												
. 29 +		24.0												
30	х	24.0	4,333		0.5								0.2	
31,5	X	24.0	3,600		0.8								0.4	
Total: ~	1995		153,500	l						_				

8,300

Maximum 7

^{*} 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, 2007 A. Public Water System (PWS) Information PWS Name: Silver Lake Oaks PWS Identification Number: 2544258 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 38 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Агев Мападег 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: Silver Lake Oaks (352) 787-0980 Plant Telephone Number: Plant Address: 7017 Silver Lake Drive City: Palatka State: Florida Zip Code: 32177 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,800 Plant Category (per subsection 62-699.310(4), F.A.C.): N Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name Day(s) Shift(s) Worked Day Load/Chief-Operators Paul Thompson 7251 Days 1st Shift Other Operators David Haring C 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift 11. 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

PWS I	WS Identification Number: 2544258 Plant Name: Silver Lake Oaks													
III. D	aily Data	for the N	lonth/Year	et:		August, 2007								
					ral: 🔽 Free C		Chlorine Di	oxide	□ Ozone	Comb	nined Chloris	ne (Chloran	nines)	
ר טו	traviolet R	adiation	Othe	r (Describe):	• • • • • • •	•		0,224	, 022	1 0041	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(01		
Type o	of Disinfee	ctant Resid	lual Maintair	ned in Distr	ibution System:	₩ Free Chlo	rine [Combir	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
1 1 2				C	T Calculations or	UV.Doseto	Demostate	Four-Los	Virus Inac	tivation, if	Applicable		19.27 (39.00 c)	Emergency or Adnormal Operating Conditions, Repair of Maintenance, Work that Involves, Taking Water-System Components.
7 3 1					The state of the s	CT. Calc	ulations		18.5		VV)	Dose √		
					a jakar seri da khar	ক্রীভাত ব্রুগরী :	4 7		3	~ j	Sec. 5	100		
44	in a second	[· , · , · , ·]	34.35	1 7 7	a sk		Lowest CT			195 125 14		7. N. 1845 }	43.	THE PROPERTY OF THE PARTY OF TH
	Days Plant				Lowest Residual	Contact Time	Before or at		-744)L (119		1. Sec. 14.		Lowest Residual	
\$ 1	Staffed or		Net Quantity		Diamieciant	35(D#C :	First			110/F (1/4		Minimum	Disinfectant	
200	Visited by		of Pinished	13,5	. Concentration (C):	Measurement	Customer		37 ()	200 S	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	3 A	Before or at First	Point During	During Prak	14 × 10	J	Minimum CT	Operating	Required:	Remote Point in	Conditions Repair of Maintenance Work that:
Month	(Place	Operation	Producted	Peak Flow	Customer During	Peax Flow	Flow, mg	Water Or	pH of Water,	Required ing	2	2.5	Distribution	Out of Operation
77 H 5	X	24.0	4.000	icate, apti.	Lowest Residual Disinfectant Concentration (C) Defore of at First Customer During Peak Flow mg/L 0.6	9 - Mittenries, 45.			r chhianne	T. Manager AN	, marrawayiii)	- account	0.2	N 11 1-14 100-101
4-24A	_x	24.0			0.9			†					0.5	
d 3.5	Х	24.0			0.9						<u></u>		0.6	
4-14		24.0												
75.4 26.4	×	24.0 24.0					<u> </u>	ļ					1.0	
2 15 P	├ ` x	24.0	4,433	 	1.7			 					1.0	
8,	x	24.0	4,900		2.1			 					1.1	
× 9/2		24.0	2,800		2.0				<u> </u>				1.7	
4,10%	х	24.0			1.5								1,2	
\$71 1 9#		24.0	4,367		·····						<u> </u>			
1/12≝1 - 13.3	x	24.0 24.0	4,367 4,367		13		<u> </u>		 		<u> </u>	 	0,8	
14	- -	24.0	4,367		1.2		·]		0.8	
15-(x	24.0	4,100		1.1			1					0.7	
16.	X	24.0	7,000		1.2								0.7	
17	X	24.0	5,000		1.3								0.8	
- 18	ļi	24.0	4,000								ļ. <u></u>		·	
. 19 : .	×	24.0 24.0	4,000 4,000		1.4	· · · · · · · · · · · · · · · · · · ·		ļ	 				1.0	
21	- x	24.0	5,500		1.4			 	 		 		1.1	
22	x	24.0	7,400		1.4			 	 		 		1.0	
23	X	24.0			1.4								1.0	
24	Х	24.0			1,0								0.8	
25		24.0												
26 27		24.0	4,933 4,933		1.0			ļ			ļ		á a	
28	X	24.0 24.0	5,000		1.2			 	 		<u> </u>		0.8	
29	- x	24.0	4,300		1,2				 		 		0.8	
30	X	24.0	4,200		0.8			 		1			0.4	
31'	X	24.0	4,000		1.1								0,6	
Total	· ·		141,100					· · · · · · · · · · · · · · · · · · ·						
Avgerag	ė ,	Jack Hart	4,552											

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

7,400

Maximum



See Pages 4 for Instructions.				
. General Information for the Month/Year of: September, 2	007			
A. Public Water System (PWS) Information				
PWS Name: Silver Lake Oaks	· · · · · · · · · · · · · · · · · · ·	·····	PWS Identification Number	г. 2544258
PWS Type: Community Non-Transient Non-Communit	y Transient Non-Communi	v L	Consecutive	
Number of Service Connections at End of Month: 38			Population Served at End of	Month: 94
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Cont	act 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		Cont	ect Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com				
3. Water Treatment Plant Information				
Plant Name: Silver Lake Oaks			Plant Telephone Number:	(352) 787-0980
Plant Address: 7017 Silver Lake Drive		Palatka Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment by Plant:	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800			
Plant Category (per subsection 62-699.310(4), F.A.C.):			lass (per subsection 62-699.3	
Licensed Operators Name		ense Number	 	/(s) / Shift(s) Worked
Lead/Chiof Operator: Paul Thompson	Δ	7251	Days 1st Shift	
Other Operators David Haring	c	14091	Days 1st Shift	
Ralph Marriott	c	7527	Days 1st Shift	
Capit Marton				·
			······································	
West of the second seco				
		· · · · · ·		
			<u>!</u>	
Certification by Lead/Chief Operator		_		
I, the undersigned water treatment plant operator licensed in Florida, am	the lead/chief operator of the wat	er 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				
International Standard 60 or other applicable standards referenced in sub				
were prepared each day that a licensed operator staffed or visited this pla	ant during the month indicated abo	and contry to	de af amounts of showi	inale wood and chamical feed
(2) if applicable, appropriate treatment process performance records. Fu		e additional (perations records to the	rws owner so the rws owner can
retain them, pergether with copies of this report, at a convenient location	for at least ten years.			
1 1 . 1 . 1				
(0/19/17)	Paul Thompson			A7251
Signature and Date	Printed or Typed Name			License Number

PWS Id	PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks													
III. D	aily Data	for the N	onth/Year	of:		September, 200	7							
			Virus Inactiv			hlorine 🖵		oxide	Ozone	Comb	ined Chlorir	ne (Chloran	nines)	Į.
	raviolet R	-		(Describe):		•								
Type o	of Disinfed	tant Resid				∇ Free Chlo	rine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
7,500								COUT-LOS	Virus Inac	tivation, if	Applicable	J. 18. 14.		Emergency of Abnormal Operating Conditions; Repair of Maintenance Work that Involves Taking Water System Components
				1 1 1 1 1	T Calculations, Or	CT Cale	ularion4		- 3 4 H · ,	31 S. A. N.	2 UV 1	Dose:		
		251.5			* * * * * * * * * * * * * * * * * * *	e Cr Cale					7	1. 100		
	44 3						Lowest CT;	7 3 4	1 m		ينمير في مرا			
	Qays Plant			4		Disinfectant	Provided				1. EA	1. S. S.	Lowest Residual	
1:	Staffed or		Net Quantity		Disinfectant 3	Contact Time	Find		3.	1		Minimum	- Disintectant	
	Visited by		of Pinished		Concentration (C)	Measurement	Customer	4.75	** * * * * * * * * * * * * * * * * * *		Lowest 3	,UV,Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak		1 . W. W.	Minimum CT	Operating	Required	Remote Point in	Conditions, Repair of Maintenance Work that Involves Taking Water System Components
the	(Place"	in in	Producted."	Peak Flow	Customer During	Peak Flow.	Flow, mg-	Temp of	pH of Water,	Required, mg min/L	V Dose	mW sec/cm	Distribution System, mg/L	Out of Operation
Month.	" "X")	Operation	gaJ,	Rate gpd.	T Calculations, or Lowest Residual Distribution (C) Before of at Pirst Customer During Peak Flow, mg/L	minutes	; min/L	Water, C	ir Applicable	min/L	m w-sec/cm	SEC/CITE 4.	aysuma, tilg/L	
3-1		24.0	4,533						 				· · · · · · · · · · · · · · · · · · ·	
4.3.3	x	24.0	4,533 4,533		1.2			 	 				0.7	
4	x	24.0	5,300		1.2		 	 					0.8	
5	X	24.0	5,000		1.2								0.7	
6	Х	24.0	5,600	1	1.2								8.0	
· >7	Х	24.0	2,100		1.0								0.5	
* 8 -		24.0	3,800									<u> </u>		
		24.0	3,800			·		<u> </u>					0.6	
110	X	24.0	3,800	ļ 	1.2 1,2		 	<u> </u>	 	 	 	 	0.6	
20,110.	X	24.0	5,000 5,300		1.2								0.6	
13	$\frac{\hat{x}}{x}$	24.0	4,100	 	1.2				 				0.7	
14	X	24.0	3,300		1.2				<u> </u>				0.7	
115		24.0	4,033											
.16		24.0	4,033									ļ		
17	X	24.0			1.2			ļ				ļ	0.6	
- 18	Х	24.0	4,000		1.2			ļ			ļ		0.8	
20	X	24.0 24.0	4,200	 	1.2			 	 	 			0.7	
.21	X	24.0			1.2	· · · · · · · · · · · · · · · · · · ·	 	1	 	 			0.8	
22	 ^-	24.0			1.2			 		†				
23		24.0	5,667											
24	X	24,0	5,667		1.2								8.0	
_25	х	24.0	13,400		1.0								0.5	
26	X	24,0	4,100		0.8					ļ		ļ	0.4	
27.	Х	24.0	6,200		1.3		<u> </u>	ļ	 	 			2.2	
28	X	24.0			4.0			 	 	 		 	2.2	
29		24.0	4,667					 	 	 	 	 	 	
30		24.0		 	 		 	 	 	 	 		 	<u> </u>
Total		24.0	145,733	 	1	 _			1	·	· L		<u> </u>	
Lotai	<u> </u>		(40,733	4										

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

4,701 13,400

Avgerage

Maximum

See Pages 4 for Instructions.

ublic Water Syste	em (PWS) Inform	etion					of the section of the section of
VS Name:	Silver Lake Oaks	ation		no de la companya de	rento es		
VS Type:	✓ Community		ient Non-Community	T Translant Han Co	8 S 14 - 7 - 4	PWS Identification Nur	mbes: 2544258
imber of Service Conne	ections at End of Month:			☐ Translent Non-Com		Consecutive	
VS Owner:	Aqua Utilities Florid		THE RESERVE AND ART AND THE	Similar Control of the language of the control	Tol	al Population Served at End	
ntact Person:	Brian Heath		The second secon	Salah Sa Salah Salah Sa	ନା ଓ କଥା । ପ୍ରେମ୍ବର ଅନ୍ୟୁକ୍ତ		Live Company of the State of th
ntact Person's Mailing	Address:	PO Box 490310			Cor	itact Person's Title:	Area Manager
ntact Person's Telephon	ne Number;	(352) 787-0980		Harris Carlos Ca	Uny: Leesburg	State: Florida	🚧 🚧 📆 Zip Code: 34769 🔾
ntact Person's E-Mail A			uaamarica.com			tact Person's Fax Number:	(352) 787-6333
ater Treatment]	Plant Information		-33-7-01100:0011	Committee of the commit	, see to produce the produce of	The state of the s	en transfer de la company
nt Name:	Silver Lake Oaks				en e		
nt Address:	7017 Silver Lake Dr	ive	生。 物理上的人类的				
e of Water Treatment		✓ Raw Ground		ed Finished Water	City: Palatka	State: Florida	Zip Code: 32177.
		TOTAL COOL		eu Fireshen warer			
nitted Maximum Day	Operating Capacity of F	lant, gallons per day	,		Color Street Color Street		
t Category (per subsec	ction 62-699.310(4) F	IC):	C. Andrews of the Control of the Con	100:800 元 少 法			
t Category (per subsec	ction 62-699.310(4) F	IC):	C. Andrews of the Control of the Con	100:800 元 少 法			
Category (per subsec	ction 62-699.310(4), F./	LC.):	e Profesionales del Tolonomia	100;800	Plar License Numbe	t Class (per subsection 62-6	599.310(4), F.A.C.): (3) (2) (5) (3) Day(8) (Shin(s); Worked (4) (4) (4)
t Category (per subsections) Cells ed Operators Id/Chief Operator	Paul Thompson	LC.):	· ************************************	100;800	Plar License Numbe 7251	t Class (per subsection 62-6 T Days 1st Shift	99.310(4), F.A.C.): (3) (1) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
t Category (per subsections of Category (per ators of Category (per	Paul Thompson David Haring	∖C.): Nai	ne state the	100;800 Class A C	Plar License Numbe 7251 14091	t Class (per subsection 62-6 T Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): (3) (1) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
t Category (per subsection) Cd Operators d/Ghief Operators Grid per ators	Paul Thompson David Haring Ralph Marriott	AC.): Nar	net iver ju	100;800 License Class A C	Plar 1251 7251 14091 7527-	t Class (per subsection 62-6 T Days 1st Shift	99.310(4), F.A.C.): (3) (1) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
t Category (per subsections of Category (per ators of Category (per	Paul Thompson David Haring Ralph Marriott	∖C.): Nai	nes de la companya de	100;800 License Class A C	Plar License Numbe 7251 14091	t Class (per subsection 62-6 T Days 1st Shift Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): (21/2) D# 24 Day(s): //Shim(s), worker (44/2) 4.4.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5
Category (per subsections of Chief Operators of Chief Operators)	Paul Thompson David Haring Ralph Marriott	AC.): Nar	nezatata	100;800 License Class A C	Plar 1251 7251 14091 7527-	t Class (per subsection 62-6 Days 1st Shift Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): (21) [D#2] Day(s): //Shim(s): Wolker ##22.5000
Category (per subsections of Chief Operators of Chief Operators)	Paul Thompson David Haring Ralph Marriott	AC.): Nat	nez vez vez pri	100,800 Class A C C	Plar License Numbe 7251 14091 7527	t Class (per subsection 62-6 T Days 1st Shift Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): (21) D##* Day(s), (Shin(s), Wolker B### 4, 6, 46)
Category (per subsections of the control of the con	Paul Thompson David Haring Ralph Marriott	AC.): Nat	nez	100,800 Class A C C	Plar Licensei Numbe 7251 14091 7527	t Class (per subsection 62-6 Days 1st Shift Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): 234 D# 34 Day(s) / Shin(s) : Wolker 124
t Category (per subsections of Chief Operators of Chief Operators of Chief Operators)	Paul Thompson David Haring Ralph Marriott	AC.): Nat	ne variation in the second sec	100,800	Plar License Numbe 7251 14091 7527	t Class (per subsection 62-6 Duys 1st Shift Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): 231-10-231 Day(s): (Shints): Works: 12-23-23-23-23-23-23-23-23-23-23-23-23-23
Category (per subsections of Chief Operators of Chief Operators)	Paul Thompson David Haring Ralph Marriott	AC.): Nat	ne variation in the second sec	100,800	Plar Licensei Numbe 7251 14091 7527	t Class (per subsection 62-6 Duys 1st Shift Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): 231-10-231 Day(s): (Shints): Works: 12-23-23-23-23-23-23-23-23-23-23-23-23-23
consolverators A/Chitet Operator (cr (cparators)	Paul Thompson David Haring Ralph Marriott	AC.): Nat	ne variation in the second sec	100,800 Class A C C	Plar Licensei Numbe 7251 14091 7527	t Class (per subsection 62-6 Days 1st Shift Days 1st Shift Days 1st Shift	99.310(4), F.A.C.): 234 D# 34 Day(s): (Shiff(s): Worker 124

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

Printed or Typed Name

License Number

PWS lo	lenti ficatio	n Number:		2544258		Plant Name:	Silver Lake	Onles						
111. 0	aily Data	for the N	onth/Year	of:		October, 2007								
				vation/Remov	sl: 🔽 Free (Chlorine Di	oxide	Ozone	L Comi	bined Chlori	ne (Chlore	mines)	
	traviolet R		-	er (Describe):	•	1	CHANTEL DI	-wing	, Ozone	ı comi	onien Ciffott	ne (Omor a	CIPICO)	
_					bution System:	Free Chic	ring 1	Combin	ed Chlorine	(Chloramine	es\	Chlorine I	Diovide	
A COURT	180-7855	Keeksman												
100	d. m			30.0	T, Calculations; o									
A 1	4	マルジ療	美国	# F	5 (A) \$2.5 (A) \$2.5 (B)	estiter calc			8 -11.	() () H () ()	IT V. SUV	Dose (See A)	123634	
			500 and	13年19年	Water than the same	建业会企业	Towarch.	Sec. 2	中传统	وه کاورانس در درج	是是必要	4.45	20.2	
v.5/5	tont -	11.5		多方的方	Particle Street	Disinfecting	a Provided A	100		31x 7 3-1	化学学学	学等这个	11495	THE RESERVE OF THE PARTY OF THE
4 11	Days Plant			37. 34	Lowest Residual C.	"Contact Time"	l Before or at	1 7 7 7 50	44		一维元的		Lowest College	
光线	Stuffed or		Net Quantity	A Charles and the Control of the Con	Distofectant :		Pinte.	100			Lovesi	anum ni M	onceirches a	Participation of the second se
Dayor	Visited by Operator	17.2	of Finished		Concentration (C)	Measurement	Contonier*	2	4.07.5	1732	I LOWEST	UV Dose	Concentration at	Page 10 again, our month 10 at 11 ft 27
ute	(Place	Hours plant in	Water Producted	Peak Flow	Before or at First a Customer During	医血血血液	During Fear	Temin of	4.65	Minimum GT	STIV TO	ww.	Remote Point in Distribution	Total Control of Manual Control of Control o
Month	X	Operation	gal.		Peak Flow, mg/L/2	mane .	mive	Water OC	if Applicable	Required ma	mW-scc/om	A soc/cm	System	And the Court of Constitution
A LAND	х	24.0	.7,000	Later Co. Brance	1.0	A CONTRACTOR OF THE PARTY OF TH	AND GIVE IN	. (1,000,000,000,000	n reportutore	7.32.44.4	10 112000 0141	7.300 CIL. 1.	0.6	CONTRACTOR OF THE PARTY OF THE
"是"	Х	24.0	5,200		0.4,		Beg. 12.18					3.7.	0.2	東京の開発を使って 大学の大学であった。
SASSE	X	24,0	. 3,600		1.49		a Vag		, , ,		1.00	1.5	0.8	AND CHARLES WITH ARRIVE THE PARTY.
	Х	24.0			2.0	. 1 <u>// 19</u> 57 137	: Nati	, .		, 4 + 41 + +	je ska			ないないないというないというないというと
	X	24.0	5,700	5	0.6		1 1 2 2		الدرانال فعم	100	4.5			からかないのであるとはなるとなって、 数本 1000mm
-30 Dag	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24.0			·	and the second	2 41 5		4 V			*****	A Committee of	e of the second second second
经 加速	×	24.0 24.0	5,000	2									E North Carry	
AGGESTA	$\hat{\mathbf{x}}$	24.0	5,000	The same	0.4	oterial de la comita del comita de la comita del la comita de la comita del la comi				****	ا د ومو	92 ** * \$40		
W1004	x	24.0			0.7		7 %		7. 2.7		Karaje se sessi.		0.3	The state of the s
THE PARTY	х	24.0	5,400	60.1	0.4		u				5.7		0.5	
15127	X	24.0	7,000	APPARTE ZE	0.4,	a the Post of					1000		0.5	THE RESERVE OF THE PARTY OF THE
#1317		24.0	6,333		ta ya ese sak	and the second	Par estados			रिंग्स रिंग्स	F 44 5		4.0	The state of the s
() 第143%	21 H	24.0	6,333		Z. Orbina and A. Santa	er gebruik				¥ -	- ~ · · · · · · · · · · · · · · · · · ·		Section 1	医阴茎畸形 医多性管性皮肤 化二
達15連	Х	24.0	6,333		0.7	e e				9	at was some		0.3	
(164)	X	24.0	3,700		1.0.					1.0			0.5	
×41744	X	24.0	6,600		0.9	·** / · · · · · · · · · · · · · · · · ·						4- 9	0.5	A STATE OF THE STA
(⊕18%) ⊕19%	X	24.0 24.0	4,800	-1 -4 - 2	0,8				- (.	इस. राहेल⊹		August	-0.3	RESTAUTE GALLEGE TENTRALIS CONTRALIC
*20%	X	24.0	5,500 6,067		4 0,9	ye.	<u> </u>						0.4	manipul programa di salah dari dari dari dari dari dari dari dari
20155		24.0	6,067		A STATE OF THE STATE OF	to the second of the second		* * * * * * * * * * * * * * * * * * * *		10000		The State of the S	Side Control of Control	riginario di Angelo (1915), anticolo (19
* * 22	х	24.0	6,067		0.8	ing park ≇iya. Dagana sakkin sag		-	A estima a succession	4			0:5	green and the second of the se
₹23%	x	24.0	5,000		-0,4			100		2011	resident in		0.5	Control of the second
241	X	24.0			0.9	See See See	No in the contract		Selection of the selection	e a		1 11	1 1 1 1 1 1 1 0 7 1	The said the said of the said
×12516	X	24.0	5,100	1 1 2 2	0.7	A PART OF A STATE OF	Say yours	и	و ا		to a way a feet		30.4	to a supplied the same of the same of
#269¢	Х	24.0	3,300	4	0.4,		Secretary.				A4- 57 4		0.2	ल कु मेरककुर हैं के हुए सहिता है कि है। इस है कि कि कि
-92240		24.0	7,433		argan garage and a		11 4 12 14 4		1. 1. 1. 2	Same portion	Elevanor.		garen in Nadar ger 199	MITTER OF STATE AND AND STATE OF STATE
·#28		24.0	7,433		April 1985 - Paril 1985	1	<i>i</i>			v ± 1, 55 (1	Awar Strain	1,5	1. 1. Cart. 1.	THE STATE OF THE SERVICE STATES
3294	X	24.0	7,433		1.0			. ,	الملا وويواني	, h		140	2.0.8	
WE 0.	χ	24.0			1,0:			·-4			A 15		9.7	Commonweal of the second of the second
130-1	. X	24.0	-9,000		1.0/			* ;;	/	1.00		3 . ag	.0.8	
Total		THE REAL PROPERTY.	176,800	4						·				
AV GL 3	il a minima in the		5,703	l .										

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

9,000



See Pages 4 for Instr General Information		Year of:	November, 2007				
Public Water System	(PWS) Informa	ation					
WS Name:	Silver Lake Oaks					PWS Identification Numb	er: 2544258
WS Type:	✓ Community	Non-Transler	nt Non-Community	Transient Non-Com	munity	Consecutive	
lumber of Service Connect	ions at End of Monti	h:	46		Total	Population Served at End o	f Month: 94
WS Owner:	Aqua Utilities Florid	da					
ontact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager
ontact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail Ad		beheath@aqua	america.com				
Vater Treatment Pla	nt Information						
ant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0980
ant Address:	7017 Silver Lake Di	rive			City: Palatka	State: Florida	Zip Code: 32177
pe of Water Treatment by	Plant:	✓ Raw Ground	Water Purc	hased Finished Water		 	
ermitted Maximum Day O	perating Capacity of	Plant, gallons per day	:	100,800			
lant Category (per subsect	ion 62-699.310(4), F.	.A.C.);	īν		Plant Cl	lass (per subsection 62-699	310(4), F.A.C.): D
Licensed Operators		Name	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	License Class	License Number	· · · · · · · · · · · · Da	y(s)//Shift(s) Worked
ead/Chief Operators	Paul Thompson			Α		Days 1st Shift	
ther Operators: Serve	David Haring			С		Days 1st Shift	
WARD TO STATE	Ralph Marriott			С	7527	Days 1st Shift	
		· · · · · · · · · · · · · · · · · · ·					
ورافيه المراجعة المحجودية المجاورة							
ertification by Lead							
the undersigned water	er treatment plan	t operator licensed	in Florida, am the	ead/chief operator of the	water treatment pl	ant identified in part [of this report. I certify that the
							icals used at this plant conform
iternational Standard	60 or other appli	icable standards re	eferenced in subsect	ion 62-555.320(3). F.A.(L I also certify tha	t the following addition	nal operations records for this p
ere prepared each da	v that a licensed	operator staffed o	r visited this plant d	uring the month indicates	dahove: (1) record	te of amounts of cham	icals used and chemical feed rate
Diformicable appro-	prista treatment	necessia nerforme	nos records. Cumba	more I seres to provide	a accesse. (1) 1000se	as of amounts of chem	- DIVIC
.) it applicable, appro	priate treatment	process periorinal	nce records. Further	intore, i agree to provide	these additional of	perations records to the	e PWS owner so the PWS owner
tain them, together w	tin copies of this	report, at a conve	ement location for a	teast ten years.			
()		<i>i l_</i>					
[~		רעורועו	Par	l Thompson			A7251
				n thombson			MIZJI

PWS I	entification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
HI. D	aily Data	for the I	lonth/Year	of:		November, 200	57			·				
			g Virus Inacti		val: Free (Chlorine Di	ovide	Cone	C Cami	bined Chlori	na /Chlara	mines)	
I'' UI	raviolet R	adiation		er (Describe)		, ,	Chiorate Di	DAIGE	1 Ozone	r Com	office Cition	ne (Cinorai	nuies)	
-				-	ribution System:	Free Chk	orine [Combin	ed Chlorine	(Chloramine	es) [Chlorine I	Dioxide	
			1		CT Calculations, or					•		•	1	Emergensy of Abnormal Operating Conditions, Repair of Maintenance Work the Involves Taking Water System Components
					T Carculations, of			Lout-ros		LIVACION, II		Done		
i			Net Quantity of Finished Water 2 Producted,		NAME OF STREET	Ci Calc	culations	,		1.	UV:	Dose		
		-		3.76			Lowest CT			Minimum CT Required, mg				
						Disinfectant	Provided						18 4 2 2 2	
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
3.00	Staffed or		Net Quantity	1	Disinfectant	ો (T)atCે	First				1.	Minimum	Disinfectant (在大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大
200	Visited by		of Finished		Concentration (C)	Measurement	Customer	5			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Dayor	(P)ace	Hours plant	Water	_ ` _ `	Before or at First	Point During	During Peak		نجشد بدا	Minimum CI) Operating	Required, mW-	Remote Point in	Conditions, Repair of Maintenance Work the
Month	('X')	Operation		Peak Flow Rate, gpd.		Peak Flow, , minutes	Flow, mg-	1,16mp 0;	DIA OF WHIEF,	, Kequired, mg	UV DOSE,	sec/cm²	Distribution	Involves Taking Water System Components Out of Operation
49 17.0	x	24.0			1.0	. minues	minvi.	Water, C	т трупсаріє	a . miles.	mw-sec/cm	sec/cm	1.0	Cur agoperation
- 2-	X	24.0			0.7		 	╁┈┈	 	 	 	 	0.5	
3.45		24.0					 	 			 			
4 -		24.0				 	1	 		T	†	i		
ينيد گوڙن	Х	24.0	6,800		0.8		1			 	1		0.5	
. 6	X	24.0			0.8								0.5	
9 4 7 0 3	Х	24.0			0,8								0.5	
7.8	X	24.0			0,9					<u> </u>	<u> </u>		0.6	<u> </u>
€ 9 € 10	X	24.0			0,8		<u> </u>	ļ		 	<u> </u>		0.5	
-311		24.0 24.0			 			├	}	 	 			
::12:	X	24.0	<u> </u>		0.9		 	 		 	 	 	0.6	
13,	×	24.0			0.9		 	├		 	 		0.6	
. 14	х	24.0			0.9		 			 			0.5	
15	х	24.0	7,100		0.8			 	t		<u> </u>	<u> </u>	0.5	
16	Х	24.0			0.8		1	1			1		0.5	
. 17		24.0												
- 18		24.0					{				I			
19	X	24.0			0.6								0.3	
20	Х	24.0			8.0								0.5	
2l	_ X	24.0			0.8		ļ						0.5	
22	X	24,0 24.0		 	0.9			 	ļ				0.5	
24	_^	24.0			0.9		 	 -		 	 		0.3	
25		24.0	 	 			 	 	 	-	 	·		
26	×	24.0		 	1.5	<u> </u>		 	 		 		1.0	
27	X	24.0			1.5		 			 			1.0	
28	X	24.0		1	1.4		 	 			t		1.0	
29	X	34.0			1.4			 	† • • • • • • • • • • • • • • • • • • •	 		 	0.8	
30	x	24.0	4,700		1.6				1			1	1.0	_
31		24 0												
Total			243,600	1										
Avgerag		· · · · · · · · · · · · · · · · · ·	7,858											
Maximu	m.		15,000											

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:	December, 2007		
	Deceriber, 2007		A Committee of the Comm
A. Public Water System (PWS) Information			
PWS Name: Silver Lake Oaks		PWS Identification Nur	nber: 2544258
PWS Type:	lon-Community	nmunity Consecutive	
	46	Total Population Served at End	of Month: 94
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@aquaan	nerica.com		
B. Water Treatment Plant Information			
Plant Name: Silver Lake Oaks		Plant Telephone Number	r: (352) 787-0980
Plant Address: 7017 Silver Lake Drive		City: Palatka State: Florida	Zip Code: 32177
Type of Water Treatment by Plant: Raw Ground Water Treatment By Plant:	ter Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-69	99.310(4), F.A.C.): D
Licensed Operators Name	License Class	License Number	ay(s)//Shift(s):Worked
Bead/Ghief-Operator: Paul Thompson	А	7251 Days 1st Shift	
Other Operators A David Haring	C	14091 Days 1st Shift	
Ralph Marriott	c	7527 Days 1st Shift	
			,
			•
A. 2000 (1974) A. 2000 (1970)			
II. Certification by Lead/Chief Operator			
	Plantin and 1 - 1/1 C		
I, the undersigned water treatment plant operator licensed in	riorida, am the lead/chief operator of the	water treatment plant identified in par	I of this report. I certify that the
information provided in this report is true and accurate to the	e best of my knowledge and belief. I cert	ify that all drinking water treatment che	micals used at this plant conform to NSF
International Standard 60 or other applicable standards refer	enced in subsection 62-555.320(3), F.A.	I also certify that the following addit	ional operations records for this plant
were prepared each day that a licensed operator staffed or vi	sited this plant during the month indicate	d above: (1) records of amounts of che	micals used and chemical feed rates: and
(2) it 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 convenie	ent location for at least ten years.	•	
	•		
01/09/08	Paul Thompson		A7251
Signature and Date	Printed or Typed Name		
~	Timod of Types (suite		License Number

	WS Identification Number: 2544258 Plant Name: Silver Lake Oaks													
III. D	aily Data	for the A	lonth/Year	of:		December, 200	7							
			g Virus Inacti			Chlorine		iovide	Ozone	Comb	ined Chlori	ne (Chiora	nines)	
T UI	raviolet R	adiation		r (Describe):		,	CHIOLDIE D	CAUC	1 Ozone	i Comb	inea Chiori	ne (Cinoi at	nines)	
Time	C Dinings	D:	d1 % # 1?		11	Free Chlo	rine F	Combin	ed Chlorine	(Chloramine	6)	Chlorine I	Dioxide	
A STATE	5 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 14 14 AV	San Carrie	Inca in Disa	on one and the	or Tree Child	100	- 20 TO 2	STORES TELL	8 5 3 S 5		C	ILL DOMESTIC	
134	1.0		建新 工作。	2.5	T Calculations; of	(UV,Dose, 104	Jemostate	Cont-Fol	Virus mac	uvauon, 107	Applicable	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4753	
			San		in the fact that the same of t	Factor CI Calc	liations"	n de Navel de la company	All Control of	a program har t	TANK OV	DOSC TO A		AND THE RESERVE
33 S				T. C. S.			Lowest CT.			3 %	100			
1		Y 1037 4 4 5-	40 mm		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disinfectant	Provided.	12 m	200	94343		4		
\$ 8.5	Days Plant	1.00			Lowest Residual	ContactTime	Before or at	3, 37	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Lowest Residual	
13.0	Visited by	1 1 1/2	Net Quantity	经净点	Disinfectant w	TECOME A	A PITAL	1.	本意思等 。	70	1 numeri M	TIV TO	n Disintectants	
Day of	Operator	Hours plant	Water	(1)-10 · 10	Reformer at First	Point During	Customer	11	23 23 25 25	Minimum CT	Öperating	Required	Remote Point in	orditions Render by Maintenance Work that
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow	Flow me	Temp of	pH of Water.	Required me	UV Dose	mW,	Distribution a	Anvolves Taking Water System Components
Month	X)	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Waler, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm	System; mg/Li-	Brieffent of Abnormal Cherating Conditions Repair of Maintenance Work that anyolves Jaiong Water System Components Out of Operation
er P									,					
142.51 3432.4		24.0												
23.40 ×	X	24.0 24.0			1,4			 -					1.0.	:
12:5[er	- 2 -	24.0			1.2	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ļ					1.0 0.7	
74 6 h	- <u>x</u> -	24.0			1.4		· · · · · · · · · · · · · · · · · · ·						0.7	
12012	X	24.0			1.4			 					0.9	
3 8 E		24,0		· · · · · · · · · · · · · · · · · · ·										
3, 9, 3		24,0									-	. •		
4910€5	X	24.0	100		1.5						10.70		0.8	
美国	X	24.0			1.4							,	0.8	· · · · · · · · · · · · · · · · · · ·
45,12 ≤ 3 13 €	X	24.0 24.0	4,600		1.4.								0.7	·
L 14 &	$\frac{\hat{x}}{x}$	24.0	4,700		1.4				-:				0.8	
3.1505		24.0	4,600		1,3						<u> </u>		U.8	
16		24.0												
175,6	х	24.0	4,600		1,6								1.2	
18 🖫	Х	24.0	4,900		1.6								1.2	
-: 19 -	X	24.0	4,400		1.3								1.0	
+ 20 ·	X	24,0 24,0	4,500 5,000		1.4			<u> </u>					1.0	
- , 22 . u	^	24.0	4,333		1,4						<u> </u>		1.0	
₹ 23		24.0	4,333											
; : 24 - ;	х	24.0	4,333		· 0.5								0.2	
17 25:	х	24.0	4,000		0.9	,	·						0.5	
5 26 a.	х	24.0	3,100		0.4								0.2	
27. 4	х	24.0	5,000		0.7								0.3	
*28	X	24.0	3,600		0.9								0.5	
29 30 -		24.0	4,333											
131 m	-x	24.0 24.0	4,333 4,333		0.9		,						2.5	
		24.0 (782-678 2 6	148,100		0.9	<u></u>			L				0.5	
AVGETARE		a tale to a wife.	4,777											
		127 127 227	6,000											

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

6,000

Maximum

WS ID:	2544258	Plant Name:	Silver Lake O	aks		
V. Summary of Use of I	Polymer Containing A	Verylamide, Polymer (Containing E	pichlorohydrin	, and Iro	n or Manganese Sequestrant for the Year: * 2005
A. Is any polymer containing tollows:						the polymer dose and the acrylamide level in the polymer are as
Polymer Dose ppm =				Acrylamide Level,	% ¹ =	
B. Is any polymer containing to polymer are as follows:	he monomer <u>epichlorohyd</u> r	in used at the water treatmen	nt plant?	☑ No	ſ [™] Ye	s, and the polymer dose and the epichlorohydrin level in the
Polymer Dose ppm =				Epichlorohydrin Le	vel, %1=	
C. Is any iron or manganese se	equestrant used at the water	treatment plant?	✓ No	Yes, and the	type of se	equestrant, sequestrant dose, ect., are as follows:
Type of Sequestrant (polypi	hosphate or sodium silicate):				
Sequestrant Dose, mg/L of	phosphate as PO4 or mg/L o	of silicate as SiO ₂ =				
If sodium silicate is used, the	ne amount of added plus na	turally occurring silicate, in t	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.

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



	(PWS) Informati	After a contract of a contract of the contract	and the second second	and the first of t	Son - Co. Shirolog about your 2005 as	**************************************	C - 21 - 1	2544250	n ny inagana
	Silver Lake Oaks		edramitic for the second			PWS Identific	ation Number:	2544258	<u> 1964 - 1964 194</u>
S Type:	Community	Non-Transien	t Non-Community	Transient Non-Co		Consecutive	1 . 5 1 616 3	164010000	7 5
nber of Service Connection		alawan ni yo Tikasa wasini a ya d	3824.4		To the second	al Population Serv	ed at End of Month:	94	<u>Proposition of the second contracts of the second contract of t</u>
	Aqua Utilities Florida							2014 (Walelwaj, <u></u> <u>Barel</u> aliza-Ale	
	Brian Heath		i de la companione de l		The state of the s	ntact Person's Title		and the part	34749
tact Person's Mailing Add		O Box 490310 🐭						Zip Code:	34149
tact Person's Telephone N		352) 787-0980			Co	ntact Person's Fax	Number: (352) 787	/+0333	
tact Person's E-Mail Add ter Treatment Plan		eheath@aguaa	americancom-	The state of the s					
		ar time par 10 july 20 game 45	C rich antana righ. 2.0. The car of	en de la companya de	escite Control Section 1	365 pt 4 m - 1 1	- No No	(352) 787-0	000
	Silver Lake Oaks 7017 Silver Lake Driv	and the state of t				Plant Telephor	T-474 - 7	Zip Code:	32177
		✓ Raw Ground V	Municipal and an extensive and a control to the bar.		City: Palatka	State: Florid		Zip Code.	32177
e of Water Treatment by I				ased Finished Water	location canal design	terretaliste and missing t	County worthood (150 km vittig beet)	- 	
nitted Maximum Day Open to Category (per subsection				100,800	71-	. 01 (tion 62-699.310(4), F.	A C V S S D	<u>nting kerida da.</u> t
realistic (a) at an art		ic.):	We	The state of the				(file) Watker	
in Cinial Character at			ayeriya a karangan arangan ay	Art Charge Inc., 11 and 12	25	Days Ist Shift	Compared to the property of the second		
	David Haring			A A				ayanan antarah soutako Nasau ina ina intaraha	
ionize interest in 1	Javio Haring				14091	Days 1st Shift	gradet ett vittert gant. Vittaria ett vittig in 1		
							gir (paris) (Calabana Coma n Capangangan	and for the according to	
			Contract Cody (Section 2)			arija kiri la jere krejedi. Si ki ril a si se i kasa	Ajusto de de la composición de	<u>, iş başılırı 176 yılını başılı.</u> Tüğün ile külün ile kalışı	
	a (Silver) de la			SHOPPING TO A PROPERTY OF THE			111일 등록하다는 경기 1일 분으로 있다. 기본 기자 보다 기업		
	a di di 1945 di Argentina (1965). Para di Panggarangan panggarangan di Sakarangan	engaletik (namen en e							
	21、一个2000年6月1日日本1月1日日本1月1日 3. 中国中国 - 日本1月1日本1月1日日	ige in Common of Allia. Decreases					g erefili devel 1 (Dun 11) Vilanda elektrika (d	<u>Jan 1986 - 1986</u> Garin Stock Garina	<u></u>
		arean abus richte an tale vore bei bet							
	e democratic de l'année mantière de l'ambie. As le le se le democratic de l'appendance					왕(14) (1757년 - 김정희(15 <u>2</u>)의 1873년 (1517년 - 152)			
	TOTAL TRANSPORTED TO	Paris Salura in Neusanie. Paris Salura III - Paris Selas				one de la comencia d La comencia de la co	jude galier en van der van de. SAMBLES Van de een de vande		<u>. Barana ara</u> Kwatan katang
	าราการและเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิด	Andrew St. S. St. B. S.	Stage and the second of the se	in it served ittilitation i die it	The state of the same party of	La Proposition of the Paris	pint sette station (see the set set set set		<u> Taria - Erana Janas - Aria</u>

FPSC-COMMISSION CLERK

PWS	Identific	cation	Number:		2544258		Plant Name:	Silver Lake	Oaks		3 7 1 1 1 1	1.79/1771	. N. 17			
Ш.	Daily I	Data 1	for the N	Ionth/Year	of:		January, 2006		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.5		A Company		1 - 7	
				g Virus Inacti		/al: ▼ Free C		Chlorine Di	oxide	Ozone	□ Comb	ined Chlori	ne (Chlorat	mines)		
1	Jltravio	-			r (Describe):		•	Cinorate p.		, 020.2) Come	nica Cinon	in (Cilion in			
Туре	of Disi	infect	ant Resid	lual Maintai	ned in Distr	ibution System:	Free Chk	orine [Combin	ed Chlorine	(Chloramine	s) [Chlorine l	Dioxide		-
ener.						i i i i i i i i i i i i i i i i i i i	A VEGET F	Description	* on This	महारा इस्तार	tyreda kor. Te	ក្រុម្នាំ នៅពីនៅ	V 1 1 1			
								oshii 1947)			de la ser com sua esta de la face de ser com sua esta esta esta esta esta esta esta est		, v. v.			
														T		
							- 200326.00	n na kana								
â.	JA15. 7	Page.				Transit in								turesticité des materials		
	अधिक	5.5K		ากร์เอโลเลริส									A RESERVED.	Mary (Cottistic S		
	n care	7711		of the later.				0.0000				e e e e e e e e e e e e e e e e e e e	a a la disposa. Característico	ំការសម្រាក់ប្រជុំប្រជុំការបាន		
Day	ir viker		Kor altin	्रेश्वारः स्ट्रीकामः होत्	rkan ega i		2007A Ambrid 2004 - Jacon			ing and the state of the state	i finishing daga 1900 (1905) Pinishing bilang angga		ં તે હેલ્લુલાઉલાઉલ 1. જો સ્ટ્રેસ	The service of the first of the service of the serv	er varadaliste, kaiman ar M e-acceptace - anama arjam	
Mon			Sections:	971	8.00 (100)		10051100	er i Ma Novi Georgia. Sentario	\$ 76-	The Spiriting Control		The state of	1457.53	Seato 3. 1923	(i) #135 (i) #	
			24:0	Brand and Color Angelia and the same	NAME OF THE PARTY OF		PER CONTRACTOR	OANA				100 Per 100 Pe		表华学是是		
200		275, 275	24.0	7,800	11/1/2019	2.16	E LA SELE			SCHOOL I	这一个 为你课	4、4.86日 前	all of one	1.2	e formule en la la	
			24:0			11.6		e l'agua	學起情.	多型工作的	## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44年末次	學者为為國	1.3		They were a second of the second
1 (1) 1 (1)			24.0			*146	1 18.27.45			RESIDENCE -	4.7			1.2		
			24.0 24.0			2.5		3 1-16	A TO	BOOK TO SELECT			87 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.3 1.2		
			24.0			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							# 1 To 1			
			24.0			. S. S. BAR				# 1/A		PH-2014	3.7	â.		
	X ¥	第 编写	24.0	4,667	在第335 号	1.6	60 46 46 7		e de la composição de l					1.2		
			24.0					e a ne i pa	e de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela compan	Glescope) A		Paristo - La	1. Lange 17.	1.2	Statistical state of	
	, X		24.0	desired by many law for the desired and	a desperting			就在3000 000	100	1,0800 N	Tribe Sweet	AMALY		1.4		
	X		24.0 24.0			13		150.74		e e Brender (1997)				1.2		<u> </u>
	popular in the second	• 4 000年代 第1977年	24.0	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ting september and pro-				11 15			arrandaria (h. 1.) Parendaria	等 第二次 100 mm	1.4		
2602			24.0			3,544,240			that there			rojeka da k				
20016			24.0		· · · · · · · · · · · · · · · · · · ·		463 (D. 178)	ST ZWENCE		医腹侧 医皮肤	1	enson in the second	Give test	1.5		
200) X		24:0		表明之化。	1.6			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				**	1.3	3.445	
40-118 30-110	Х		24.0			18		Mark Try	# June 5					1.5		
2000	X X		24.0 24.0						ingske (*)				TOURSEL ST	1.8	Control of the contro	<u> </u>
20			24.0										88701 777 T.S.	1.4	us mai su gravita de la comita d La comita de la comi	
			24.0				178		Table Comments							January Care
200			24.0	4,467		1.6						Karanja të la	蒙古 独立	1.4	Transfer of Section 1995	
-y			24.0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			C. Tropic Company			and from the last of the last	建筑 美元	1.2		
			24.0			16				F (\$15,000)				1.6		
	X		24.0			1.6	e premera v		4		MARKET STATE		g- 1,	1.0		
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Х		24.0 24.0		49	1.6			444.		. si . j . gjjesa j Januar –	ese pagazada Medalah		200 (748 1.4)		
228 4429			24.0				en et udal es ión del Geografia di 1917 en		gulariy" (1901 Pervinsin asli			ACNOZE Z Paggia Igrilia		i presenti di di dia di dia di dia di dia di dia di	er gegen er er er bereit in der er e	
300	X	4 T C	24.0			2.2.	Sar of the					\$0.04 VQL		1.6	Verel de e	
	- 3X	Ç .	24.0	6,300		2.0				Carl project	e e e e e e e e e e e e e e e e e e e			1.6	\$1.45 \text{1.5}	* * * * * * * * * * * * * * * * * * *
Tofa	بة بالمنفقة وي		ومنواقية والمتوجدات	152,600										-		<u> </u>
Avge	100	veseld an	deren en e	4,923	<u> </u>											
Maxi	tine	distribution.	Selection of the many rations	10,800	1											

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



See Pages 4 for Instructions.

WS Type:	Silver Lake Oaks				PWS Identification Number:	2544258
	✓ Community Non	n-Transient Non-Community	Transient Non-C	ommunity	Consecutive	
imber of Service Connec	tions at End of Month:	38			al Population Served at End of Month:	94
/S Owner:	Aqua Utilities Florida					
ntact Person:	Brian Heath			Con	tact Person's Title: Area Mana	ger
ntact Person's Mailing A	Address: PO Box 49	00310		City: Leesburg	State: Florida	Zip Code: 34749
ntact Person's Telephone	e Number: (352) 787-(0980	A CANADA A C	Con	tact Person's Fax Number: (352) 787-	6333
ntact Person's E-Mail Ad		@aquaamerica.com				
ater Treatment Pla	ant Information					
nt Name:	Silver Lake Oaks	ethologia (1900) etholo	Andrewski was districted by the second		Plant Telephone Number:	(352) 787-0980
	7017 Silver Lake Drive			City: Palatka	State: Florida	Zip Code: 32177
pe of Water Treatment by			rchased Finished Water			
	Operating Capacity of Plant, gallor		100,800			
	tion 62-699.310(4), F.A.C.):	, V			Class (per subsection 62-699.310(4), F.A.	
		Same of Reservoir and the constitution of the	The Brown Ch	and the first of the second of		
	Paul Thompson		A		Days 1st Shift	<u> </u>
វិទ្ធិស៊ី (ប៉ុន្តែស្តេច)។	David Haring		<u>ic</u>	14091	Days 1st Shift	<u> </u>
						<u></u>
						- · ·
					The state of the s	
			100			-
			<u>and de la </u>			
				ali digi sejal da Majaraja, mendera. Majarajan da mendera da		_
				A Lieu Erffey (m. 1944) min ar Took ar wary betar min a lieu		· · · · · · · · · · · · · · · · · · ·
	 Maria Maria 		agilan (1) iku a kanilik najabah Malaysia			
treaterist of a technical approximation of a control for both a	te destablished for the first type					
rtification by Lead	d/Chief Operator					****

PWS I	lentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks				-		
III. D	aily Data	for the M	onth/Year	of:		February, 2006					* ";			
				vation/Remov	/al: ▼ Free (Chlorine D		Ozone	—		· - (CL1	->	
	traviolet F			r (Describe):		inoraic j	Cittorine D	loxide	1 Ozone	Comi	oinea Unio	rine (Chloramine	s)	
le.'				` '	ibution System:	Free Chk		- Camabia	ned Chlorine	(Chii	\ F	Chlorine Diox	* A _ '	
Type	I DISHITE	Ctairt Resid								-	-		106	
				الماد والمستعددة	Circuit St.									
				elle series van Leisen.	فراريان أأرو عدارة سلسنا كدلا بالخسط والاناط	1). 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	agger.	ەسىلىكىنىڭ ئەسىلىكىنىڭ	مندونا المانسيد			an All animals		
	-													
2	, A 📯 .						a color					4. 溶化		
	Par Tha		i i e e sa		was a way		1/17/10/T						mas december	
and the second	Shirt on		Ten eminimis.	87. 49. T	A Company of the Comp								inimizanti.	 *** ** ** ** ** ** ** ** ** ** ** ** **
A.1.	Adding the	The second second	and the same		The strains	Ya. 25, 100, 100, 100, 100					A STATE	The little and	Personal Territorial	e a compositivamente (l'application de l'application de l
เป็น วรา	Griser		All the second	ารัก⊒สะ ลักรค เ	and the state of t	entrality of later and	Tracing or an		nggaming nakhiggin.	รุ่งอีกระจักสาก () (* รากสัตร์ - เกร				transcription in the state of t
Month			2.021	ME GILL			ji bishtane Limbertane		indicate		i Tanàna kaominina	Si representation de Sit	erricialista.	and a state of the
	X	24.0	3,500		2.4		Figure 10 to			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en e	ar et anname de mande de selected.	1.8	
672 B	Х	24.0	5,300		2.0				1		4.06001		1.5	
	Х	24.0	1,900	file wide.	1.8					7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4		1.5	
		24.0	5,000						My the latter	* (4.2)	To the		1.0	
	3.7	24.0	5,000	A. A. Dargorgo		114.1.2								
	X X	24.0 24.0	5,000 4,800	Alaman di sasari Marangan Sasari	1.5			48 27 3	1 A. 1 Mars		Sai		1.0	
	x	24.0	6,800	Pila karata ja	1.3 1.2						21.3.2		1.0 0.8	
REFERRIT OF	х	24.0	9.100	a Maria ana Aran an	1.2		an can taken ma	 					1.0	時間 - State China Aban - Ban China
	Х	24.0	5,200		1.2		E HOWA I THE				***		0.8	
	Paris 1	24.0	5,733						to the section of		Andrew Comment		1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	
400		24.0	5,733					1340 30	i i i tallad		e, alei .			
	Х	24.0	5,733	等是主持一个	1.5						2.5		1.3	
	Х	24.0	5,000		1.5	1.05			5106-715		A State of		1.2	
Section.	X X	24.0	4,300		1.4	Les Granders			1				1.0	
	X	24.0 24.0	2,700 4,800	t to jaktije 1950. Na stani	1.5 1.5					Property of the con-	Service		1.2	
200 100 120 120		24.0	4,800		1.3	y a resultante a valida A resultante a la companya de la co		1. Per Han Hills Talendari Bilandari	r (j. 1844) ráficiá a rokuszta		(38-02) (18-02)		1.0	
	1.3	24.0	4,300							ray was a second and		 -		grand Alleria
	х	24.0	4,300		1.3			 			Service of		0.8	
PATRICI	Х	24.0	3,500		1.4	and the officers	500450				10.700 10.700		1.2	
116	X	24.0	4,200	1050503-53	1.4	ing and the second of the				gguerrol esper	No.		1.0	
	Х	24.0	5,000	gites William	1.5	E. C. SWIFT A				graines, graes			1.0	
7.7/A	Х	24.0	3,000		1.3						¥7.		1.0	
12		24.0	5,000				15. 500 to 17.			Applied States	14.3		1.47,174	Ray Translation and the Committee of the
15 12 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		24.0	5,000					↓						
77 770	X	24.0 24.0	5,000 5,800	e i i i ji seba, asib s Talih i i i i i i i i i i i i i i i i i i	1.3			-					1.0	·
200 200 200 200 200 200 200 200 200 200	 	24.0	3,800		1.3			1		KIT BUT E TRADES Progue de la STER	r .		1.0	<u> </u>
		24.0					a dhini	1		1 - 1 nva a - 4 - 6/2 2 - 3 - 4 - 4 - 7 - 15 - 7				
No. of the last of	l -	24.0		F 74 2 N.							2			
TO A			135,000	1				1	1.00.1		1			
A.C.	Katerina section		4,355	1										

9,100

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



	Silver Lake Oaks					PWS Identification Number:	2544258
S Type:	✓ Community	Non-Transient N	Non-Community	Transient Non-Con	nmunity	Consecutive	
nber of Service Connect	tions at End of Month	a:	38		Total	Population Served at End of M	lonth: 94
S Owner:	Aqua Utilities Florid	ja					
	Brian Heath			National Contract Contract	Cont	act Person's Title: A	rea Manager
itact Person's Mailing Ac	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
ntact Person's Telephone		(352) 787-0980	学生工艺		Cont	act Person's Fax Number: (3	352) 787-6333
ntact Person's E-Mail Ad		beheath@aquaan	nerica.com				A Company of the Comp
ater Treatment Pla	ant Information						
· · · · · · · · · · · · · · · · · · ·	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0980
	7017 Silver Lake Dr				City: Palatka	State: Florida	Zip Code: 32177
e of Water Treatment by		✓ Raw Ground Wa	iter Purch	ased Finished Water			
mitted Maximum Day O				100,800			
nt Category (per subsecti				Commission of the commission o		Class (per subsection 62-699.31	0(4), F.A.C.): D
្រែកនេះ (២) ខែការ	Emphasian de la caracter de la carac	To Visit distance of the state	L. White and starry makes and have the research	or the second of the second second second	l Livenco karata	المائلة المنطقة وتمكونك مكوليك والمتاكم والمتاكمة والمراب مجيوري ومها المائية المنطقة المنطقة المنطقة المنطقة	Statics Wadred D. V. C.
ลย/ChioiOperatote					7251	Days 1st Shift	
ra Dieservans	David Haring		And Charles and Anna .		14091	Days 1st Shift	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Andreas (September 1997)			
			The second second		A Section 1		
		and two controls and a second	and the second s	Anne San Al San La come de la company	et was dake Throat a lei in the A totawa a teoremaka a ta		
				 Little for a particular production of the control of			
							and the second

PWS Id	lentificatio	n Number:		2544258	Tall the tree	Plant Name:	Silver Lake	Oaks		+ v .				
Ш. О	aily Data	for the N	lonth/Year	of:		March, 2006	3.5			· · · · · · · · · · · · · · · · · · ·		:		
			g Virus Inacti		val: ▼ Free (Chlorine Di			F a		- (Chlama		
	raviolet R			r (Describe):		ontornie j	Chiorine Di	oxide	Ozone	J Comb	ined Chlori	ne (Chiorai	mines)	
<u> </u>					ibution System:	▼ Free Chlo		Combin	and Chlorina	(Chloramine	<u>. </u>	Chlorine l	Diovide	
Type o	I Digitile	Ctant Resid	mai Maimai									Chlorine		
		100		to the commence of the second	e aleman de la compania del compania de la compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la compania de la compania del l	are a second of the second of	The second second second			(15.72)) (fr lég. core cares autoria altre		واعظمه السادات المساد	4 7 5 5 6 7	
				ساعت بالأعام لأطعطونها		والأفتار كالمار بساداسهم	mico.	and the second	ma sinceral paper desires.		i	1000		
						Straggine.	Arthur Roberts							
	Diggs Diggs				The state of the state of	Company in the							rest is migh	
er er	Augus.	V.,	Met outline.		្នក់ កំពង់ស្រាក់ក		: 165					Vistalines	in the center	
4.6	ALCOUNT.		ស៊ីខ្លួកពីកែទ	1	in the state of th	Maccinimate.	e diamento			Victoria di	45 6 22 1986 (C.) - 15 22 1986 (C.)	i godinedi Tanan	्रेशक्रिक्त क्ष्मां है।	and the second second of the second s
LA VOIL	TERROR OF	77.60114 27.71	A CONTRACTOR	Seath Sine	The second of th	TEST STATES	THE BUTTERNS LINES WAS BEEN ALL TO BEEN ALL THE SERVICE OF THE SER			is through a f Pleasure of a m		32 Mg	The section of	Trust is a sure that a straight Country sent
V		ole is to	100 Table	telle, with	I Broth State Table	ri≠n i,vo	That's circ Springs		្នា ស្វាស់ទាញ់ដ		at the second of	75/65	. Acceptance of the	0.00000
**	X	24.0	د د ۱۰۰ (الله فقط الله قال ۱۳۰۰ سا ۱۳۰۰	A BOOK CLANE, SELECT A A PROVIDE	14	A STATE OF THE STATE OF	According to	2.3	e produce and the		Robert Purk	Remarks to	1.0	the last of the second
	Х	24.0			(a) 14 1 1.2		ne desert	Linguista Company		TO STREET		(· · ·	0.8	
	X	24.0	4,400	andre entites	1.3			1 75-4,667 2	Maria Maria da Car				0.8	
	Alle Committee	24.0	4,267	167 a - 1580 a			PATER AND IN			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	a a c	24.0		10 L 10 178 1 1800								dy.		
2.6	X	24.0			1.3	- Drawki		124 F. (41)			Botta, received a	60.	0.9	
	X	24.0			1.2								0.8	
	X	24.0			4.3			<u> </u>	i sa di uni stato di sala			40 m	1.0	100 (100 11 12 12 12 12 12 12 12 12 12 12 12 12
100 A	X X	24.0 24.0			1.3 1.4					300 00 00 00 00 00 00 00 00 00 00 00 00		1	0.9	Display Artist (Missis Artist) For a first transfer and the control of the contro
	. 	24.0			nglef er fil bil a HA		an and an and an				- Andrick Commission		0.9	
		24.0			Constitution	200 No. 10 No. 1					April and the sample	Maria de la composición del composición de la co		
10 Mg	Х	24.0		. ,	1.7		Car Hai	5-52				-	1.5	Contains the second of the second
禁1至	Х	24.0			1.7	Law Sugar S	AND IN SEC.	A CONTRACT		S	and the		1.3	
31 32	. X	24.0	3,500		200 - 5 M.7	(1787年)		東京		Complete Service	F-2003, 42.15	as dina divi	1.5	
161	Х	24.0			1.6						Marin, J.		1.3	
**************************************	X	24.0			1.6					3.1974	Kar-Grou		1.3	
405 LOSS	12.37	24.0			TO THE RESERVE TO THE					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.5	#34	
等19章 第20章	X	24.0				The set American				The same of the Control	Section 1		1.0	<u>Maria da la Caractera de Carac</u>
100 S	X	24.0 24.0			1.5 1.6			11		a dia maingrata. Tahun buntan ka	\$2550 10.64-0 \$65245	Electric Action	1.2	
7500	X	24.0		en e	1.6 1.5	19 1		Section 1	The second second			420	1.3	
- TF	X	24.0			1.5						Principle of the second		1.2	
E X	Х	24.0			1.5						TAX OF THE STATE O		1.2	Budden bu
20. 25. 25. 26.		24.0						Service Co.			\$50 cm	Agent of		
26	FTYLL L	24.0		with the second section.	Particular Living	1		ir -	i kan sa na ya n					
S-7-15	Х	24.0		mark of the	1.5			ech-		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			1.3	
M28	X	24.0			- 13 A 13					1.8 3.03%	y a Bylle Kylon I	Er Production	1.1	
220	X	24.0			1.3					1148,00	Factor (1)	<u> </u>	1.0	end of the control of
200	Х	24.0			14						Water Co.	V	1.0	
	X	24.0			1.5				<u> </u>		\$1.12.12	<u> </u>	0.9	
Polisi Average	Samuelein ei	ediga namara sa waka	140,600	-										

7,700

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



See Pages 4 for Instructions.

PWS Type: Number of Service Connect PWS Owner:	(PWS) Informa Silver Lake Oaks	tion		The subsection of the subsecti		ay parangayar <u>a j</u> ar <u>angakan n</u>	ene unit
PWS Name: PWS Type: Number of Service Connect PWS Owner: Contact Person:	Silver Lake Oaks		ALC: HE BOX 9 (1948), 9 - 11-				
PWS Type: Number of Service Connect PWS Owner: Contact Person:	✓ Community	ertek deroko oli oli oli dere daliak	April 37 to TALL S. T. T. S. Co.	the same of the sa			
Number of Service Connect PWS Owner: Contact Person:			894 (00°94, 20314)			PWS Identification Number:	2544258
PWS Owner: Contact Person:	ione of End of Manch	Non-Transient Non-Con	nmunity	☐ Transient Non-Cor		_i Consecutive	
Contact Person:					Tota	al Population Served at End of Month	: 94
	Aqua Utilities Florida						
Contact Person's Mailing Ac	Brian Heath				Con	tact Person's Title: Area N	Vanager
		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787-0980		en e	Con	tact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica	.com :=				green Colored
Water Treatment Pla							
	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0980
	7017 Silver Lake Dri		为、巴拉拉州 计		City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment by		✓ Raw Ground Water	Purchase	d Finished Water			
Permitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		100,800	三传统 医红红		
Plant Category (per subsecti		A.C.):	X.		Plant	Class (per subsection 62-699.310(4),	
Literated Operation		The same of the sa	A STATE OF THE STA	Light Pas	The west March	DO COLO	Sign(6)/Workerland Sales 7/2
			. Asserta e ntre 17.	A	7251	Days 1st Shift	
Cinci diperiora	David Haring 💎				= 14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
		Agenta and a second a second and a second an	*		A Armeter and The Contract		
			世界線であれた		at his man		10 mm (40)
		de distribuir.	CENTRY TH		and the state of the state of		
			The state of the s				
	。		s. Waling in		Case /// Grass	对 表表示一点,是如果的重要的表示。	· 大大学 (1985)
			AND ELMBE	veri de la compressión de	7. 连续 (5. 6 .6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6		
			Tig. (TTANK NO.				
المراجعة والكواري والمراجعة والمتعارض والمراجعة والمتعارض والمتعار	经多类 化现金溶解试验		Timber 197				
Certification by Lead							
I, the undersigned water	er treatment plant	operator licensed in Floric	la, am the lead	chief operator of th	e water treatment	plant identified in part I of thi	s report. I certify that the
information provided i	n this report is tru	e and accurate to the best	of my knowled	ge and belief. I cer	tify that all drinki	ng water treatment chemicals	used at this plant conform to NS
International Standard	60 or other applic	able standards referenced	in subsection	62-555 320(3) F A	C Taleo certify t	hat the following additional or	perations records for this plant
were prepared each day	v that a licensed o	perator staffed or visited t	hie plant durin	oz 555.520(5), 1 .71 a the month indicat	od abovo: (1) roce	and of amounts of showing la	used and chemical feed rates; an
(2) if applicable, spore	printe treets est :	perator started of visited L	rus brant darin	g me monur marcar	ed above. (1) fect	ords of amounts of chemicals t	ised and chemical feed rates; an
(2) it applicable, applicable	priate deadhent p	rocess performance record	is. Furthermo	re, I agree to provid	e these additional	operations records to the PWS	S owner so the PWS owner can
retain them, together w	run copies of this	report, at a convenient loc	ation for at lea	st ten years.			•
()		1.1			**	•	
		5/4/06	Paul Th	ompson			A7251
Signature and Date				or Typed Name	and the second s		License Number

Dasta Das	Com Al Del		C.				Oaks				<u></u>		
Daily Data					April, 2006		in english			··· · · · ·			
			ation/Remov		hiorine [Chlorine Di	ioxide	Ozone	Coml	bined Chlor	ine (Chlorar	nines)	
Jitraviolet Ra			(Describe):										
of Disinfec	tant Residu	al Maintain	ned in Distri	bution System:	Free Chlo	rine [Combir	ned Chlorine	(Chloramine	:s) [Chlorine I	Dioxide	
				Takalaman n	Variotic (n)	Janoskit.	annet de	Value Beek	มาสร้าน ป	A militarible			
			7	The management of the second o		Menografia	and the second	Lamento redales a secto	territorio de la companio de la comp		NAME .		
7		7.7	0.000	And the same of th	transport of the second section of the second	and the state of t	••••••••••••••••••••••••••••••••••••••		وووالوميس وماسيها بالاستنا				
						44.52							
any one				Sagneti Kran	্রন্ধারিকের এচ ১৮৪৮ - ১৮৮ ট	्रिक्स सर्वे जिल्हाहरू						เมลายส เป็นสสเหติ	
3 ann		in Smith		THE STREET	22, 4	Fry.					Sampani,		
sin.		त जातिल		Self-State Self-Self-Self-Self-Self-Self-Self-Self-	Mercy and call	Salt Sec.				1000	TV Syste.	្តេញ ១៣ខ្មែរ ញ	्रियोनस्थानस्ता / कालकार्तः ्रो क्ता
	eremontant.	V Water South		्रमान्यकार का अन्य है	of Manager	Triffic Positi			Suggest 47		Acquire.	territo espira	
a Cibro	ni l	Carlos de 1	Come Brogge	enkaram on te	exist, ask the	Printer The			Control this		All to	e elementalis	arvalve leasure was system Con-
			The Property	Day of the same	Figure 1 (1)	Till t	Witte 1	in the state of		10.2550	Crains and the second	. 37990. m/l	் நூல் தொற்கு
	24.0	5,000	i ing s i ing a sa				4 12 15 15 15 15 15 15 15 15 15 15 15 15 15						
X	24.0 24.0	5,000 5,000		14.				To object the legal of the control o					TOO
x	24.0	5,500					. 341.54.5					1.1 1.0	
x	24.0	5,800		1.3		sure to the selection of the selection o	area area		I government of the			1.0	
x	24.0	4,400		1.3		will a server of the server of	and the second second			-		0.9	
X	24.0	4,600		1.30	and the second							0.9	
	24.0	7,367	医皮肤 经收益	1 /4 /5 Table . Th 22 ft		/ Hara Salaka	Lifther St			a Bakera	transfer de		
4-400 1-343	24.0	7,367		CALL CARD A DENC			- Hally bed	A Sect 7	Highway Sc	g And Alemander			
X	24.0	7,367		. ≰. 1.3.			we for the			Byron (1994)	· 100 4 1 1 16 16	0.9	
X	24.0	5,500		14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -			THE REAL PROPERTY.			and Table	Range Branch	1.0	
X	24.0 24.0	3,400 4,800		I 4	(See a Color of the Color of th							1.4	The second secon
X	24.0	4,100	Construction &	1,00 1,27571		Color de la complète de la color de la La color de la			e (September 1985) September 1985		r Silving () Lawr o wy cyf	1.4 1.3	
	24.0	4,833	Tolkin ser					Track of Garage	green (jedderin 1865 (d. delen er			1.3	
	24.0	4,833						Carlotte Carlotte					
Х	24.0	4,833		0.7					A the Elect	9 60.32		0.5	
X	24.0	6,200		1.0		Filosopia - Neta		HEETE		San		0.8	
X	24.0	4,400		-value : hC	3			and parties			1	0.8	
Х	24.0	6,100		1.0	ACCUPATION OF THE PROPERTY OF		rkitu.			The Art &		-0.8	
X	24.0	4,500	ร ผู้ประชาชาติ เพราะสามารถ	0.6			Barren S.		200	\$ 52 m. 1 38		0.6	achti
	24.0	5,000				生"对源的	64421.79355 1131.50						
x	24.0	5,000			wang na anaka 1911 - 1911 di NGC Bartona na malaka		1000 整理电影 数据数据 2000 A	Berg St. Sylves of Berg St. Santoner				Minter to Conserve the second	
X	24.0	6,000		0.7			Principle ACC Find Advices		ersylvenin is noveme Vita ora Vascher omi	Fig. 1. Sec. 1997 Association (Sec. 1997)	nagi <u>r</u> en eta Bise Matalaka, mende	3.5 0.4	
X	24.0	4,300		0.8	90 g	Section 1			ita (j. 1948 ili 1947). Berginskir Belliniskir	ر ادم معاملي الشيارية . ور ادم معاملي الشيارية		0.4	
Х	24.0	4,000		0.8		100						0.8	
X	24.0	3,800		1.0		397.50						0.6	
	24.0	5,267					jiyla v			##			
	24.0	5,267								Section 18			
	24.0						-					age.	
		154,533											
17.		4,985											

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

iLY OFERATIONIREFORT FOR PWGG TREATING KAW GROUND WATER OR FURCHAGED FINISHED WATER

	IAIOI	V	1		1
	AND PROTECTION	٥	i.		
46		Z	v	•	
3		٦	`		
	حيالا	١	ď	١	
₹ [FLO	RIDA	J	L	J	
THE		Ü			r

See Pages 4 for Inst. General Information		Constants	May, 2006	erika di b				
			Way, 2000		<u> </u>			
A. Public Water System		tion	······································					
PWS Name:	Silver Lake Oaks						PWS Identification Number:	2544258
PWS Type:	✓ Community	Non-Transien	t Non-Comm	unity	Transient Non-C		Consecutive	<u> </u>
Number of Service Connec	ctions at End of Month		38		<u> </u>	Tot	al Population Served at End of Mon	th: 94
PWS Owner:	Aqua Utilities Florida	<u> </u>		ing salah Majangan				
Contact Person:	Brian Heath				Andrew Commencer Com Andrew Commencer Commenc			Manager
Contact Person's Mailing		PO Box 490310	24 F16 E1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· . · ·	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon		(352) 787-0980			<u></u>	Con	tact Person's Fax Number: (352	787-6333
Contact Person's E-Mail A		beheath@agua	Michos (e.e	Microsoft				<u> </u>
Water Treatment Pl			7				- 1	(0.70) 707 8000
Plant Name:	Silver Lake Oaks						Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Dri			140 140 140		City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment b		Raw Ground W	/ater	Purchas	ed Finished Water	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ing sa kalanggan dan kalan Tanggan dan kalanggan dan	
Permitted Maximum Day (Consults	100,800	and the second second	20.000000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Plant Category (per subsec	mit grighting german de kolle ig ingele versage van in geleitige van	A.C.):	N.	Strategy (2) Strategy (2) Strategy (2)	and the little of the same of		Class (per subsection 62-699.310(4), F.A.C.): D
Service Control of the Control of th	IN CONTRACTOR OF THE PARTY OF T	The State of the Late of the L	The Control of the Control	grad The Language of the Section 1.	one and the constitute of the constitution of	idan	Daye Ist Shift	
Parties, P.S. Ch. V. Harris	Paul Thompson				<u> </u>	7251	The state of the s	<u> </u>
Market Company	David Haring				<u> </u>	14004	Days 1st Shift	<u> </u>
	Ralph Marriott				c	1027	Clayer lest Shift.	
		The state of the s	gálfa <u>t litt.</u> Sasta a latin	Contractors Contractors	enter y de la constantina della constantina dell	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		and the second of the second o	# 71.2 - 1.44.1 - 1.45.1			a de la companya de l	HANDER STANDARD STAND	
			and the second	THE PROPERTY OF THE				
		<u> </u>	- W					· · · · · · · · · · · · · · · · · · ·
								
No material and the second	<u> </u>		<u> </u>		<u></u>			
. Certification by Lea	d/Chief Operator							
			in Florida	am the lea	d/chief operator of	the water treatment	plant identified in part I of th	is report. I certify that the
								used at this plant conform to NSF
•	-			•	~ .	•	_	-
						-		operations records for this plant
• •	*	-		_	•	• •		used and chemical feed rates; and
/	-	•				ide these additional	operations records to the PW	S owner so the PWS owner can
retain them, together	with copies of this	report, at a conve	nient location	on for at le	ast ten years.			
1)		1010				•		
		6/6/06		Paul T	hompson	· · ·		A7251
Signature and Date			_		or Typed Name			License Number
· •							•	

PWS Identificati	on Number:		2544258		Plant Name:	Silver Lake Oaks					
III. Daily Dat	a for the N	lonth/Y car	of:		May, 2006						
Means of Achiev				ral		* Chloring Disside	F- 0	=	1011: (011		
Ultraviolet I		•	r (Describe):		inornie 1	Chlorine Dioxide	, Ozone	Combine	d Chiorine (Chiorai	nunes)	
-					F7 =			(011	— a		
Type of Disinfe	ctant Resid					lorine 「Combi			Chlorine l		
			Andrea Maria	The state of the same		Caralla Cara	i v jim		Contract to the second		
			ومجتوعات ليعشادي		in a substitution of the second	o war					
*					e de servicio de la compansión de la compa						
										a taminay	
									(sitmanic)	o democratic	
Kill State		or same as			grade a character				A CONTRACTOR OF THE STATE OF TH	and the spin state of the	างกลังเลย ของ จากราสายให้เรียกั กส ะ
Price Contains						Sangaras II in			er of the experience of the contract of	Carrell Surfice	so that for this is or ignited bring that the
11. The state of t			, 其数1 年, 年 56 年 。	ting the second of the second	The second second section is		1.00				the field for the office of the control of the control of the
school 22 Text Metalescol 14 Text 1	ti Adametri di	eran erikaan kan						and the second	And the second second second second second		nen ir Jugaras
X		5267		100		A. A. W. W.				0.9	Control of the state of the sta
X	24:0				12					0.8	
X :	740			26				.		2,4	No. of the contract of
X	24.0	4,600		08			an Albertan Albertan			0.8	
X	24.0 24.0	6,190 3,760		0.8						0.7	
militario X	24.0	3,200		24	V		jestjera (* 1			2,4	
X	24.0			- 7.4						2.0	
X	24.0	3/196		6.2	er.		e finales	S -1		0.6	
X	240	5,486		marki ki	4/4			4.00		0.8	
X	24.0	3,900		94-16 12		3 4	to Evale 1			0.9	
Х	24.0	2,800	ka da a sa	THE SECOND	V	1.00	经剩余			0.9	
	240	5,000					u dari				A CONTRACTOR OF THE CONTRACTOR
	24.6	5,000	(A)	ときできる。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ			District S	# 4 - VI - 13 - 24 - 25 - 25 - 25 - 25 - 25 - 25 - 25			Registration Committee Parts
X	24.0	5,000		46						0,6	
X	2 4 .0	5,360	Bar Car	0.6						0.3	
X	24.0	4,390						ž		0,7	11.12 (1.12
X	24.0	6,100		0.8						0.3	
Control of the Contro	24.0	4,500 T		0.6	in the second					0.3	The state of the s
All the second	24.0 24.0	4,000								-	
X	24:0	4,000		163			and a second			1.0	
X X	24.0	4,600		1,3	**************************************					0.9	
X	24.0	3,600	*	1.2						1.0	
X	240	4,000	alia di Languagia	1.4			alogic di 🙀 💝 💮 🌂	5 50.5		0.8	
X	240	4 690	ya ji e e ja	1.4			Barran Salahasi			0.8	grife (j. 1777).
7527.35 	24.0	4,200	• • • • • • • • • • • • • • • • • • • •	197 <u>0</u> 19			(included) (included)	20			
At reductive	24.0	4,200	w.		·		28 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
X	24.0	4,280		1.4			No. 24 Page			1.0	94. ·
X	240	4,600		1,4						1.2	
X	74.0	4,400		1,4						1.1	
		140,667									
		4,538									

Page 2

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



See Pages 4 for Instructions.				
. General Information for the Month/Year of: June, 2006				
A. Public Water System (PWS) Information				
PWS Name: Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	/ Transient Non-Com		Consecutive	
Number of Service Connections at End of Month: 38		Total F	Population Served at End of Mont	h: 94
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contac	et 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		Contac	t Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Address: beheath@aguaamerica.com				
3. Water Treatment Plant Information				
Plant Name: Silver Lake Oaks			Plant Telephone Number:	(352) 787-0980
Plant Address: 7017 Silver Lake Drive		City: Palatka	State: Florida	Zip Code: 32177
	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800			
Plant Category (per subsection 62-699.310(4), F.A.C.):			ass (per subsection 62-699.310(4	
Licensed Operators Name		License Number		Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A		Days 1st Shift	
Other Operators David Haring	С		Days 1st Shift	
Ralph Marriott	c	7527	Days 1st Shift	
	- 			
				
				
Control of the Contro				
1 Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am	the lead/chief operator of the	water treatment pl	ant identified in part I of th	is report. I certify that the
information provided in this report is true and accurate to the best of my	knowledge and belief. I cert	fy that all drinking	water treatment chemicals	used at this plant conform to NSF
International Standard 60 or other applicable standards referenced in sub	section 62-555 320(3) F A (I also certify tha	t the following additional of	operations records for this plant
were prepared each day that a licensed operator staffed or visited this pla	ent during the month indicates	lahove: (1) record	de of amounts of chamicals	used and chemical feed rates; and
(2) if applicable, appropriate treatment process performance records. Fu	rthermore I serve to provide	these additional a	as of amounts of chemicals	IS summer so the DWS summer can
retain them, together with copies of this report, at a convenient location f	Constitution of the section of the s	mese additional of	perations records to the P w	S owner so the PWS owner can
remain them, together with copies of this report, at a convenient location i	or at least ten years.			
7/6/06	Paul Thompson		·	A7251
Signature and Date	Printed or Typed Name			License Number

PWS I	dentificatio	n Number:	 	2544258		Plant Name:	Silver Lake	Oaks						
HII. I	aily Data	for the N	lonth/Year	of:		June, 2006								
			g Virus Inacti		/al: ▼ Free C	· · · · · · · · · · · · · · · · · · ·	<u> </u>		 ^					
			Othe		•	inorme	Chlorine Di	oxade	☐ Ozone	Comb	ined Chlori	ne (Chlorar	nines)	
-				-			 	·	1011	(CV.)	<u> </u>			
1 ype (Disinted	ciant Kesic	duai Maintai		ibution System:					(Chloramine	•	Chlorine I	Dioxide	
	[14		C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable	P iger State		
	w. /*			Alegaria (S.)	· · · · · · · · · · · · · · · · · · ·	CT Calc		14. 7.20		विकासिक साह	UV	Dose		
						Disinfectant	Lowest CT		144 C		\$\$ 69.067		\	
]	3.		*			Disinfectant	Provided				Z. 2 0			
1.	Days Plant				Lowest Residual	Contact Time	Before or at			Chu, and and			Lowest Residual	
!	Staffed or		Net Quantity		Disinfectant	♣ (T) at C	First -		1 × 1 × 1	The second second	A .	Minimum	Disinfectant	
]	Visited by		of Finished		- Concentration (C)	Measurement	Customer			Minimum CT	Lowest	UV Dose	Concentration at	
Day of	Operator	A Secretary Associated	" Water	200 h 400 m	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the Month	(Place	in Operation	Producted,	Peak Flow		Peak Flow,	Flow, mg-	Tempor	pH of Water, if Applicable	Required, mg	mW-sec/cm ²	mW- sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
1 1	x	24.0		Rate, gpd.	1.4	minutes -	min/L	water,	it Applicable	OC. MIN DOWN	mw-sec/cm	sec/cm	System, mg/L	Out of Operation
2.	x	24.0		 	1.3		<u> </u>	-		}		 	1.0	
3.		24.0		-	1.5									
4 4 A		24.0		<u> </u>	· · · · · · · · · · · · · · · · · · ·			 	<u> </u>			 -		· · · · · · · · · · · · · · · · · · ·
5.4	X	24.0	4,333		1.3								0.8	
- 6	Х	24.0			1.1								0.8	
7 2	х	24.0			1.0								0.5	
\$ 8	X	24.0			1.2								0.9	
- 9 - 10	X	24.0 24.0			1.2			<u> </u>	<u> </u>	[<u> </u>	0.7	
11	 	24.0		-		} -	<u> </u>	 	 			-	 -	
12.	х	24.0			1.2			 	 	·	_		0.8	
3.13 ⋅	X	24.0			1.2				 	 -		 	1.0	
14	Х	24.0			1.3								0.9	
15 -	Х	24.0		i	1.5							 	1.0	
16	X	24.0	3,200		1.3		,						0.8	
17		24.0		L										
18^	ļ	24.0												
19 .	X	24.0			1.3		ļ						1.0	
20	X	24.0		ļ	1.3	_		<u> </u>				 _	0.9	
21 5 22 4	X	24.0 24.0		 	1.2		 -	}		ļ	<u> </u>	 -	0.8	
23	x	24.0			1.2			 -	 -	 		 	0.8	
24	 ~ 	24.0		 	1.0				 			<u> </u>	U.8	
25 🧈		24.0				 	 					 	 -	
26 ≪	Х	24.0			1.3			 	<u> </u>				0.9	
27	X	24.0			1.2		<u> </u>						0.7	
28	Х	24.0	4,400		1.3								1.0	
29***	X	24.0			1.3								1.0	
30	Х	24.0			1.3								0.9	
31		24.0			<u> </u>	L							l	
	WIRE CONTRACTOR			4										
l w∧Retat	CXXXXXXXXXX		4,390	1										

6,000

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



See Pages 4 for Instructions.

Total Population Served at End of Month: 94 S Owner: Aqua Utilities Florida S Owner: Aqua Utilities Florida S Owner: Brian Heath Contact Person's Title: Area Manager Lact Person's Mailing Address: PO Box 490310 Lact Person's Telephone Number: (352) 787-0980 Lact Person's E-Mail Address: beheath@aquaamerica.com Lact Person's E-Mail Address: beheath@aquaamerica.com Lact Person's E-Mail Address: Plant Information Lact Person's Fax Number: (352) 787-0980 Lact Person's E-Mail Address: Plant Information Lact Person's Fax Number: (352) 787-0980 Lact Person's Fax Number: (352) 787-0980 Lact Person's E-Mail Address: Plant Information Lact Person's Fax Number: (352) 787-0980 Lact Person'	umber of Service Connections at End WS Owner: Aqua Utility ontact Person: Brian Heat ontact Person's Mailing Address: ontact Person's Telephone Number: ontact Person's E-Mail Address: Vater Treatment Plant Informant Name: Silver Lake ant Address: 7017 Silver ope of Water Treatment by Plant: rmitted Maximum Day Operating Ca	of Month: es Florida PO Box 490310 (352) 787-0980 beheath@aquaar nation Oaks Lake Drive	38		Total Cont City: Leesburg	I Population Served at End of Month. Tact Person's Title: Area M State: Florida	Manager Zip Code: 34749
ther of Service Connections at End of Month: 38	WS Owner: Aqua Utilio ontact Person: Brian Heat ontact Person's Mailing Address: ontact Person's Telephone Number: ontact Person's E-Mail Address: Vater Treatment Plant Informant Name: Silver Lake ant Address: 7017 Silver ope of Water Treatment by Plant: rmitted Maximum Day Operating Ca	of Month: es Florida PO Box 490310 (352) 787-0980 beheath@aquaar nation Oaks Lake Drive	38		Cont	act Person's Title: Area M State: Florida	Manager Zip Code: 34749
Rare Person's Brian Heath	ontact Person: Brian Heat ontact Person's Mailing Address: ontact Person's Telephone Number: ontact Person's E-Mail Address: vater Treatment Plant Informant Name: ontact Address: vater Treatment Plant Informant Name: ontact Address: vater Treatment by Plant: rmitted Maximum Day Operating Ca	PO Box 490310 (352) 787-0980 beheath@aquaar nation Oaks Lake Drive	nerica.com		City: Leesburg	State: Florida	Zip Code: 34749
City Leesburg State Florida State Florida State State	ntact Person's Mailing Address: ntact Person's Telephone Number: ntact Person's E-Mail Address: ater Treatment Plant Information Into Name: Into Address: To 17 Silver Lake The of Water Treatment by Plant: Intited Maximum Day Operating Ca	PO Box 490310 (352) 787-0980 beheath@aquaar nation Oaks Lake Drive	nerica.com		City: Leesburg	State: Florida	Zip Code: 34749
tact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 tact Person's F-Mail Address: beheath@aquaamerica.com ter Treatment Plant Information t Name: Silver Lake Oaks t Address: 7017 Silver Lake Drive City: Palatka State: Florida Zip Code: 32177 c of Water Treatment by Plant: Y Raw Ground Water inted Maximum Day Operating Capacity of Plant, gallons per day: 100,800 t Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): D Control Operators Paul Thompson A 7251 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift	ntact Person's Telephone Number: Intact Person's E-Mail Address: Intact Person's E-Mail Address: Intact Person's E-Mail Address: Intact Person's E-Mail Address: Intact Person's Telephone Number: Intact Person's	(352) 787-0980 beheath@aquaar nation Oaks Lake Drive	merica.com				
ter Treatment Plant Information 1 Name: Silver Lake Oaks Plant Telephone Number: (352) 787-0980 1 Address: 7017 Silver Lake Drive City: Palatka State: Florida Zip Code: 32177 2 of Water Treatment by Plant: Plant Gapacity of Plant, gallons per day: 100,800 1 Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip Code: 32177 Plant Class (per subsection 62-699.310(4), F.A.C.): D Conscil City: Palatka State: Florida Zip C	ntact Person's E-Mail Address: ater Treatment Plant Inform Int Name: Silver Lake Int Address: 7017 Silver Int Plant Plant: Interest by Plant: Interest Maximum Day Operating Ca	<u>beheath@aquaar</u> nation Oaks Lake Drive	nerica.com		Cont	act Person's Fax Number: (352)	787-6333
ter Treatment Plant Information t Name: Silver Lake Oaks	ater Treatment Plant Information Name: Silver Lake Treatment Address: 7017 Silver Pe of Water Treatment by Plant: mitted Maximum Day Operating Ca	nation Oaks Lake Drive	nerica.com				
t Name: Silver Lake Oaks City: Palatka State: Florida Zip Code: 32177 t Address: 7017 Silver Lake Drive	nt Name: Silver Lake nt Address: 7017 Silver pe of Water Treatment by Plant: mitted Maximum Day Operating Ca	Oaks Lake Drive					
t Address: 7017 Silver Lake Drive City: Palatka State: Florida Zip Code: 32177 c of Water Treatment by Plant: Purchased Finlshed Water nitted Maximum Day Operating Capacity of Plant, gallons per day: 100,800 t Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): D CENSCIPE PLANT CLASS (per subsection 62-699.310(4), F.A.C.): D	nt Address: 7017 Silver pe of Water Treatment by Plant: mitted Maximum Day Operating Ca	Lake Drive	<u> 보고</u> , 도 <u>표</u> 경기록및 하				
cof Water Treatment by Plant: Park Ground Water Purchased Finished Water Ittel Maximum Day Operating Capacity of Plant, gallons per day: 100,800	pe of Water Treatment by Plant: rmitted Maximum Day Operating Ca						
Interest Maximum Day Operating Capacity of Plant, gallons per day: It Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Defined Operation Plant	mitted Maximum Day Operating Ca				City: Palatka	State: Florida	Zip Code: 32177
t Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Decision of the properties of the period of the pe			iter Purchased				
Paul Thompson A 7251 Days Ist Shift Dayd Haring C 14091 Days Ist Shift Ralph Marriott C 7527 Days Ist Shift				100,800			
GUINGIGUE Paul Thompson A 7251 Days 1st Shift C 14091 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift			IV	er er en en beneve benevel versemmen bete	Plant	Class (per subsection 62-699.310(4),	F.A.C.): D
David Haring Ralph Marriott C T527 Days 1st Shift C T6491 Days 1st Shift							Shift(s) Worked strains
Ralph Marriott C 7527 Days 1st Shift							
	March Control of the						
	Raiph Mar	OII .	A Parada Mila	Carry Face	7527	Days 1st Shift	
					10 10 10 10 10 10 10 10 10 10 10 10 10 1		
							and the second of the second o
	Market and the second s		설계 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
				SALEL ALEXANDER SERVICE - NAME OF CONTRACTOR OF SERVICE			
	the second second second second second second second	<u>and Aller Control Filters and Control of Aller Control o</u>		TO ME PER SERVICE THE TANK OF THE	<u>pril la el Médel del las</u>	<u> </u>	<u> 186 yızı - 186 yızı - 186 yızı</u>
		nt plant operator licensed in	n Clorido	- L - C			* 10 1

WS Identificat			2544258		Plant Name:	Silver Lake	Oaks						
I. Daily Da	ta for the Mo	onth/Year c	of:		July, 2006		 :						
eans of Achie	ving Four-Log	Virus Inactiv	ation/Removal:	▼ Free C	hlorine r	Chlorine Di	iovide	Cone	□ Cor	ibined Chlor	ine (Chlore	minac)	
Ultraviolet	Radiation	C Other	(Describe):	•		·	0,200	, 02010	1 Con	ionica Chior	nie (Cinora	iiiiies)	
ne of Disinf	ectant Residu	ıal Maintain	ed in Distributi	on System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramir	res)	Chlorine 1	Diovide	
				-								Jenes Jenes Jenes	
					Trate		***************************************		**************************************				
	7 -24					MCHCAL Lindrica	بيتونيه ومراس بياسيونيو	ورجانيات دد الدست			16 - 16 - 16 - 16 - 16 - 16 - 16 - 16 -		
	1. S. F.L.		5 %_5-1			(Bernyage of)			ASS F				
		133			्राधनात् व त	W. Balleton							
A PATA NAT		ic operator		Alvania to mining	The Three		1					Villet lettinil	
		Se mener		restration of the	Second Sect.	to the state of th				2-17-6-7	ी व्यक्तिसम्बद्धाः १९५५ व्यक्तिस्थाः	i de la compe	
o Grand	Transfer	Time		terror	्रेक्ट वात्र <u>क्</u> रा	r regions.	r.		Vermont		Silver Royales will		Emericans of Abnormal Operate Conditions: Repair of Vising since W Jurobyes within: Water System Com
or into a	Ekim Alfani Tin	To the con-	ราง เกาะการ เกาะการ	nation of	Felt for	· (n ::=	ते अञ्चलकार विकास	a demand	in Armon to	n strike	"有种"。	រំ	nivitya islam Wile System Som
itt sexse	Operation is	id j. mains. - Here Toringeri Sail	Towns or an incident of the second of the se	1. 200	ការ៉ារ៉ា	61106	Wilde 1	r Virgilian	in Thim is	e de la companie de l	100 M	SCIENT THE	Aconditates (Cartin of With System Com- introducts in high With System Com- City of Operation
	24.0	4,633	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)										
	24.0	4,633										ar e e î e î e î e	
X	24.0	4,633		1.3								0.9	
X	24.0	10,000		1.4		56.00 A					3.00	1.1	
X	24.0 24.0	5,500 5,800		1.4				K VE			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1 1.0	
X	24.0	7,400		1,4					+			0.9	
	24.0	4,667				- 1. Tim					ye.	0.5	
1	24.0	4,667	Sale of a sale				4 - 1416	nga sanaha aras					
0\$ X	24.0	4,667		1.4		and Ada	\$ 1 (1.74 <u>)</u>	Charles -				0.9	
S X	24.0	5,400	. 111	1.3				V. Halle			632 <u> </u>	0.9	
2# X	24.0	5,500		1,4				Military		ration and		0.8	
X	24.0	8,000		1,4		s ya eya a wal	1885 FV 3	NATE RESERVE			and the Exp	1.0	
X X	24.0 24.0	6,700 8,200		2.5								0.5	A CONTROL OF THE CONT
S	24.0	5,000		0.6					 			0.4	
X	24.0	5,000	figure (1975)	1.6								1.2	
X	24.0	5,200		1.6					+			1.2	
X X	24.0	7,200		1.7					 			1.3	
X X	24.0	3,600	E MARLETS BUT	1.7			e la la companya					1.3	
X X	24.0	6,200	E-constant	1.7						1.12		1.3	
A Chart	24.0	6,667			ili las pelis pela	The Tallians		7.75					
X X	24.0	6,667				ASSESSED TO					+ 5. Pt. 1		
N-31-0-1	24.0	6,667		0.8	and in Malegia (1). His see that was made	Later to Lor	Prijyrau iš	Herrican Carlos	2 2 2 2		1 2 2	0.4	
X X	24.0 24.0	5,000 4,600		1.5	u umujepistē (A.). Tikaj Liturās (Tikasas uz ak				13/10/20	2.80	8 - 67 <u>5</u> - 1	1.4	
X	24.0	4,000		1.7				gar taging na 11 i Laur Taging ngga				1.4 1.6	
X	24.0	5,500		1.7		n on englished a		eron erietika. Kalinga parenti	1	· A system	11 4 EG 44	1.6	
1 1 m m 2 m	24.0	5,400				a Pastery			 	1. 1. T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		7 1.3	
	24.0	5,400						71 (18)					
X	24.0	5,400		1.7								1.4	
	The second second	177,900										<u> </u>	
unio:		5,739											

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

10,000

...DNI Y O. ... LATLULIRE. URT I UI PW. ... TRL... ING W C... JUNL JATL.. DR L. J. CHALLED I SHEW JVATL... See Pages 4 for Instructions. General Information for the Month/Year of: August 2006 A. Public Water System (PWS) Information PWS Name: Silver Lake Oaks 2544258 PWS Identification Number: Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 38 94 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager 100 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zin 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: Silver Lake Oaks (352) 787-0980 Plant Telephone Number: Plant Address: 7017 Silver Lake Drive City: Palatka State: Florida Zip Code: 32177 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100.800 Plant Category (per subsection 62-699,310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Constitution Character Season Season Service Vashining a Worker (1986) Catalog (enception and Transfers) Course Chill Secondson 7251 Days 1st Shift Ping one was David Haring 14091 Days 1st Shift Ralph Marriott 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 Printed or Typed Name

A7251 License Number

PWS	ldentifican	on Number:		2544258		Plant Name:	Silver Lake	Oaks					
III.	Daily Dat	a for the A	lonth/Year	of:	• •	August, 2006							
Means	of Achiev	ring Four-Lo	g Virus Inacti	vation/Remo	val: ▼ Free (Chlorine C	Chlorina Di	ozádo	□ Ozone □ ((0)1		
		Radiation		er (Describe)		,	Chiornie Di	oxtue	1 Ozone ; (combined Chi	orine (Chioram	ines)	
-					ribution System:	F7 F 611	· · · · · · · · · · · · · · · · · · ·	. C	4 CL1 (CL1				
CHI CONTROLLER SO	STREET, SELECTION								ned Chlorine (Chlora		Chlorine D		
e de			Law to Good and American	i kun maristania ilah maris	illager (all)		Competence	Class Sant		3:1511/0:16	Armon and the second line		
				Barrier Tonner page 1	وورور ويناد والراب والمتاسوة بعدم والما		man,		and the second	عدد د المعالدات			
				(S			er views		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Control of Association (1998)	1		
EAS-						ระบบ เมื่อได้เกิด เกาะเกาะ					200		
	PAGE SHEET		No service and the		ole Book of the Blanch	ergrossand.	er er 1991 ble steller	1				e Madalarajan da	
	istoria.c		रे एक्टिक्स क्रिकेट हैं। इस्तिक इस्तिक स्टिक्स		Committee of the control of the cont	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(1) (A) (A)	10 mg 15 Å			1. 5.000000	ារាជាមេចាក់	
	100 Birch	建工工员	A distribution		集化研究的特别的	· 外面 [1]	10 Cars (6)				E - Yeu 9 - 2 - 1 - 1	ัดเกิดสากราบกับ	independ of Amount Operating
	in forms West	to the salling	Y-11-2	V	gradiano e de Bosto.	Signal Stay 115	i iza era Azerta.		a distribution			មេរីការ ខេត្តការ ក្រ	of directs 4 epair of Maintenance Work that
d versio		O. r. Filiford	r reconnectar	g ang in anima. Di Marin Sasan	Construction of the construction			arekar erija	The second				involves halding water System Components
The state of the s	X	24.0	5,100	Section 1	district see 1.6		r er så 1641 at	geror:				1.3	usus estey to vinormal speriorg folioon Repair of Mantenince Work that moly staking water System Components (Out of Operation)
	х	24.0			1.3			Kenje Malai				0.9	
	X	24.0		190 may 3	1.6		The second second					1.3	
	Х	24.0			1.6		9-12-45-7					1.2	
parateous p		24.0			Brandstein		2. 大学的 13			To duran			
Carlos Con-	in land, sind a , i	24.0		14.4									
	X	24.0 24.0			2.2		Y Law Magnetic	<u>, - 1 </u>		To the state of		1.8	
	x	24.0		1 11 11 11 11	2.0 2.0	1 1 1 1 1						1.8	
	×	24.0	_		2.0		The strateging of the strategi				1 -1	1.7	
44140	Х	24.0			2.0	1	The state of the s			1314	+	1.7	· ·
		24.0					we lead to self-	- 1					
EQU.		24.0	5,667	· · · · · · · · · · · · · · · · · · ·	Programme of the second		* 7 April Education			aten er			
Salve.	X	24.0	5,667		2.0		T. Marine Marine, 1999			e de la companya de		1.7	
*10	X	24.0	5,400		1.9	A. J. S.		1.14.				1.6	
15% ******************************	X	24.0 24.0			2:0	···		· .				1.6	
	X	24.0	4,200 3,700		2.3 2.3						 	1.2	
# 002		24.0	4,333	1 1 1	2,3		() en la elégen. Na la c'elégen el el					1.2	
\$20 3		24.0	4,333			J. 1				 	-	· ·	
	Х	24.0	4,333		1.8	TREE HARRY		1,000				1.2	
-	X	24.0	4,700		2			ajgra i j	in the state of th	J. 63 (13)(7)		1.2	
24.	X	24.0	3,600		1.9	ti meng kelaja ta		T işə				1,5	
	Х	24.0	4,800		1.8					N.		1.5	
	X	24.0	3,700		1.8		- 1311111111111111111111111111111111111					1.3	
k 23	. v	24.0 24.0	4,400										
	X	24.0	4,400 4,400		1000					14 11 11	- -		
	X	24.0	5,300		1.7						 	1.0	
C TO LET	X	24.0	4,000		1.8	r Silvania de Caración de Cara	-			- 	 -	1.2	
	Х	24.0	3,400		1.3		na andretzia				- -	1.2	
de transce	re nonce a manufacturaria de la company.	and the contraction of the contr	140,600							L		1.3	
	Ber terriber dangerer i		4 535										

5,667

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

	Silver Lake Oaks				PWS Identification Number:	2544258
	✓ Community	Non-Transient Non-Co		t Non-Community	_ Consecutive	
Number of Service Connection			And the second of	Tota	l Population Served at End of Mo	nth: 94
	Aqua Utilities Elorid		A CONTRACTOR OF THE STATE OF TH			
Contact Person: E	Brian Heath	PC Box 490310.				a Manager
Contact Person's Maning Add		(352) 787-0986		City: Ecesburg		Zip Code: 34749
Contact Person's E-Mail Add		beheath@aguaamerica	" Control of the State of the S	Con	tact Person's Fax Number: (35	2) 787-6333
Water Treatment Plan		DOI:DOCATION TO THE PROPERTY OF THE PROPERTY O	1.00111		<u> </u>	
	ilver Lake Oaks 🥙	Marca Marca	I Mark to As a Comment		Plant Telephone Number:	(352) 787-0980
lant Address: 7	017 Silver Lake Tir	ius -		City: Palatka	State: Florida	Zip Code: 32177
ype of Water Treatment by I		Raw Ground Water	Purchased Finished V			<u> </u>
rmitted Maximum Day Ope			£00.80			
ant Category (per subsection	n 62-699.310(4) F		N		Class (per subsection 62-699.310(4), F.A.C.): D
ได้เลยเหตุ กับ (สะเทศ)		TO A STREET OF THE STREET		THE OUR STUDENTS SHOW		WShill(s)/aWorkedir/
ani/Cing proper p	and Thompson	COMPANY OF THE PROPERTY OF THE			Days 1st Shift	
A PROPERTY AND A PROPERTY AND ADDRESS OF THE ADDRES	David Haring		c	14091	Days 1st Shift	
and the second s	Calph Marriott		c.	7527	Days 1st Shift	
says	and the second second second					Walter Committee of the
		TO THE RESIDENCE OF THE PARTY O				
				n de en state de la companya del companya del companya de la compa		

Page 1

DEP Form 62-555..900(3)Alternate

PWS Identifica	tion Number	er:	2544258		Plant Name:	Silver Lak	ce Oaks						
III. Daily Da	ita for the	Month/Ye	ar of:		September, 20	006		<u></u>	<u> </u>				
Means of Achie				oval: 🔽 Free	Chlorine F	Chlorine l	Diovide	Ozone		hinad Chlor	ine (Chlore	minas)	
Ultraviole	-	_	ther (Describe	•		Cittorne	DIOAIGC	1 02010) Com	Dirica Cinoi	me (Cinora	innies)	·
			•	tribution System:	Free Ch	lorine	Comb	ined Chlorine	(Chloramin	ec) [Chlorine	Diovide	
Type of Distri	icciani Re	Sidual Iviaili											
				The Control of the Co			By Bright of C. C. C.		Mars July 1				
			the state of the second district in the second second	grandle and the second of the		A Sept. March 1	manual da la	ander .		gel shared land	ar was		
												1	
						mc							
医白细胞的 多						Breet real	1.1			1000		The State of the S	
7 J. 58 147 1				The Spirite State							Minteness:	go di Som	n
east 4				A STATE OF THE STA		The Company					granica.	ું જે હું દેવનો સાંસ્કૃષ્ટ	ने विकास स्थान का अधिकारी विद्यासम्बद्ध
ekt op 1. Gebruik Westerlicht in der	C 404 (0.5) 3140	Night Shahiya Saga ala sisa		THE SHOP STORES		and the late of th	roj Sanca		AND SHOULD BE			The Court	north Cartago Person (Continue) (Continue) The Continue Person (Continue) (Continue)
tania :	2 . No - c (4):		i i i i i i i i i i i i i i i i i i i		The investor	in more	10000	and the state of t		7		าราการไปรูกถุก เราะสมเสาร สหสมเ	elinisab-tinon is see se
en e r a	The state of the s	2 m / 6 1 1 1 2 2 4 7 7 1 2 2 4	00年度成为4.40年					For State of Fig. 1.			Company of the company	0.8	
1.000	24	0 30	9 3 4 27 Mind		Landy State	Marie de la companion de la co	. Beilingführeit.		\$49000	65.	1000	######################################	
The Ministration	24							article and the second		vy		A Company	
X:	24						i. In elemen		20 Sept.			1.1	-}
X.	24				7.51							LI	
X	24				- 100 m			100				1.0	
SAME X	24 24						i kanada Salah	25 Page 12 12 12 12 12 12 12 12 12 12 12 12 12		[1]		1.3	
	24			- 20					er ing sangan			1.6	
Control of the second	24					A Delivery							
X	24			2.0					PRINTERS.			1.6	
X-	24	.0 :- 3,0	30 × 500	200		A Company	alan di perio	1 1/20-12/20	Francisco (C.		1.8	
× X	24			20	E. Sander E. Sand		01 at 1,00a	39.00 A	No.	4		1.6	
X	24			20		e en agrico de la companya de la co	1,500 100	100	Park Transfer		Notes a	1.4	
X	24			198		A Committee of the comm					<u> </u>	1.4	
	24											1 18 18 18 18 18 18 18 18 18 18 18 18 18	
X	24 24			13					ega si iliyana si			1.0	
XXX	24								10 st.			1.0	
X X	24				4.5				A STATE			1.2	
Х	24	.0 3,5	30 Ps - Sec	17.8	Emple Till	r Cycles as	to the part	美国政府管理	Control of the			1.1	
X.	24	0 · 24	00			The second	A second theory	290v	130 may 1 ma	Visit in the second	10 m	1.2	
				## P	大学 医神经性			Control of the second	· "一"			Rith Lake (1	
i descri	24			-		71.0	1 1 1 1 1 1 1	25***	Marie Carlos				
	24					1 - Val 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		\$75 min				1.1	
X	24							A DESCRIPTION OF THE PERSON OF	all positions			1.2	
X X	24 24						a series and a series are a series and a ser	**************************************	A STATE OF THE STA			0.4	
X	24						a Proceeds	to make a desired	Service Control	<u> </u>		0.7	
	24						Section 2			<u> </u>	-	1.0	
the Sample			The state of the s					Landan Carrent					
		133,3			<u> </u>			<u> </u>		<u> </u>	·		
in the second	7	4,30											

9,800

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

l horl	Y IRAN R	DRT. JRP b I	uJun. Jawk	ou wa	.luh. Jrubel	lusrlw/k l
MOTETION						
FLORIDA						
See Pages 4 for In			Constitution of the consti	Manage (Section of the Committee Section of the Committee Section of the Committee Section of the Committee Sec	un en	
i. General intermati	ion for the Month/Year of:	:Oct00818.57099				<u></u>
A. Public Water Syst	em (PWS) Information					
PWS Name:		and the second second		**************************************	PWS Identification Number:	2544258
PWS Type:		n-Transient Non-Community			Consecutive	
	nections at End of Month:	38.			l Population Served at End of Month:	94
PWS Owner:				Cont	and Desconic Title:	
Contact Person: Contact Person's Mailin		90310			act Person's Title: Area Ma State: Florida	
Contact Person's Teleph		C0080° - 3 7 7 8 8 8			act Person's Fax Number: (352) 78	
Contact Person's E-Mail		h@aquaamerica:com	1000			1
B. Water Treatment			Section 1	S S S S S S S S S S S S S S S S S S S		
Plant Name:	Silver Lake Oaks				Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive	m: 4:1.316.15 2016.39		City: Palatka:	State: Florida	Zip Code: 32177
Type of Water Treatmen			Purchased Finished Water			
	y Operating Capacity of Plant, gall			445 84 00000		
	section 62-699.310(4), F.A.C.):	i i i i i i i i i i i i i i i i i i i	750		Class (per subsection 62-699.310(4), F	
Ligarnes Carsonal			Man of the control of			Fit (CA) With Cite
E man and a second of the seco	Paul Thompson . 1		A A		Days Ist Shift Days Ist Shift	
Times (1)	David Haring Ralph Magnoti			44091	Days Ist Shift Days Ist Shift	
	ica previous	Total Control of the second of			Ways saconin	
			The state of the s	e A. State Control	Energy Company of the	
			The second of th			
			TO PERSONAL PROPERTY OF THE PERSONAL PROPERTY		Market Control of the	
		The second secon	《 			
					25-190-31 2-190-31 3-190-31	
in the standard section of the secti		And Sales				See 12 (1911)
H. Certification by La	and/Chief Operator					
		r licensed in Florida on	the lead/chief operator of the	Worder Hoofman	plant identified in part I of this i	enort I cortific that the
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	The state of the s	to the Marketin appropriate to the control of the c	The state of the s	•	ed at this plant conform to NSF
					at the following additional oper	
					rds of amounts of chemicals use	
					operations records to the PWS of	
				mese additional	operations records to the PWS	owner so the PWS owner can
recom brent magni	er with copies of this report,	at a ponvement location i	or at least ten years.			
12		2/11				
Simon		<u> 2/06 </u>	Paul Thompson	Competition of the second	Manager and the second	A7251
Signature and Date		•	Printed or Typed Name			License Number

PWS Identification	n Number:		2544258		Plant Name:	Silver L	ake Oaks						
III. Daily Data	for the M	onth/Year	of:		October, 20	06	Y , 11' -				_		
Means of Achievin				val: ▽ Fre	e Chlorine	Chlorin	e Diovide	Ozone	□ Comi	hined Chlor	ine (Chlora	mines)	
Ultraviolet Ra			er (Describe)			, Cinoras	C DIOMEC	Ozone	t Com	onied Cinoi	nic (Cinora	iitiires ;	•
- Type of Disinfec					Free (Chlorine	Combi	ned Chlorine	(Chloramin	es) [Chlorine	Dioxide	
	1000	aligna e e e encentrario.	# 11 V. 100 . 100	Transfer St	A Company of the Comp		and their that	o Property Control			all money of the engineerings.	e same rederit der ein mitalen ein der eine gegen einer ge-	
			No. No.				dalah di bibat sadi beb	entra de la companya	was a serie bill angle.	a lili di e villi balia di este sa	The Maria	4	
						all with					The second secon		
												and the second	
e de la companya de l		The secretary										The state of the second	
		25. 430;Ca				in the Armer				PARTY OF	1.400	Tour Torogram or visits or	The same of the sa
and the second	Silver (conf.)								(Affilianous C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in appears.	CHAINE BOTH	commission commission standardice Moderling
The state of								for a district	ji ayen 4. gr	who also	44.75	in a lameton	heater that who is the Companies.
	er ag a general er er		Assessaria.		1995	continues administration of the		M. S. Marth	Burner Brown advisors in the		Saudien.		seed ar ited z
1 7 7 7 7 7		*****5,450									25 Lo. 8. 1	N N N N N N N N N N N N N N N N N N N	Marie Carlos
	240 240	5,450 3,800			2 1988	HOLES CONTRACTOR OF THE PARTY O				Property of		0.8 1.2	
X	24.0	4,500				And the second second	and the second s					1.8	
X	24.0	3,700			1000	2	INTERNAL PROPERTY OF THE PARTY	12/20		September 1997		1.4	
X a	24.0	4,600	W	Langua e asta	44 - 47 -	14 14 14			a suppression	State of the	Park Salar Salar	1,4	
A STATE OF THE STA	24.0	+ 4,500	1300-150	Brack Co. 2 Big	確認を主義。	3-1-1 S. 10 (1)	Sales Section	18, 1915.	GI YANKI	建筑等		The State of Spirit	Charles to the second of the s
An 的主题	24:0	4,600		Street Freeze	BUSINESSE P	100		10000000000000000000000000000000000000	TO SERVED C	克里特 运		mukwa 98	
X Fig.	24.0	4,600		Profit style (2.1			ALC LANCE	Mark Street	Marie Committee	The state of the s		4.4	200 mg
X V	24.0 24.0	245300 4100			and a figuration of the city	- F	An a part of the same of the s	And Title			San Carlo	14	
y we	240	5.700								Section 2007 No. 1200		T2	
X	240	4400	6.54	44 6 724		The series will be a series	To the second		de e	State of the		1.2	
	240	4.867	Part State	Lahr., Living		Charles and Charles and Charles	644 J. J. 1845	Desc.					
	240	4,867	100			ari alla alla	13 16 10 1					在物理工作。	
	2470	4,867	THE FLAM	2545 24	y 19 19 19 19 19 19 19 19 19 19 19 19 19		Turn the same		104-20 Ball	The Pink			
XE	24:0	5,300		a special control			ment of the second	Carrier Co.		A LONG		1.5	
X X	24.0 24.0	5,200 6,700					eren a de de la composition della composition de	No. Cart	Part Secret Secret	Andreas Comments	The second second	1,4) 1,5	
	24-0	13.000					38.4	TO MAKE		204	A COLUMN	1.6	Case Case
50.604	24.0	6.833	· SACARET	and a second factor				THE COLUMN					
45.00	40 24 O	FE F 6 853	indicate of the second	Salaka Par	MIN BANK	The Laboratory	Marie de Marie	West City	62.44P	Charles of the	Property 3	医 体产物的 455	
A X THE	240	76,83	POTENTIAL PROPERTY.	HE STATE THE			TA PER SE	e e pa			3 903.000	T3	
	240	3,800	COMPANY.				# 14 14 14 14 14 14 14 14 14 14 14 14 14			第	學等一方	2 13	
X	240	4,500		4-4-4		The second section of the	* 10 /4 it w	建筑地区			36	12	
	24.0	. * / 3,800°									Marie d	14	
X	24.0 24.0	4,000 4,267			the state of the s	SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	III.		e. (************************************			4. 4.4. j.4.	
20.202	24.0 24.0	4,207 4,267			What are a second	Children A. Landson Mark	LANDSCORPE SHIP IN ALL IN						
X	24.0	4,267	The same of the sa		CONTROL OF THE PARTY OF THE PAR	. 15 - 40 - 17 - 17 A					Section 1	1.2	BANGARAN TARAK
	Contract of the Contract of th	4,500		2000					Talent Tale			1.2	
record		149,500											
Grey Care	-	4.823											

1

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



See Pages 4 for Instr		·						
General Information	n for the Month	ı/Year of:	November, 2006			Charlestage Constant and College Constant		
. Public Water Systen	n (PWS) Inforn	nation						
PWS Name:	Silver Lake Oaks			n Statistica del per de la depetatione		PWS Identification Numb	er: . 2544258	
PWS Type:	✓ Community	Non-Transient N	lon-Community	Transient Non-Con	munity [_	Consecutive		
Number of Service Connec			38	a renega karan sempakan aran basar eta esper Santa Santa karan Santa aran eta		l Population Served at End of	f Month: 94	
PWS Owner:	Aqua Utilities Flo		duna elektri elektrikati		a camponinto nición de as			
Contact Person:	Brian Heath		acephiguesticheit ibes		Cont	act Person's Title:	Area Manager	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333	rindre metangeline persebutan sela Unio Primitan (pelantak melik
Contact Person's E-Mail A		beheath@aquaan	nericalcom		i i e e e e e e e e e	atariti vatinge og å en het massier of kolo	iojastistia ajalasietaji arta asta art. 193	
. Water Treatment Pl	ant Informatio	n						
Plant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0	980
Plant Address:	7017 Silver Lake I				City: Palatka	State: Florida	Zip Code:	32177
Type of Water Treatment b	oy Plant:	✓ Raw Ground Wat	ter <u> </u>	sed Finished Water				
Permitted Maximum Day (100,800				
Plant Category (per subsec	ction 62-699.310(4),					Class (per subsection 62-699.		
	vi ilianini karis wan mali sali sali sak		and the state of t		A 6 1 A 80 3 1 3 2 2 3 6 2 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
			August and Committee (1985)	en filt. A ller in gest es	The second state of the se		Bulling in a scripping of a color	goldje ti spilles i
foliar duramantes:	David Haring	u Çeti di se e estat destinable	die i salete de de		14091			, Egyeten egyetet egyetet egyet
	Ralph Marriott			C	75027	Days 1st Shift		
		e serve en al carate al decide		Elektrik elfaki elektroker	e pramija januar minempinati	ta laga apare mana tanahalan sa sa atau	reger in the second of the second	er diseler be
						SS voletor isi germani si si se selen		
	n A E Propinsi ng A.							
	Reng plastilijae inita.	się i programie przyka po	Sente dictional disente of our	an 42 m je balena jakonek	erding all acres services		rodina ad irinopri pia depit ny	garijas sem sas
English Committee Co								
Construction	1/01: 60:							
			771 11 11 11	11116		1 1 1 1 1 1	* 0.1	
were prepared each d	ay that a license	ed operator staffed or v	visited this plant duri	ing the month indicat	ed above: (1) reco	ords of amounts of chen	nicals used and chemica	al feed rates; and
(2) if applicable, appr	ropriate treatmei	nt process performance	e records. Furtherm	ore, I agree to provid	e these additional	operations records to th	e PWS owner so the PV	WS owner can
	_	-				•		
		1 1					•	
12		12/1/11/21	hilit		Sektiana jureali.		***	Parkit Locaria approxim
Signature and Data		1-10/10				a <u>nd julio (1985), gas j</u> e is ¹⁸ greberet plata lija je slavite ja og		tack pathy to be All Communicati
SIRINIANC RUG DATE			Printed	u ur i yped Name			License Nur	nper
Certification by Lea I, the undersigned wa information provided International Standard were prepared each d. (2) if applicable, approximation and the control of the contro	Paul Thompson David Haring Ralph Marriott In Chief Operative treatment plain this report is die 60 or other application and the control of t	tor ant operator licensed in true and accurate to the plicable standards refered operator staffed or v	n Florida, am the least the best of my knowle crenced in subsection visited this plant during the records. Furtherm ient location for at least the paul T	ad/chief operator of the edge and belief. I center in 62-555.320(3), F.A ing the month indicate acre, I agree to provide	ne water treatment trify that all drink: C. I also certify ted above: (1) receive these additional	Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift plant identified in part ing water treatment cher that the following additionds of amounts of chemoperations records to the	I of this report. I certificate used at this plant on all operations records micals used and chemicals used	conform to N for this plant al feed rates; a WS owner can

X 24.0 5,000 1.6								Oaks	Silver Lake	Plant Name:		2544258		Number:	dentification	PWS I
Means of Achieving Four-Loy Virus Inactivation/Removal:)6	November, 200		of:	onth/Year	for the M	Daily Data	Ш.
Type of Disinfectant Residual Maintained in Distribution System:				(Chloramine	ned Chlorine	Combi	Ozone	ioxide	Chlorine D	hlorine [Free C					
X			(53)	(Chiorannie	noi Chioma	, Como	, 020110	10/200		,	•	(Describe):	Othe	diation	traviolet R	יט דן
X			xide	Chlorine Diox) [Chloramines	ed Chlorine (Combin	rine [Free Chlo	on System:	ed in Distributi	al Maintain	tant Residu	of Disinfec	Type
X 220 5,100 1.6 1.7 1.0						<u> </u>										KI CALL
X 240 5600 16 16 17 17 17 17 17 17												halital of stranding shill be				
X 240 5,100 16 18 17 17 17 17 17 17 17				en di waxa mindi												
X 3-10 5 100																S ₂ .
X 240 5,000 166 111 111 112 113 113 114 115							N 6				antime of confine				i Talies Tanes	
X													at gaige	100		
X 240 5,000 18 18 11 240 4,677	essil Agasanis	Consigning at American	ją śrieżnie i	200 4 427 49					Consumi	Stanfolki, i			de los delegals		7464F34.54	
X 240 5,000 16		e medical legistics sugar											and the state of t			
X 24.0 5,100 1.5 1.0 1.6 1.0 X 24.0 2,600 1.8 1.1 1.1 24.0 4,567 2.4 4,560 2.4 4,567 2.4 4,560 2.4							9	ز سن أو							Barrier and the state of the	
X 24.0 5.600 1.6 1.7			N. C.	CHARLES CO. C.		CHARLES CONTROL OF THE CONTROL OF TH			Manager but on the control of the Control	BUILDINGS OF THE PROPERTY OF THE PARTY OF TH	Acceptance of the same of the	tillingengtillillelletiningerin bitmen	come and the state of the second		A ELLI, I MAN PARA CAN CANA	
24.0 4,567 1.8																
X 24.0 4,567 1.8 1.3 1.3 X 24.0 4,100 0.6 0.6 0.3 X 24.0 4,100 0.6 0.6 0.3 X 24.0 4,000 0.6 0.6 0.5											1.8					
X 24.0 4,567 1.8 X 24.0 3,100 0.6 X 24.0 4,000 0.3 X 24.0 4,000 0.3 X 24.0 4,900 0.6 24.0 4,900 0.8 X 24.0 5,000 0.8 X 24.0 5,533 1.1 X 24.0 5,533 1.2 X 24.0 5,500 0.9 X 24.0 6,933 X 24.0 6,933 X 24.0 6,933 </th <td>PROPERTY OF THE PARTY OF T</td> <td></td>	PROPERTY OF THE PARTY OF T															
X 24.0 4,100 0.6 0.3 X 24.0 5,300 0.6 0.3 X 24.0 4,000 0.6 0.3 X 24.0 5,600 1.0 0.6 24.0 4,900 0.6 0.6 0.6 X 24.0 4,900 0.8 0.4 0.4 X 24.0 4,900 0.8 0.5 0.5 0.5 X 24.0 4,500 0.8 0.6 0.5 0.6 0.5 0.6 0.5 0.6 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7			13												X	in the second
X 24.0 4,000 0.6 0.3 X 24.0 5,600 1.0 0.6 0.6 24.0 4,900 0.8 0.4 0.4 0.4 X 24.0 4,900 0.8 0.5 0.6 0.5 X 24.0 4,500 0.8 0.6 0.8 0.7 0.6 0.8 0.7 0.6 0.8 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6 0.6	Er dan mage mag om dan Sale Dilber					thirt was a summitted by the control of					annual to the second of the second		4,100		X	
X 24.0 5,600 1.0 0.6 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.6 0.6 0.6 0.6 0.6 0.6 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.6 0.7 0.6 0.6 0.7 0.6			0.3													
24.0 4.900 2											the state of the s					E. A.
24.0			0.6													
X																
X 24.0 4,500 0.8 X 24.0 6,000 0.8 X 24.0 2,600 1.1 X 24.0 5,533 24.0 5,533 1.2 X 24.0 5,533 X 24.0 5,533 X 24.0 6,500 X 24.0 6,500 X 24.0 3,700 X 24.0 5,500 X 24.0 4,900 X 24.0 6,933 X 24.0 3,700 X 24.0 3,700 X 24.0 3,700 X 24.0 9,000 0.4 0.4	<u> 1700 i 124 - Million II. I I I I I I I I I I I I I I I I I </u>	a gradina de esta algunta alguna de la composición de la composición de la composición de la composición de la Esta la composición de la composición	0.4										4,900	24.0	X	
X 24.0 2,500 1.1 0.8 X 24.0 5,100 1.1 0.7 24.0 5,533 0.8 0.7 X 24.0 5,533 1.2 0.7 X 24.0 6,500 1.0 0.7 X 24.0 5,500 0.9 0.7 X 24.0 4,900 0.9 0.6 X 24.0 6,933 0.6 0.6 X 24.0 6,933 0.8 0.4 X 24.0 6,933 0.8 0.4 X 24.0 6,933 0.8 0.4 X 24.0 5,930 0.4 0.4 X 24.0 5,933 0.8 0.4 X 24.0 5,933 0.8 0.4 X 24.0 5,933 0.4 0.4 X 24.0 5,933 0.4 0.4 X 24.0 5,933 0.4 0.4 X 24.0 5,900 0.4		a control of the section of the sect														Linia
X 24.0 5,100 1.1 0.7 24.0 5,533 1.2 0.7 X 24.0 5,533 1.2 0.7 X 24.0 6,500 1.0 0.7 X 24.0 3,700 1.0 0.7 X 24.0 5,500 0.9 0.6 X 24.0 6,933 0.9 0.6 X 24.0 6,933 0.8 0.4 X 24.0 6,933 0.8 0.4 X 24.0 3,700 0.7 0.4 X 24.0 9,900 0.0 0.7				chia a Be								čej po Posty apc (Birdi				k julian dan j
240 5,533			CONTRACTOR OF THE PARTY.							Listo (forter) Spread				The same of the sa		
24.0																
X 24:0 6,500 1.0 X 24:0 3,700 1.0 X 24:0 5,500 0.9 X 24:0 4,900 0.6 X 24:0 6,933 X 24:0 6,933 X 24:0 6,933 X 24:0 6,933 X 24:0 3,700 X 24:0 3,700 X 24:0 9,000	TIPE SHEET PROTECT STAFFFER TO		GREENHINE EE ST								nag grafic					(184)
X 24.0 3,700 1.0 0.7 X 24.0 5,500 0.9 0.6 X 24.0 4,900 0.9 0.6 24.0 6,933 0.8 0.4 X 24.0 6,933 0.8 0.4 X 24.0 3,700 0.7 0.4 X 24.0 9,000 0.8 0.4														2.71		
X 24.0 5,500 0.9 0.6 X 24.0 4,900 0.9 0.6 24.0 6,933 0.6 0.6 X 24.0 6,933 0.8 X 24.0 3,700 0.7 X 24.0 9,000 0.8	o Balancia de la lación de la compositiva della															
X 24.0 4,900 0,9 24.0 6,933 X 24.0 6,933 X 24.0 6,933 X 24.0 3,700 X 24.0 3,700 X 24.0 9,000																
24.0 6,933 X 24.0 6,933 X 24.0 3,700 X 24.0 9,000 0.8	. Part I Part of the Commission of the Commissio	<u>ranti la majo estas Prajo</u> visto Para. Prasti il majo estas propintis prajos estas														
X 24.0 6,933 0.8 0.4 0.4 X 24.0 3,700 0.7 0.4 X 24.0 9,000 0.8 0.8 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4	acragados ray — 1940 S. S.	Alleger Cyclin Collins and College College College												The second secon		
X 24.0 3,700 0.7 0.8 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4				anton, a med				aprile jezetj		TE THE STATE OF	Age I calchedes					
X 24.0 2,000																
						ndspēlētaitā 3 Parkas sauges		Marie, Carda	States especially from							
	and the property (Table 5) for 1994. Note the Publish of the 1994.	enerus veits II seena Esikileiniinits. Armona seena armona asaanaa	0.4	(2000) (2000) (2000) 2000) (2000) (2000)	www.epoethill.		a a seemiginstation assistantial assistantial assistantial assistantial			onia (19 anne) series	10.	ander de de la composition della composition del	3,900	24.0	X	
24.0			7. J. T. J. J.													Emas Dides.
153,500	<u>a a ga na sauja yann a</u> a								,,,							(táku
4,952 4,952 9,000	-														<u> </u>	
24.0 153,500													153,500			

[•] Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December See Pages 4 for Instructions. General Information for the Month/Year of: December, 2006 A. Public Water System (PWS) Information PWS Name: Silver Lake Oaks PWS Identification Number: 2544258 ✓ Community ■ Non-Transient Non-Community PWS Type: Transient Non-Community Consecutive Number of Service Connections at End of Month: 38 Total Population Served at End of Month: 94 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 State: Florida City: Leesburg Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 beheath@aguaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** Plant Name: Silver Lake Oaks Plant Telephone Number: (352) 787-0980 Plant Address: 7017 Silver Lake Drive City: Palatka State: Florida Zip Code: 32177 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100.800 Plant Category (per subsection 62-699.310(4), F.A.C.): IV. Plant Class (per subsection 62-699.310(4), F.A.C.): D Locencol Operations is a series and series and Names and Series series Gara/Clates Classical Paul Thompson 7251 Days 1st Shift Masic Great arates. David Haring 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift IL 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

WS Identification	Number:		2544258		Plant Name:	Silver Lake	Oaks						
II. Daily Data	for the M	onth/Year	of:		December, 200	06							
leans of Achievin	g Four-Log	Virus Inactiv	vation/Remov	/al: ▼ Free C	hlorine	Chlorine D	ioxide	Ozone	[Comi	hined Chlor	ine (Chlore	mines)	
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):													
vne of Disinfec	tant Residu			ibution System:	Free Chl	orine [Combin	ed Chlorine	(Chloramin	es) [Chlorine l	Dioxide	
				all Galculation ator									
									definition to		Tologo de la companya de la company Tologo de la companya		
					15 N 5 N 5	MERCOL.	175 72	1	يعبد فراد دد عام		iPisiste and Mark Totalia		
美 克尼亚亚亚	THE STATE		ing Sugar	7 (1/2) 1 (1/2)	12.42.79(3)	្រែក្រុងស្រីកំពុំ			8 (5.3)		1.8354	Physiological and	
					េទ្ធកម្មាទ្រតិសាស	in the second							
					e man	lain Tri						1.00	
		a variety vijekti.			FF III C					2011		MINIM-Sim	The state of the s
to a late to the	៖ ស្រាស់ ជាក្រា	. Trans	1734			Divini (Pro		146, 467	ប្រជាព្រះក្រើទៅ	7 (C) \$ 1 (T) 11 (F)	il ita siimaa		on this case access in Country of the country of th
ing Property		ो, जार्स्ट्रा	STATE OF	្សាក្រៅក្រៅក្រៀ	See a move to	l de fire	Tege of	hi spring	iverment the	(in Vine to the	i Pakirin	Conjunio.	months a familiare South Common
	Gregorous.		100000000		Tutilities de			ใน งายหลัง เป็น เกลา				Section 102 to	eman opgation
X	24.0	4,400		1.2								0.7	
	24.0 24.0	5,600 5,600									ļ		
X	24.0	5,600 5,600	8.E	1.4						News	<u> </u>	0.9	
X X	24.0	6,000		1.4				oracinata, projecti Granda de Carlos				0.9	
X	24.0	5,400		1.5			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1.2	
X	24.0	6,000		1.6		2 . <u>18 - 18</u> 11 2	40.3000		. (2011)	Bara Jak		1.4	
X	24.0	9,600	gardage (c. pá	1.8							1.94	1.4	医乳头 医多次克莱克 经多数分类 医二氏病
	24.0	4,667	24 B. Sept. 19					Harritatinas				2-34-60 200	
X	24.0 24.0	4,667 4,667		1.0	* 2.		1 S. A. F. B. F. B.			881 881			
73. X	24.0	6,200		1.8 1.6	<u>l dige de la Alignee</u> Digital digital	2002 Lai 5.35	(- () () () () () () () () ()	<u> 25 6 . zado 11 26 .</u> Entre a compresa de	and the state of t	The Manager		1.4	
X	24.0	4,100		1.7				SAME OF STREET	7- V-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W		1.3	
A X	24.0	4,800		1,7		B 7 B 15 B	2.27.34			5-4 Pm		1,3	
X	24.0	4,400		1,7	ere z			A Property				1.3	
	24.0	6,033						STATE OF THE STATE		03, 1 1.			
	24.0	6,033											
X X	24.0 24.0	6,033 2,700		1.6 1.6						<u> </u>		1.2	
X	24.0	6,700	7 7 7 7 7	1.6								1.3 1.3	
X	24.0	2,700		1.8							<u> </u>	1.3	
Х	24.0	4,600		1.5	Academie da de	div hard	- 1970			VV i	i vytuoj	1.1	
	24.0	5,500									S. H. J. J.		
	24.0	5,500					47.0						
X	24.0	5,500		1.4								1.1	
X	24.0 24.0	4,000 3,800		1.6 1.6		}	1 (4) (4) (4) 1 (2) (4) (4)					1.2	
X	24.0	4,600		1.5						ļ <u>.</u>		1.2	
X	24.0	5,000		1.6		 		-			-	1.1	
	24.0	5,100					1.5			-			
	24.0	5,100			en e								
		160,600											
	in the second	5,181											
	Section 2	9,600	l										

Page 2

DEP Form 62-555.900(3)Alternate

[•] Refer to the instructions for this report to determine which plants must provide this information.

W	PWS ID: 2544258 Plant Name: Silver Lake Oaks	
V.	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese	Sequestrant for the Year: * 2006
		and the acrylamide level in the polymer are as
	Polymer Dose ppm = Acrylamide Level, %'=	
В.	B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? Yes, and the polymer polymer are as follows:	dose and the epichlorohy drin level in the
	Polymer Dose ppm = Epichlorohydrin Level, % ^t =	
C.	C. Is any iron or manganese sequestrant used at the water treatment plant? Yes, and the type of sequestrant, sequestrant.	rant dose, ect., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):	
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =	

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

t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

5600 US 1 Fort Pierce, FDOH#	AND LAB '] 1 North FL 34946	BACTERIOLOGICAL ORATORY REPORT! (X) 4155 St. Johns Parkway Suite 1300 Le Sanford, Ft. 32771 FDOH # E83509	SAMPLE ING FORM 307 Coolidge shigh Acres, FL FDOH # E8	Ave. . 33936	16331 Co Brookev/III] ortez Bivd. 16, FL 3460 1 E84418	EN LA SEPO Phone	BO BO	RON RAT OPTO, FOR MES 2400	TOR Para se	_ ,,	INC.
HBEL Repor	rt Number:	2130075	Sub-Co	intract Lab	o ID:		1.				220	1/
Analysis Me							i		aborator		Pak	<u> </u>
X Colilert	_		18 I.D. 2	5 4	42	58	'!!				14/0	7 1655
System Nar	me: <i>Sil</i>	ver Lake O	45					ie Accept e Preserva	ence Criter	_/	Mot Dn	رف دادا ا
System Add	iress:	7017 Silve	· Lake	De				ctant Chec	<u> </u>	Mot Dea		ice <u> 4/, 3/</u> 0
City:	PALAT	k1	Sy s l	em or Ow	mer's Phone	* 38	8-937	-109	?/ Fax	* 3	K-329	-9977
Collector: _	DAVI	dHaring		مودر	<u> </u>						-937-	
Relinquished	d By: Da	d boring	Received	Byr 2					- hed By:∠		//	2
Date/11	ime:	ec07/14/1	Date/Tin	ne: <u>/2</u>	407	1400					7	1600
Type of Sug (check only	pply: X y one)	Community Water System Private Well	Noncom		ter System	Nontra	ransient-No od Water		_			d Use System
Reason for	Sampling:	check only one) Routine	: Compliance	Repe	eat (Raplace	ment (Main (Dearance	□ w	eli Survey	Other
Sample Col	llection Date	o(s): 4 Dec C	クブ			Γ	LABO	PRATO	RY CER	CTIFIC/	TE OF	ANALYSIS
		COMPLETED BY COLLECTOR					Total Colifor	m Analys	is Method	(MF) SA	19222B (C	Coffert) SM9223
Sample		MPLE POINT	Coffection	Sample	Disinfect	┯┷┤┡	Fecal (MF) : Non	SM9221E Total		(MF) EC		Collier() SM92236
Number		or Specific Address)	Time		Resid mg/L	рн с		Colliform	Fecal or E, Coll	Data Qual.		ab Sample Number
10/	we	2//	0935	R				A				007500/
102	201	6	0918	D	1.0			A				1 002
103	20+	26	0926	1)	1.0			A			<i>-</i>	7
			10/00	<i>D</i>	1.0	ſ ╌╢		/ •	·		2170	1075003
 					<u> </u>							<u> </u>
			ļ									1 B
	 -		 	 -	 	├ —┟	 -					
			1					İ				,
			 	 	 	┼┷╟						• 1
			1	Ì	ĺ							ກ ່ານ ວ
		·	1			();	1					<u>_</u>
COMMUNITY BY	no nontransier	duals for routine and repeat and noncommunity systems ser	ovina naculation	כל מון פר	10	1	Key: P · Pres	amerous to	Count TA-	Turbid		PADI
community ar and including Distribution F	nd nontransier 4,900. Do no Residual Analy	nt noncommunity systems ser t include raw or plant sample rais Method: !XIDPD Co	rving population is in the averag	ns up to 18.)	1,0	<u> </u>	TNTC-Too M LC.A. Absen	timerous to	Count TA-	Turbid	Growth Analyst:/ ///	Paly
community ar and including Disinfectant f Person perfor	nd nontransier 4,900. Do no Residual Analy Iming analysis	it noncommunity systems ser t include raw or plant sample: rsis Method: DPD Col. i.i.s.	rving population is in the averag	כל מון פר	1,0	<u> </u>	INTC-Too M	timerous to	Count TA- or acid	Dro	Analyst: 1	
community ar and including Distinfectant F Person perfor	nd nontransier 4,900. Do no Residual Analysis Iming analysis tified operator	th noncommunity systems ser it include raw or plant sample: sis Method: XIDPD Col is: (\$\(\(\frac{\fra	rving population s in the average slortmetric [Em	ns up to 18.) Other ployed by	a certified lat	Repo	TNTC-Too M LC.A. Absen ort authoriz	temerous to see of gas zed by:	o Count TA- or acid	Turble Dichnical	Analyst: _/ Analy	rignos al test results
community ar and including Disinfectant F Person perfor A cert	nd nontranaler 14,900. Do no Residual Analy ming analysis tified operator rvised by a cer	th noncommunity systems ser it include raw or plant sample; rais Method: \(\time{DPD}\) Col. i.is: (\$\frac{\frac{1409}{0}}{0}\) tilled operator (\$\pi\)	rving population is in the average sortmetric Em	ns up to 18.) Other ployed by		Repo Date:	INTC-Too M LC.A. Absen ort authoriz ined within the	timerous to zed by: zed by: his report n	o Court TA- or acid	Turble De Control Districte District	Analyst: _/ Irector or Dec	signee , of lost results ony and MELAC
Disinfectant Person perfor A cert Super	nd nontransier 14,900. Do no Residual Analy ming analysis tified operator rvised by a cer and Malling A	It noncommunity systems ser It include raw or plant samples I is: (#/Y/	rving population is in the average stortmetric Em Em Err ceive Report	ns up to 18.) Other ployed by	a certified lat	Repo Date:	INTC-Too M LC.A. Absen ort authoriz :	timerous to zed by: zed by: his report n	o Court TA- or acid	Turble De Control Districte District	Analyst: _/ Analy	signee , of test results on and MELAC
Disinfectant Person perfor A cert Super	nd nontransier 14,900. Do no Residual Analy ming analysis tified operator rvised by a cer and Malling A	It noncommunity systems ser It include raw or plant samples I is: (#/Y/	rving population is in the average stortmetric Em Em Err ceive Report	ns up to 18.) Other ployed by	a certified lat DEP or DOH	Repo Date: contain	INTC-Too M LC.A. Absen ort authoriz ined within the	timerous to zed by: zed by: his report n	o Court TA- or acid	Turbid Cashinical Di Unions other Cashin Medical Should	Analyst: _/ Irector or Dec	signee , oil tost results ony and MELAC or the report
Disinfectant Person perfor A cert Super	nd nontransier 14,900. Do no Residual Analy ming analysis tified operator rvised by a cer and Malling A	It noncommunity systems ser It include raw or plant samples I is: (#/Y/	rving population is in the average stortmetric Em Em Err ceive Report	ns up to 18.) Other ployed by	a certified lat DEP or DOH	Repo Date: contain guidel Signat	TNTC-Too Ni LC.A. Absent ort authorization of authorizati	umerous trace of gas zeed by: zed by: his report n tons regard hone numb	o Court TA- or acid Freet all appli ding this rep ter above.	Turbid Les Connical Di Unless other Cable Medical should	Analyst: _/ Prector or Des emster noted, had, Laborate be directed to possi Samples	signee , oil tost results ony and MELAC or the report
Disinfectant Person perfor A cert Super	nd nontransier 14,900. Do no Residual Analy ming analysis tified operator rvised by a cer and Malling A	th noncommunity systems ser it include raw or plant sample; rais Method: \(\time{DPD}\) Col. i.is: (\$\frac{\frac{1409}{0}}{0}\) tilled operator (\$\pi\)	rving population is in the average stortmetric Em Em Err ceive Report	ns up to 18.) Other ployed by	a certified lat DEP or DOH	Repo Date: contain guidell Signed	TNTC-Too Ni LC.A. Absen ort authoriz ined within thins. Ovest tory of the pl	temerous to ce of gas zed by: this report in close regard home numb	o Count TA- or acid Fiset all application above. Information I/DOH;	Turbid Les Connical Di Unless other Cable Medical should	Analyst: _/ Prector or Des emster noted, had, Laborate be directed to possi Samples	signee , oil tosi results ory and MELAC of the report

RBOR BRANCH VIRONMENTAL ABORATORIES, INC.

Date issued: December 4, 2007

To:

Brian Heath

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida: Inc

Workorder ID: Silver Lake Oaks THM

Received:

11/14/07 12:25

Dear Brian Heath;

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

جنواتها أيسا

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

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

FDOH # E96080 Printed: 12/4/07

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL 5600 U.S. I North, Fort Pierce FL 34946 Phone (772) 465-2400, Ext. 285 Pate (772) 457-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks THM

Received:

11/14/07 12:25

[2129925]

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>

Analytical Method Sample ID

Description

HBEL Batch Analyte Method

Quality Control Summary Analytical Issue

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

Printed: 12/4/07

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



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2129925]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks THM

Parameter Q	ualifier Result	Units	Reporting Limit	Method		Prep Analyzed Date/Time Date/Time	Analyst	Lab ID
Laboratory ID: 21299 Sample ID: Lot 9				Sampled: 11/14 Matrix: Water		Received: 11/14/07 reported on Wet Weight i		
Bromodichloromethane	5.6	υg/L	0.25	EPA 524.2	VOC2860	11/20/07 16:4	7 WR	E96080
Bromoform	34	ug/L	0.41	EPA 524.2	VOC2860	11/20/07 16:4	7 WR	E96080
Chloroform	1.4	ug/L	0.25	EPA 524.2	VOC2860	11/20/07 16:4	7 WR	E96080
Dibromochloromethane	16	ug/L	0.30	EPA 524.2	VOC2860	11/20/07 16:4	7 WR	E96080
Total THMs	56	ug/L	0.25	EPA 524.2	VOC2860	11/20/07 16:4	7 WR	E96080
Laboratory ID: 21299 Sample ID: Trip E	25002 Blank			Sampled: Matrix: Water		Received: 11/14/07 reported on Wet Weight		
Bromodichloromethane	0.25 U	ug/L	0.25	EPA 524.2	VQC2860	11/20/07 17:2	1 WR	E96080
Bromoform	0.41 U	ug/L	0.41	EPA 524.2	VOC2860	11/20/07 17:2	1 WR	E96080
Chloroform	0.25 U	úg/L	0.25	EPA 524.2	VOC2860	11/20/07 17:2	1 WR	E96080
Dibromochloromethane	0.30 ปฺ่	ug/L	0.30	EPA 524.2	VOC2860	11/20/07 17:2	1 WR	E96080
Total THMs	0.25 U	ug/L	0.25	EPA 524.2	VOC2860	11/20/07 17:2	1 WR	E96080

Printed: 12/4/07



HARBOR BRANCH

5600 US I North, Fort Places, FL 34946 Phone: (7/2) 465-2400, Ext. 285 Fax: (772) 467-584

CHA	AST	***	THE THE
9633		S 2010	
Agreen	enrio P		Services



Laboratory not responsible for omitted information
PRESS HARD: Laboratory not responsible for omitted information
PRESS HARD: Laboratory not responsible for omitted information
PRESS HARD: Laboratory not responsible for omitted information 307 Coolidge Avenue 5800 U.S. 1 North Lehigh Acres, FL 33938 Fort Pierce, FL 34946

Company: AG	,					Method(s) of Shipment:				SALLO IN	ACCOAD	CACL MODE		4155 S Suite 1	t. Johns	E83509 B Pkwy. 2771	16331	OOH # E84418 Cortez Blvd. ville, FL 34801	
Address: <u>//0</u>					<u> 34748</u> 6-329-9977	e-mail:							*** *******						75.5
Phone: 386-	137-109	1_	Fax:	38	<u> 6-329-9977</u>	Standa	ard Laboratory ound Time			P	RESE	VATIV	F						
Client Contact:	DAV	, /	HA	111	4	Or		Unio HEI								P H-Hydrochlo	reservati ric Add	ON Key P-Phosphoric Aci	
Project Name:	5i/ve	r <u>L</u>	1.K.	e E	JAKS		lusiness Days				YSES	TEQUE	STED			N-Mario Acid S-Guillurio A	•	ST-Sodium Thiosuliste	
Sampled By:	-Davi	d A	110	ing		Requires Labor	1	1/2								SH-Sodkum	Hydroxide	U-Ungreserved	
COLLI	ECTION	Type	XII	draws (SAMPI	LE DESCR	IPTION	1	2							C	OMME	ENTS	
DATE	TIME	Semple	MATRIX*	& Conta	As Wi	I Appear On	Report	1	700										_]
CONTRACTOR	0 0840	G	DW	3	Lot	9		3								C1. Q5	pH	<u> </u>	_
one						ip Blank			2							All	EAM	rkes_	1
3.03	<u> </u>							<u> </u>			.,					on	Ica	<u>e</u>	4
			 					 											-
			 			· · · · · · · · · · · · · · · · · · ·													-
								+-					,						+
55.57.67.3 																			1
								-											1
																			1
Sample T	/pe:⊬G≕Glab	. C≐Cò	пров	道子:			AGIESIVAN EDW		Water					WW.	SE VI		MAMPA		2
RELINOU		NUC	07	VU.	7	ELINQUISHED BY ATE/TIME) } }] L	कि । भी	<u> </u>	2		RELINC DATE/T	UISHED IME	BY	Kis	SS)	6 +0 1-14-11	2 1/2	15	-
RECEIVE	DBY -	- 2		7	S R	ECEIVED BY	Riverse	- - -			使例	ED FOR		ALL DE	MA				
DATE/TIM	ا والله	2)_		سرع			11-14-4	7/6	7.5		237	TEAR.	100,004	WIN DO	FB-U50#	RESIDENCE.			

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)	_
System Name: 51LVER LAKE OAKS PWS I.D. #: 2544258	
System Type (check one) Community Nontransient Noncommunity Transient Noncommunity	
Address: 7017 SILVER LAKE DR.	
City: PALATKA State: PL ZIP Code: 32177 Phone #: 386-937-1143 Fax #: 386-329-9977	
Phone #: 386-937-1143 Fax #: 386-329-9977	
E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: Location Code (ir known):	
Sample Date: 11/14/07 Sample Time: 8:40 AM	
Sample Location (be specific): Lot 9 Grab	
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): O. S. mg/L. Fleld pH: 2.	 >
Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)	
	-
Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-	 550\
Plant Tap not for compliance with 62-550) Composite of Multiple Sites* UViolation Resolution	נטטג
Raw (at well or intake) Clearance (permitting) Replacement (of invalidated Same	ole)
Max Residence Time Others	
Ave Residence Time Sampling Procedure Used or Other Comments:	
Near First Customer	
*See 62-550.500(6) for requirements and restrictions. ** See 62-550,550(4) for requirements and Note: See 62-550.512(3) for additional requirements attach a results page for each site.	
for Nitrate or Nitrite MCL exceedences.	
Sampler's Name: DAVIO HARIJE	
Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977	
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by sampler)	
1. PAUL THOMPSON (FUE DAVID HARING) FIELD COVEDINATION	
Print Name Print Title	×
do HEREBY CERTIFY that the above public water system and sample collection information is	
Signature: Date: 12/17/07	
Reporting Formet 62-550.730 Effective January 1995, Revised January 2004	_
Linker mill i dilumi et 1900 de Ellamina daribah, 1922' Kahana 1918ah 5004	

LABORATORY CERTIFICATION INFORMATION (to be	completed by lab - Please type or print legit	bly)
ATTACH A CURRENT DOH ANALYTE SHEET	•	,
Lab Name: Harbor Branch Environmental Laborato	ries, Inc. Florida Certification #:	E96080
Address: 5600 US 1 North	Certification Expiration Date:	06/30/2007
Fort Pierce, FL 34946	Phone #:(772) 4	
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received::	11/14/07
PWS ID (From Page 1):	Sample Number (From Page 1):	
Lab Assigned Report Number or Job ID:	2129925001	
Group(s) Analyzed and Results attached for compliance	with Chapter 62-550, F.A.C. (Check	: all that apply);
Inorganics Synthetic Organics		Disinfection Byproducts
☐All 17	□All 21	▼ Trihalomethanes
Partial All Except Dioxin	☐Partial	Haloacetic Acids
Nitrate Partial		Bromate
☐Nitrite ☐Dioxin Only	Radionuclides	Chlorite
Mahartas Only	Single Sample	
a go	Qtrly Composite**	Secondaries
Were any analyses subcontracted? Yes X		Alf 14
If yes, please provide DOH certification numbers:		Partial
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED	LAB	
	CATION	
I, Cindy Cromer	Laboratory Din	ector
(Print Name) do HEREBY CERTIFY that all attached analytical data:	Print Title	,
National Environmental Laboratory Accreditation Confe	Englishment Chair The Chair Park Ann Chair Chair	requirements of the
	Carlos Santa Carlo	
	Date: 04-Dec-0	
* Failure to provide a valid and current Florida DOH lab certification in rejection of the report, possible enforcement against the public will bureau of Laboratory Services. ** Please provide radiological sample dates Jocations for each quarters.	rater system for failure to sample, and may rurter.	attached analysis results will result soult in notification of the DOH
COMPLIANCE DETERMINATION (to be completed by DEF	or DOH)	
Sample Collection Info Satisfactory: Yes No	Sample Analysis Info Sat	isfactory: Yes No
Replacement Sample(s) Requested (circle or highlight gro	_{рир(s)} above)Revised Report Reque	Sted (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s)	above)	
Reason(s):	Detection(s) Location Unsatisfactory	☐ Incomplete Report ☐ Analysis Unsatisfactory
Person Notified:	Data Natificati	
Comments:		
Date Reviewed: DEP/I	OOH Reviewing Official:	
	Effective January 1995, Revised January 2004	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client: Aqua Utilities Florida, Inc.		Report Number/ Job ID Silver Lake Oaks THM						
Sample Location:	Lot 9 Grab		Disinfectant Re	esidual (mg/L				
Sample Number:	2129925001			PWS ID				
Sampling Date:	11/14/07 8:40			_				
Date Received:	11/14/07 12:25							
Contam ID Contam Nam	ne MCL	Analysis Units Result	Analytica Qualifier Method	ji _{Geo} rgi Lab MDL	Analysis Date	Analysis Time	DOH La Cert.#	
			·-					
·			1784. Samerica		».			
			and Court And Statistics Buck Statistics Buckers	· ·	•			

2941	Chloraform	[N/A]	ug/L	1.4-	EPA 524.2	0.25	11/20/07	4:47 PM	E96080
2942	Bromoform	[N/A]	ug/L	34	EPA 5242	0.41	11/20/07	4:47 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L		EPA 524.2	0.25	11/20/07	4:47 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	16	EPA 524.2	0:30	11/20/07	4:47 PM	E96080
2950	Total Trihalomethanes	[80]	υg/L	57		0.25	11/20/07	4:47 PM	E96080
				•					

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

Reporting Format 62-550,730 Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 82-160, Table 1. Results Qualified with A. F. H. N. O. T. Z. ?. *, are unacceptable for compliance with 62-550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771

FDOH # E83509

Printed: 12/4/07



307 Coolldge Avenue 16331 Cortez Blvd. Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

FDOH # E84418

PUBLIC WATER SYSTEM INFORMATION (to be completed)	ted by sampier -	Please type or	nrint leathly)	
System Name: SILVER LAKE ONES		PWS I.D. #:		4258
System Type (check one) Community North Address: 7017 SILVER LAKE	ntransient No	ncommunity	Transier	nt Noncommunity
AUGUSS. 1017 STLVAL LIKEL	DRIVE			
City PAI ATLA	- 			
City: PALATKA	State:!	f <u> </u>	_ ZIP Code:	32177
Phone #: 38(a - 937 - 11+3	_ Fax #:	386-3	29.9977	
E-Mail Address: ~ A	_			
SAMPLE INFORMATION (to be completed by sampler)			·	
Sample Number:	Location C	ode (if known)		
Sample Date: ///Կ(ഗ)			Sham	
Sample Location (be specific): Trip Blank				
Disinfectant Residual (Required when reporting results for trihalo	methanes and h	aloacetic acids)	· Ma/	Field nH:
			heck all that apply	
	ompliance (w			
Entry Point (to Distribution) Confirmati				Which Qtr?t for compliance with 62-550)
Plant Tap not for compliance with 62-550)	and the state of the state of		Violation R	
Raw (at well or intake)			· ·	ent (of Invalidated Sample)
Max Residence Time			· · · · · · · · · · · · · · · · · · ·	(======================================
			nments:	
Near First Customer	200			
*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 62-550,58 attach a resi	50(4) for requireme alts page for each s	nts and ite.
Sampler's Name: DAND HAR HIG				
Sampler's Phone #: 366-937-1091	Sampler	's Fax #;	386-329	-9977
Sampler's E-Mail Address:				
CERTIFICATION (to be completed by sampler)				
, PAR THOMPSON (FOR DANSHARING).	B	IA G	ONED IN ATT	•
Print Name			Print Title	
to HEREBY CERTIFY that the above public water system	and sample of	collection info	rmation is	
completed and correct.			, ,	
Signature:	Dat		12/17/5	7
Reporting Format 62-550.730 Effective Januar	ry 1995, Revised Jai	nuary 2004		

Public Water System Information (to be	completed by sampler)	
System Name: STUCK (Q	KO COUS PW	s 10 # 25 8
System Type (check one): Decommunit	Nontransient Noncommunity	☐Transient Noncommunity
City: 250-187-0080 Phone #: 350-187-0080 E-Mail Address:	State: FL Fax #: 350	7-187-4333
Sample Information (to be completed by Sample Number: 47360DW1 Sample Date: 250 On Sample Location (be specific): Disinfectant Residual (required when repo	Location Code (if kn	15:10 AM (FM) (circle one)
Sample Type (check only one) Distribution Entry Point (for Distribution) Plant Tep (not for compliance with 62-550) Raw (at well or intake)	Confirmation of MCL Exceedance *	(check all that apply) Quarterly (which quarter?) Special (not for compliance with 62-550) Violation Resolution Replacement (of invalidated sample)
Max Residence Time Avg Residence Time	Other: Sampling Procedure Used or Other Comme	
Near First Customer		· · · · · · · · · · · · · · · · · · ·
See 62-550.500(6) for requirements a NOTE: See 62-550.512(3) for additional for nitrate or nitrate MCL exceedances.		650(2) for requirements and page for each site.
Sampler's Name: 1244 + Sampler's Phone #:257-787-1	Sampler's Fax #2	52-787-16333
Certification (to be completed by s	ampler) avid Haring, field	CODYCLIA (Print Title)
do HEREBY CERTIFY that the above publications:	lic water system and collection informs	tion is complete and correct. Date: 9/18/07

Laboratory Certification In	formation (to be complete	ed by lab)								
Lab Name: Flowers Chem	ical Laboratories, Inc.	Florida Certification #: E83018								
Address: P. O. Box 1505	97	Certification Ex	piration Da	te: 8/30/2008						
Altemonte Sprin	ıgs, FL 32715-0597	Phone #: 407-	339-5984							
Analysis information (t	o be completed by lab)	Report Number	: 47360							
Sample Number: 47360D	W1	Date Sample R	eceived:	08/31/07						
Group(s) analyzed and res	sults attached for compliance v	with Chapter 62-550, F.A.C. (c)	heck all tha	t apply)						
Inorganics.	Volatile Organics	Radionuclides	Disinfe	ction Byproducts						
□Ail 17	☐All 21 ☐Pertial	Single Sample	7 ⊈Triha	ilomethanes						
Partial		Otrly Composite**	K Halo	acetic Acids						
Nitrata			Bron							
□Nitrite	Synthetic Organics	Secondaries	Chlo	rite						
Asbestos	All 30 Partial	□AB 14 □Partial	25 0,110							
Were any analyses subco	intracted? Tes No	(If yes, please provide subco certification number with ea		_						
	•	Certification								
•		CERTIFY that all attached enalgental Laboratory Accreditation Co	onference (I							
Signature:		Date: 09/11/0	7							
analysis results will result		th lab ID number and a current Anal sable enforcement against the publi for each quarter.								
Compliance Determination	on (to be comple	ted by DEP or DOH)								
Reason(s): Incomplete	circle or highlight groups above Report	Sample Analysis Info Sation Revised Report Requestors Cation Unsatisfactory	ted (circle o	Yes No or highlight groups shove) is Unsatisfactory						
-		Di	ate Notified	:						
Comments:										
-	DEP/DOH Reviewii	ng Official:								

Public Water System Information (to be	a completed by sampler)
System Name: Silver LOut	20010 PWS 10 . 25 4 42 5 8
System Type (check one): Communication Commu	ty Nontransient Noncommunity
City: POLOTIO Phone #: 367-787-098 E-Mail Address:	State: FL ZIP Code: 32.17
Sample Information (to be completed by Sample Number: 47360DW2 Sample Date: 83000000000000000000000000000000000000	Location Code (if known): POE Tap Sample Time: 15,30 AM PM (circle one) orting trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (check only one) Distribution Plant Tap (not for compliance with 62-550) Rew (at well or intake) Max Residence Time Avg Residence Time	Sample Reason(s) (check all that apply) PRoutine Compliance (with 82-650)
Near First Customer * See 62-550.500(6) for requirements and NOTE: See 62-550.512(3) for additional for nitrate or nitrate MCL exceedances. Sampler's Name: 1990 1990 1990 1990 1990 1990 1990 199	attach a results page for each site.
Sampler's Phone #: D L 16 1-6 Sampler's E-Mail Address:	Sampler's Fax #: 057-787-(0333
Certification (to be completed by s	major field Coramatos (Print Title)
do HEREBY CERTIFY that the above pub	lic water system and collection information is complete and correct Date: 9 18 0 1

	Harbor Branch Environmental Labor	pratones, Inc. Florida Centificatio	n#:E96080					
Address:	5600 US 1 North	Certification Expiration D	ate: <u>06/30/2007</u>					
	Fort Pierce, FL 34946	Phone #:(772	2) 465-2400 Ext. 285					
ANALYSIS	INFORMATION (to be completed by lab)	Date Sample(s) Received::	11/14/07					
PWS ID (F	rom Page 1):	Sample Number (From Page 1):						
	ed Report Number or Job ID:							
Group(s) A	nalyzed and Results attached for comp	liance with Chapter 62-550, F.A.C. (C	heck all that apply):					
<u>اس</u>	rganics Synthetic Organics	Volatile Organics	Disinfection Byproducts					
	All 17 □All 30 → 5	□All 21 ···	X Trihalomethanes					
	Partial All Except Dioxin	Partial ,	Haloacetic Acids					
	Nitrate Partial		Bromate					
	Nitrite Dioxin Only	Radionuclides	Chlorite					
	Asbestos Only	[]Single Sample	Secondaries Secondaries					
		Ctrly Composite**	All 14					
Were any a	nalyses subcontracted? Yes	X No	Partial					
If yes, pleas	se provide DOH certification numbers:							
ATTACH DO	I ANALYTE SHEET FOR EACH SUBCONTRA							
	C i	ERTIFICATION						
1.			Director					
' ——	Cindy Cromer (Print Name)	Certain Control of the Control of th	Title)					
		(1) 1. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (4 -D					
do HEREB	Y CERTIFY that all attached analytical	data are correct and unless noted med	et an requirements of the					
do HEREB	vironmental Laboratory Accreditation C	onference (NELAC).						
do HEREB	vironmental Laboratory Accreditation C	conference (NELAC). Date: 04-De						
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat	vironmental Laboratory Accreditation C	Date: 04-De cation number and a current Analyte Sheet to ublic water systèm for failure to sample, and m	c-07 r the attached analysis results will result					
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat ** Please prov	ovironmental Laboratory Accreditation of the control ovide a valid and current Floride DOH lab certification the report, possible enforcement against the proporatory Services.	Date: 04-De cation number and a current Analyte Sheet to ublic water system for failure to semple, and many quarter.	c-07 r the attached analysis results will result					
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat ** Please prov COMPLIAN	ovironmental Laboratory Accreditation of the control ovide a valid and current Floride DOH lab certification ovide a valid and current Floride DOH lab certification for report, possible enforcement against the proporatory Services. Add radiological sample dates Jocations for each ICE DETERMINATION (to be completed to	Date: 04-De cation number and a current Analyte Sheet to ublic water system for failure to semple, and many quarter.	€-07 r the attached analysis results will result ay result in notification of the DOH					
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat ** Please prot COMPLIAN Sample Co	ovironmental Laboratory Accreditation of the control ovide a valid and current Florida DOH lab certification possible enforcement against the proporatory Services. Ide radiological sample dates Jocations for each ICE DETERMINATION (to be completed to the complete that the complete complete the complete that the complete complete the complete complete that the complete complete that the complete complete complete that the complete compl	Date: 04-De ication number and a current Analyte Sheet icubiic water system for failure to sample, and much quarter. by DEP or DOH) No Sample Analysis Info	c-07 r the attached analysis results with result ay result in notification of the DOH Satisfactory: Yes No					
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat ** Please prot COMPLIAN Sample Co	ovironmental Laboratory Accreditation of the control ovide a valid and current Floride DOH lab certification ovide a valid and current Floride DOH lab certification for exporatory Services. Idea radiological sample dates Jocations for each light of the completed by the complete by the	Date: 04-De ication number and a current Analyte Sheet icubiic water system for failure to sample, and much quarter. by DEP or DOH) No Sample Analysis Info	c-07 r the attached analysis results with result ay result in notification of the DOH Satisfactory: Yes No					
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat ** Please prot COMPLIAN Sample Co	ovironmental Laboratory Accreditation of the control of the report, possible enforcement against the proporatory Services. ICE DETERMINATION (to be completed to the completed to the completed to the completed to the complete of the compl	Date: 04-De cation number and a current Analyte Sheet to ublic water system for failure to sample, and much quarter. The property of the prop	c-07 r the attached analysis results with result ay result in notification of the DOH Satisfactory: Yes No					
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat ** Please pro COMPLIAN Sample Co Replace Addition Reason(s):	ovironmental Laboratory Accreditation of the report, possible enforcement against the proporatory Services. ICE DETERMINATION (to be completed to the completed to the completed to the completed to the complete of the comp	Date: 04-De conference (NELAC).	c-07 r the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No quested (circle or highlight group(s) above Incomplete Report Analysis Unsatisfactory					
do HEREB' National En Signature * Failure to pr in rejection of Bureau of Lat ** Please pro COMPLIAN Sample Co Replace Addition Reason(s):	ovide a valid and current Florida DOH lab cartifithe report, possible enforcement against the proporatory Services. Ide radiological sample dates Jocations for each idea idea in the proportion of th	Date: 04-De cation number and a current Analyte Sheet to ublic water system for failure to sample, and much quarter. Dy DEP or DOH) No Sample Analysis Info signt group(s) above) Detection(s) Location Unsatisfactory	c-07 r the attached analysis results with result ay result in notification of the DOH Satisfactory: Yes No quested (circle or highlight group(s) above Incomplete Report Analysis Unsatisfactory					

HARBOR BRANCH ENVIRONMENTAL BORATORIES, INC. 5600 U.S. | North Fort Plance R. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client: Sample		Aqua Utilitles Fl Trip Blank	orida, Inc.	-	ort Number/ Job rfectant Residua		Lake Oak	s THM	
Sample	e Number:	2129925002			P	WS ID		 -	
Sampli	ng Date:								
Date R	eceived:	11/14/07 12:25							
Conta ID	m Contam Name	MCL	Analysi Units Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert.#
			A STATE OF THE STA						_
		م ^{يو} هم د ر	ta silita si	e \$	•				
		1	• ,	. हैं \ पी- है (क्रि.) है (क्रि.)					
		e de la companya de La companya de la companya de l			•	Sec.			
		** m , **			-	()	•		
		1.					٠.		
		,							
		. •	**						
2941	Chloroform	[N/A]	ug/L 0.25 U		EPA 524.2	0.25	11/20/07	5:21 PM	E96080
2942	Bromoform	[N/A]:	ug/L 0.41 U		EPA 524.2	0.41	11/20/07	5:21 PM	E96080
2943	Bromodichlorome		ug/L 0.25 U		EPA 524.2	0.25	11/20/07	5:21 PM	E96060
2944	Dibromochlorome	othane [NA]	ug/L 0.30 U	18.5	EPA 524.2	0.30	11/20/07	5:21 PM	E96080
2950	Total Trihalometh	anes [80]	ug/L 0.25 U	À(LÀ	EPA 524.2	0.25	11/20/07	5:21 PM	E96080

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

Reporting Format 62-550,730 Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are 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 ecceptable results from samples collected during the same monitoring period.

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

Printed: 12/4/07

4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue 16331 Cortez Bivd. Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

FDOH # E84418

Public Water System Information (to be	completed by sampler)	
System Name: SIVEY (Q	te Cous pws	510 # 258
System Type (check one): Demmunit	Nontransient Noncommunity	Transient Noncommunity
City: POLOTTO Phone #: 357-187-0080 E-Mail Address:	State: FL Fex #: 350	ZIP Code: 32177 2-187-(1333
Sample Information (to be completed by Sample Number: 47360DW1 Sample Date: Sample Location (be specific): Disinfectant Residual (required when repo	Location Code (if known Sample Time:	AM (PM) (circle one)
Sample Type (check only one)	Sample Reason(s) (check all that apply!
Distribution	PRoutine Comptiance (with 62-550)	Quarterly (which quarter?)
☐ Entry Point (for Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites **	☐ Violation Resolution
☐ Raw (at well or intake)	Clearance (permitting)	Replacement (of invalidated sample)
Max Residence Time	□ Other:	
Avg Residence Time	Sampling Procedure Used or Other Comme	nts:
Near First Customer		
* See 62-550.500(6) for requirements at NOTE: See 62-550.512(3) for additional for nitrate or nitrate MCt. exceedances. Sampler's Name: 252-187-6		550(2) for requirements and nege for each site.
Sampler's E-Mail Address:	CVC	
Certification (to be completed by s	smpler) for Haring, field	COTOY CLINOUTO (Print Title)
do HEREBY CERTIFY that the above publications:	ic water system and collection informat	lon is complete and correct. Date: 9 18 07

Laboratory Certification I	nformation (to be complete	ed by lab)									
Lab Name: Flowers Chem	nical Laboratories, Inc.	Florids Certification #: E83018									
Address: P. O. Box 1505	97	Certification E	xpiration Date: 6/30/2008								
Altamonte Sprii	ngs, FL 32715-0597	Phone #: 407	-339-5984								
Analysis information (to be completed by lab)	Report Numbe	nr: 47360								
Sample Number: 473600	W1	Date Sample I	Received: 08/31/07								
Group(s) analyzed and re	sults attached for compliance \	with Chapter 62-550, F.A.C. (c	check all that apply)								
Inorganics.	Voistile Organics	Radionuciidas.	Disinfection Ryproducts								
□All 17	☐ All 21 ☐ Partial ☐ Single Sample		Trihalomethanes								
☐ Partial		Otrly Composite**	Heloscetic Acids								
Nitrate			Bromate								
Nitrite	Synthetic Organics	Secondaries	Chlorite								
Asbestos	☐All 30 ☐Partial	☐ All 14 ☐ Partial									
Were any analyses subco	ontracted? Yes No		contractor's Florida drinking water ach result provided by that lab).								
	•	Certification									
	Technical Director, do HEREBY ents of the National Environment		lytical data are correct and unless Conference (NELAC).								
Signature:	W,	Date: 09/11/0	07								
* Failure to provide a valid	and current Florida Dept. of Health	h lab ID number and a current Ana	lyte Sheet for the attached								
enelysis results will resul	t in rejection of the report and pos	sible enforcement against the publi	ic water system for fellure to sample.								
** Please provide rediocher	micel sample dates and locations f	or each quarter.									
Compliance Determination	on (to be complet	ted by DEP or DOH)									
Sample Collection Info S	atisfactory DYes DNo	Cample Applicate but the	totana - Dv. Du.								
	• – – ·	Sample Analysis Info Sat	·								
Reason(s): Dincomplet	circle or highlight groups above		ted (circle or highlight groups above)								
	<u> </u>	cation Unsatisfactory	☐ Analysis Unsatisfactory								
_		her									
		D	ate Notified:								
Comments:											
Date Reviewed:	DEP/DOH Reviewin	g Official:									

Disinfection Byproducts: 62-550.310(3) Lab ID: 47360DW1 PWS ID: 2544258 Sample ID: Lot 9

Contar	n			Analysis		Analytical	Lab	Anelysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	υ	EPA552.2	2.00	09/05/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	2.14		EPA552.2	2.00	09/05/07		£83018
2452	Trichloroscetic Acid	N/A	ug/L	1.48		EPA652.2	0.500	09/05/07		683018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/05/07		E83018
2454	Dibromoacetic Acid	N/A	u g/L	20.5		EPA562.2	0.500	09/05/07		E83018
2456	HAA5	60	ug/L	24.1		EPA662.2	0.500	09/05/07		E83018
2941	Chloroform	N/A	ug/L	2.55		EPA502.2	0.500	09/04/07		E83018
2942	Bromoform	N/A	ug/L	72.2		EPA502.2	0.500	09/04/07		E83018
2943	Bromodichtoromethane	N/A	ug/L	8.74		EPA502.2	0.500	09/04/07		E83018
2944	Dibromochloromethane	N/A	ug/L	29.7		EPA502.2	0.500	09/04/07		E83018
2950	Total Trihaiomethanes	80	ug/L	113		EPA502.2	0.500	09/04/07		E83018

Lab Name: Flowere Chemical Laboratories, inc. Address: P. O. Box 150597 Altamonte Springs, FL 32715-0597 Analysis Information (to be completed by lab) Sample Number: 47360DW2 Begort Number: 47360 Sample Number: 47360DW2 Brandina Service and results attached for compliance with Chapter 82-560, F.A.C. (check all that apply) loozganica. Wolatila Organics All 17 All 21 Partial Single Semple Trihadomethanes Partial Single Semple Trihadomethanes Partial Superior Meloacetic Acids Nitrate Bromate Notification All 30 Partial All 14 Partial Nere any analyses subcontracted? Yes No (if yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab). Certification 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: 08/11/07 * Feilure to provide a velid and current Fiorida Dept. of Health lab ID number and a current Analyte Sheet for the stached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: 08/11/07 * Feilure to provide a velid and current Fiorida Dept. of Health lab ID number and a current Analyte Sheet for the stached analysis reaults will result in rejection of the report and possible enforcement against the public water system for failure to sample. ** Please provide radiochemical sample datas and locations for each quarter. Compliance Determination (to be completed by DEP or DOH) Sample Collection Into Satisfactory Yes No Revised Report Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above) Revised Report Requested	Laboratory Certification	Information (to be co	mpleted by	lab)	······································									
Analysis information (to be completed by lab) Analysis information (to be completed by lab) Report Number: 47360 Sample Number: 47360DW2 Date Sample Received: 08/31/07 Group(s) enalyzed and results attached for compliance with Chapter 82-560, F.A.C. (check all that apply) lonzpapina. Molatila Organica Badionacibidas. Disinfection Rypcoducts Partial Single Sample Trihalomethanes Pertial Gurly Composite** Haloscetic Acids Nitrate Bromate Nitrate Bromate Nitrate Synthatic Organics Secondarias. Chlorite Asbestos All 30 Partial All 14 Partial Were any analyses subcontracted? Yes No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab). Certification I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: 09/11/07 * Failure to provide a valid and current Floride 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 redichemical sample dates and locations for each querier. Compiliance Determination (to be completed by DEP or DOH) Sample Collection Into Satisfactory Yes No Sample Analysis Info Satisfactory Yes No Resample Requested (circle or highlight groups above) Revised Report Re	Lab Name: Flowers Che	emical Laboratories, Inc.		Florida Cert	ification #: E8:	3018								
Analysis Information (to be completed by lab) Sample Number: 47360 Sample Number: 47360DW2 Date Sample Received: 08/31/07 Group(s) analyzed and results attached for compliance with Chapter 82-550, F.A.C. (check all that apply) Inouganica. All 17 All 21 Partial Single Sample Trihalomethanes Partial Gitrly Composite** Hallocerite Acids	Address: P. O. Box 150	0597		Certification	Expiration Da	te: 6/30/2008								
Sample Number: 47360DW2 Date Sample Received: O8/31/07 Group(s) analyzed and results attached for compliance with Chapter 62-560, F.A.C. (check all that apply) Inoxpanina. Wolestile Organics Badinouchidas. Disinfection Ryproducts Badinouchidas. Disinfection Ryproducts Bromate Chiritate Bromate Single Sample Griving Composite*** Bromate Bromate Shritite Synthatic Organics Sacondarias. Chlorite Ashestos All 30 Partial Were any analyzes subcontracted? Yes No (if yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab). Certification Ly Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: 09/11/07 Falure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached enalysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample. ** Please provide rediochemical sample dates and locations for each querier. Compiliance Determination (to be completed by DEP or DOH) Sample Collection Into Satisfactory Yes No Sample Analysis Info Satisfactory Yes No Resample Requested (circle or highlight groups above) Resson(s): Incomplete Report Analysis Uncertified: Date Notified: Date Notified: Date Notified: Date Notified:	Altamonte Sp	orings, FL 32715-0597		Phone #: 407-339-5984										
Group(s) analyzed and results attached for compliance with Chapter 82-550, F.A.C. (check all that apply) Inarganica.	Analysis Information	(to be completed by lab)		Report Num	ber: 47360									
Incorporation	Sample Number: 47360	DDW2		Date Sampl	e Received:	08/31/07								
All 17	Group(s) analyzed and	results attached for complic	iance with C	Chapter 82-550, F.A.C.	. (check all the	t apply)								
Partial Qtrly Composite** Heloacetic Acids Nitrate Bromate Partial All 14 Partial Were any analyses subcontracted? Yes No (if yes, please provide subcontractor's Florids drinking water certification number with each result provided by that lab). Certification Certification number with each result provided by that lab). Certification number with each result provided by that lab). Certification number with each result provided by that lab). Certification number with each result provided by that lab). Certification number with each result provided by that lab). Certification number with each result provided by near each series of the National Environmental Laboratory Accreditation Conference (NELAC). Date: 09/11/07 Partial No New Yes No New Yes	Inorganica.	Volatila Organica	J	Radionurlidas	Disinfe	ction Ryproducts								
Nitrate	□All 17	☐All 21 ☐Partial	i (☐Single Sample	[] Tribe	lomethanes								
Asbestos	Pertial		C	Qtrly Composite**	□Helo	acetic Acids								
Asbestos	Nitrate				□Вгоп	nate								
Asbestos	Nitrite	Synthetic Organics	:	Secondaries	□ Chlo	rite								
Certification I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: 09/11/07 * Fallure to provide a valid and current Floride Dept. of Health lab ID number and a current Analyte Sheet for the attached enalysis 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 Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory Person Notified: Date Noti	<u>-</u>		_	□All 14 □Partial										
Signature: Date: 09/11/07 * Fallure to provide a velid and current Floride Dept. of Health lab ID number and a current Analyte Sheet for the attached enalysis 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 querier. Compliance Determination (to be completed by DEP or DOH) Sample Collection Info Satisfactory Yes No No No No No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ce	ertification number with		•								
Signature: Date: 09/11/07 * Fallure to provide a velid and current Floride Dept, of Health lab ID number and a current Analyte Sheet for the attached enalysis 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) Revised Report Requested (circle or highlight groups above) Missing Analyte Sheet(s) Other Date Notified: D														
Signature: Date: 09/11/07 * Fellure to provide a velid and current Floride Dept, of Health lab ID number and a current Analyta Sheet for the attached enelysis 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) Revised Report Requested (circle or highlight groups above) Missing Analyte Sheet(s) Other Date Notified: D														
enalysis 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 Unsetisfactory Analysis Unsatisfactory Person Notified: Date Notified: Date Notified: Comments: Date Notified: Date Notified: Date Notified: Date Notified: Comments: Date Notified: Date N		William National Enter	ounena L			NELAC).								
enalysis 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 Person Notified: Date Notified: Date Notified: Comments: Date Notified: Date Notified: Date Notified: Date Notified: Comments: Date Notified: Date N	•	11.												
** 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) Revised Report Requested (circle or highlight groups above) Analysis Unsatisfactory Analysis Unsatisfactory Missing Analyte Sheet(s) Other Date Notified: Date Notified: Comments: Date Notified: Date Notified: Comments: Comments Com	* Fallure to provide a ve	fid and current Florida Dept. of	f Health lab il	Dinumber and a current A	inalyte Sheet for	r the attached								
Compliance Determination (to be completed by DEP or DOH) Sample Collection Info Satisfactory	enalysis results will res	ruit in rejection of the report a	nd possible e	nforcement against the p	ublic water syst	em for failure to sample.								
Sample Collection Info Satisfactory	** Please provide radioc	hemical sample dates and loca	etions for eac	h quarter.										
Resample Requested (circle or highlight groups above) Reason(s):	Compliance Determina	ition (to be co	ompleted by	DEP or DOH)										
Resample Requested (circle or highlight groups above) Reason(s):	Cample Collection Inte	Satisfactory Dyes F	¬No	Sample Analysis Into S	Catiatastan.	Dyna Dia								
Reason(s): Incomplete Report		*·			•	_								
Person Notified: Comments: Date Notified:				•		• • • •								
Person Notified: Date Notified:		•		·	□ Anaiys	IS URBBUSTECTORY								
Comments:	-				Dune Nedicin									
					DBIO NOTIFIED									

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 47360DW2 PWS ID: 2544258 Sample ID: POE Tap

Conten	n			Analysis		Analytical	Lab	Anelysis	Analysis	DOH Lab
<u>D</u>	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.105		EPA300.0	0.0500	08/31/07	01:45 PM	EB3018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	08/31/07	01:45 PM	E83018



X 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

Client																W	ww.	flow	ersi	abs	.con	n					
	A.V.F.	Pur	m G	OUNT						Put	Xic Wa	rter S	yster	Nago.	12 1	4	ke.	0	Jet.	5		<u> </u>	10				
Address	P.O. BE	7x	490	1316					-	PW	S IDP)	2	54	42	5,	9				P.Q	۲	I	7	1	UF)
	Leesburg	FL	31	1748	3					FCI	Leb (Coort	dineto		1 -					•••••	Kh	B	0)			
Phone	386-329-11	/ZZ					,			Pt	ıblic V	Vate	r Sys	tem Ty	/pe:		Lin	nited (Jse C	ommé	rcial /	Publi	c	COMA	ENTS		
	d By (PRINT): DAVID	HAI	ina							Ø	Com	imur.	tity (] No	n-Con	nmuni	ty [] Non	-trans	ient/	Non-C	mmo	unity				
Sample	Signature War	Tint	7	Date Samp	ő-07			PRES	SERV	ATIVE	s			7	7		7	$\overline{}$	$\overline{}$	7	7		, k	/	7	7/	,
DRIN	KING WATER - Ch	n of C				NUMBER	NONE	NaOH	HNO,	_	Ne ₂ S ₂ O ₃	N/h,C		Se Paris		•/	/ a/.	S. E.	/ s/	/ 	/ &/	A Separate S		//	//		
ITEM NO.	SAMPLE DESCRIPT	10N	DATE	TIME	LAB NO.	 	£	2	₹	홋	2	_	∕ &	/ 8	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\$ / €	\$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Ž/ž	3 / d	/ 6	/ 4	_	/	_	pH File	Id Cl ₂ Ree
1	Lpt 9	·			47360ml	2				X	X			<u> </u>				X		<u> </u>	ļ			<u> </u>		7,5	0.4
2	20+ 9		8-50-07		/	1						X						<u></u>	X				<u> </u>			7.5	0.4
3	Point of Ent	/ /	82007	1530	& pus	1	X										X									7.5,0	28
4		/															<u></u>	Ĺ									
5																											
6																		,									
7																											
8																•									-		
9		·								1	7						<u> </u>										
10					***************************************						1		`														
Relin	equished By / Affiliation	Date	Time	Acolo	TERO By Affiliati	ori	7	Date		Time		tell	nquilin	ed By	Affilia	tion	٦, ٦	ate	Tim	10	^	ccapte	ed By /	Affiliati	on	Date	Time
NQ.	ved Vocing	8-34-07	11:00	1/4	4		Y	<u>23/</u>	1	24	<u> </u>	1	م	X			8	31	3	16	ري/	42	YO			3/3./27	15146

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC.

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: Silver Lake Oaks 6448 THM

Received:

5/23/07 11:50

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 4155 St. Johns Plwy Suite 1300 Sanford, FL 32771

FDOH # E83509

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

FDOH # E96080 Printed: 6/8/07

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North Fort Pierci F. 34946 Phone (772) 468-2400, ext 285 Faix (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks 6448 THM

Received:

5/23/07 11:50

[2128732]

MS=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

Method HBEL Batch Analyte **Quality Control Summary** Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. | North Fort Pierce Pt. 34946 Phone (772) 465-2400, Ext. 285 Feb. (772) 467-584

CERTIFICATE OF ANALYSIS [2128732]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks 6448 THM

Parameter	Quatifier F	1 Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Dale/Time	Analysi	Lab ID
,	28732001 HM Lot 9 G	ìreb			Sampled: 05/22/07 Matrix: Water		Received: reported on \	05/23/07 Net Weight B		
Bromodichloromethana	4.	.0	ug/L	0.25	EPA 524.2	VOCZ796		05/31/07 3:32	WR	E96080
Bromoform	20	6	ug/L	0.41	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96060
Chloroform	1.	.2	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96080
Dibromochloromethane	12	2	ug/L	0.30	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96080
Total THMs	4:	3	∪g/L	0.25	EPA 524.2	VOC2796		05/31/07 3:32	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 Projection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Printed: 6/8/07

4	<u> </u>
À	
4	
Ŧ	

HARBOR BRANCH 5600 US I North, Fort Plerce, Ft. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Cha	n _r of _P C	usto	1
	and		
Ambhin	ini to Porto	imperati	Širijā

PRESS HARD COMPLETELY FILL OUT 5600 U.S. 1 North
TAIL NON CREVED AREAS: Fort Pierce, FL 34948

USE BALL POINT REN Laboratory not responsible for omitted information

_____FDOH # E96080

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

Method(s) of Shipment: Company:

_FDOH # E83509 4155 St. Johns Pkwy.

FDOH # E84418 16331 Cortez Blvd.

Address	: 93	0 501	vH	SK	1	9 Surte3			_		ų.	•)	植		te 1300 nford, FL	32771	ooksville, FL 34601
	.1					32/77			- 3								A 0 -
Phone:	386-	329-11	77	Fax:	X	6-329-9977	e-mali: Star	ndard Laboratory	T A	2 3O	為持續	THE STATE OF			The same of	LAB#	21132
Client Co			u/					Around Time	57	1		RESER					vetion Key
Project N	lame:	Silv	L	rke	DA	ks #6448	(Or	#	<u> </u>	ANAL	YSES R	FOLIES	TED		Hallydrochloric Acid	
Sampled	Ву:		yu	id	Ha.	``		Business Days oratory Approval			443		然深刻		# 30.2	8-Bulluric Acid SH-Sodium Hydroxi	Thiosulfate
LABID	COLLE		ple Type	MATRIX**	ntainers		E DESCI		T E							СОМ	MENTS
		TIME	3	¥	ું ક	AS WII	Appear Or	п нероп									_
001	22My07	1815	6-	DV	3	TT	M/ 2	ot 9	X							Cb 0.	50474
Not	ceire			=	>3	Trix	BANK	<i>y</i>								A-11.3A	m 145
		52	201				·									Ica !	Wing
				_		·										Tran	soort.
							·									(
				_													
															_		
				-	\dashv	·											
-								 							_	·	
	Sample Type	: G-Grab	C-Con	posit				lid SI -Shufine Pil	مماللمنكاك	Water	CW D		574	Surface N	Vate - 1104	V-Wastowater M-	
	RELINQUISH		wi	1	7	THE RE	LINQUISHED BY					EUNQUI			-lde	-TV85teWater M-	Marine
eport	DATE/TIME	23/	My	07	1	1000 0	TETIME 5	368	। इंट			ATE/TIM		13	123	0 /60	est of
	RECEIVED B	Y 3	> _	-			CEIVED BY (Geolfe						ertisi		Mill	1
		REPORT:	YELLO	W for	FILE:	PINK to CLIENT;	GOLD for SAME	2/23/107	1/50		Š	MERIN		THE STATE OF		N PAGE	1070

PUBLIC WATER SYSTEM INFORMATION (to be completed)	ted by sampler - Please type or print tegibly)
System Name: SILVER LAXE WAS	PWS I.D. #: 2544258
	Intransient Noncommunity Transient Noncommunity
Address: 7017 SILVLE LAX	
city: PAILATKA	State: FC ZIP Code: 32177
Phone #: 386 - 937-1743	Fax#: 3~~ 3~9~9~7フ
E-Mail Address: NA	
SAMPLE INFORMATION (to be completed by sampler)	
- ,	Location Code (If known):
Sample Date: 05/22/07	•
Sample Location (be specific): TTHM Lot 9 Grab	_
Disinfectant Residual (Required when reporting results for triha	lomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
**************************************	Compliance (with 62-550) Quarterly (Which Qtr?
15	ation of MCL Exceedence* Special (not for compliance with 62-550)
•	te of Multiple Sites** Violation Resolution
Raw (at well or intake) Clearance	
Max Residence Time Other:	
	rocedure Used or Other Comments:
Near First Customer	
*See 62-550.500(6) for requirements and restrictions.	** See 62-550.550(4) for requirements and
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences,	attach a results page for each site.
Sampler's Name: DANO HARIA	
Sampler's Phone #: 386-937- /091	Sampler's Fax #: 386-329-9977
Sampler's E-Mail Address:	- Compose of Carlo
CERTIFICATION (to be completed by sampler)	
	PLUS CURS DIVANCE
Print Name do HEREBY CERTIFY that the above public water syste	Print Title om and sample collection information is
completed and correct.	, ,
Signature:	Date: 6/10/ν7
Reporting Formal 62-550,730 Effective Jar	nuary 1995, Revised January 2004

LABORATORY CERTIFICATION INFORMATION (10)	be completed by lab - Please type or print legibly)	
ATTACH A CURRENT DOH ANALYTE SHEET		
Lab Name: Harbor Branch Environmental Laborat	tories, Inc. Florida Certification #: E96080	
	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:: 5/23/07	
PWS ID (From Page 1):	Sample Number (From Page 1):	
Lab Assigned Report Number or Job ID:	2128732001	
Group(s) Analyzed and Results attached for compliance	ce with Chapter 62-550, F.A.C. (Check all that apply):	
Inorganics Synthetic Organics	Volatile Organics Disinfection Byproduct	5
Alf 17All 30	All 21 VTrihalomethanes	
Partial All Except Dioxin	Partial Haloacetic Acids	
Nitrate Partial	☐Bromate	
☐Nitrite ☐Dioxin Only	Radionuclides	
Asbestos Only	Single Sample Secondaries	
	Qtrly Composite**	
Were any analyses subcontracted? Yes X	(No	
If yes, please provide DOH certification numbers:	Partial	
ATTACH DOLLANALYTE SHEET FOR EACH SUBCONTRACTE	D LAB	
CERT	TIFICATION	
I, Cindy Cromer	Laboratory Director	
(Print Name)	(Print Title)	
do HEREBY CERTIFY that all attached analytical data National Environmental Laboratory Accreditation Conf	a are correct and unless noted meet all requirements of the	
<u> </u>	•	
Signature Cong Come	Date: 08-Jun-07	
	ion number and a current Analyte Sheet for the attached analysis results water system for failure to sample, and may result in notification of the Doublet.	
COMPLIANCE DETERMINATION (to be completed by Di	EP or DOH)	
Sample Collection Info Satisfactory: Yes N	lo Sample Analysis Info Satisfactory: Yes	∐No
[]Replacement Sample(s) Requested (dide or highlight)	group(s) above) Revised Report Requested (circle or highlight group	x(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 Unsatisfa	ctory
Other: Person Notified:	Date Notified:	
Date Reviewed: DEP	P/DOH Reviewing Official:	
	30 Effective leaves 4005 Decided toward 2004	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Picics FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Aqua Utilities F	lorida, I	nc.	Rep	ort Number/ Jo	b ID S	Silver Lake Oak	6448 TH	М
TTHM Lot 9 G	ab		Disi	nfectant Residu	rat (mg/L			
2128732001					PWS ID	-		
5/22/07 18:15								
5/23/07 11:50								
		Analysis		Analytical		Analysis	Analysis	DOH La
	TTHM Lot 9 Gr 2128732001 5/22/07 18:15	TTHM Lot 9 Grab 2128732001 5/22/07 18:15	2128732001 5/22/07 18:15 5/23/07 11:50	TTHM Lot 9 Grab 2128732001 5/22/07 18:15 5/23/07 11:50 Analysis	TTHM Lot 9 Grab Disinfectant Residult 2128732001 5/22/07 18:15 5/23/07 11:50	TTHM Lot 9 Grab Disinfectant Residual (mg/L 2128732001 PWS ID 5/22/07 18:15 5/23/07 11:50 Analysis Analytical	TTHM Lot 9 Grab Disinfectant Residual (mg/L 2128732001 PWS ID 5/22/07 18:15 5/23/07 11:50 Analysis Analytical Analysis	TTHM Lot 9 Grab Disinfectant Residual (mg/L 2128732001 PWS ID 5/22/07 18:15 5/23/07 11:50 Analysis Analytical Analysis Analysis

2941	Chloroform	[N/A]	n8\r	1.2	EPA 524.2	0.25	5/31/07	3:32 AM	E96080
2942	Bromoform	[N/A]	υ g/L	26	EPA 624.2	0.41	5/31/07	3:32 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	4.0	EPA 524.2	0.25	5/31/07	3:32 AM	E96080
2944	Dibromochloromethane	(AVA)	ug/L	12	EPA 524.2	0.30	5/31/07	3:32 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	43.2	EPA 524.2	0.25	5/31/07	3:32 AM	E96080

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

Reporting Format 82-550.730 Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A. F. H. N. Q. T. Z. ?. *, are unacceptable for comptionce with 82.550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North Fort Pierce, FL 34946 4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771

FDOH # E83509

FDOH # E96080 Printed: 6/8/07



307 Coolidge Avenue Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

16331 Cortez Blvd. FDOH # E84418



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

SYSTEM NAME: Sliver Lake Oaks

SYSTEM PWS ID #: 2544258

REPORT DATE: 3/19/07

[ear Customer, SUBMISSION #: 072712
ş	lease read the instructions following the checked box(es).
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Central District.
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Southwest District.
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP Northeast District.
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the Marion County DOH: (or other).
	Enclosed is the report for your recent laboratory analyses. We have reported the results of these analyses for you to the DEP:
	We have also reported the results of these analyses to:
	Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
	All results satisfactory.
	Consult your governing agency or project engineer for interpretation.
	his page does not constitute a portion of the NELAC report. you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you!

We appreciate your business!



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

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

Page 1 of 3; including Chain of Custody

Laborato	ry Name: Aqua Pure Water & Se	_	ification #: E83265	
	Address: 10865 E. S	State Road 40 Silver Springs FL 3	4488-2349 Phor	ne #: (352) 625-2822
ANALYSIS	INFORMATION			
	· · · · · · · · · · · · · · · · · · ·	em Name: Sliver Lake Oaks		Sample Number: 1003 (Le
Sample Dar Laborati	te: 3/1/07 Sample Tim ory Assigned Submission Numbe	•	ocation: Lot 9	Date Sample(s) Received: 3/1/07
Group	(s) Analyzed & Results attached Disinfection Byproducts, Trihal	for compliance with Chapter 62-5: lomethanes	50, F.A.C.:	
Subc	ontracted Laboratory DOH Certifi	ication Number(s): E83079 EL		Analyte Sheet(s) Attach
l Lisa	K. Sauon, Charles B. Saunn, or N	CERTIFICATK Michael Morse, Technical Director	-	TIFY that all attached analytical date a
		Michael Morse, Technical Director	, do HEREBY CER	RTIFY that all attached analytical data a y Accreditation Conference (NELAC).
		Michael Morse, Technical Director	, do HEREBY CER	_
		Michael Morse, Technical Director	, do HEREBY CER	_
con	rect and unless noted meet all re	Michael Morse, Technical Director equirements of the National Enviro	, do HEREBY CER nmental Laborator	y Accreditation Conference (NELAC).
Ceri	rect and unless noted meet all re	Michael Morse, Technical Director equirements of the National Environal are based upon method specific calibration	, do HEREBY CER nmental Laborator ation and QA/QC ac	y Accreditation Conference (NELAC).
Ceri	rect and unless noted meet all re	Michael Morse, Technical Director equirements of the National Environal are based upon method specific calibra	, do HEREBY CER nmental Laborator ation and QA/QC ac	y Accreditation Conference (NELAC). captance criteria (available upon request).
Ceri	rect and unless noted meet all re	Michael Morse, Technical Director equirements of the National Environal are based upon method specific calibra	, do HEREBY CER nmental Laborator ation and QA/QC ac	y Accreditation Conference (NELAC). captance criteria (available upon request).
Cert The resu	rect and unless noted meet all re tainty & validity of the reported data a lts presented herein relate only to the	Michael Morse, Technical Director aquirements of the National Environments of the National Environments based upon method specific calibrate samples submitted. If you have questing the Samples submitted and the Samples submitted submitted and the Samples submitted and the Samples submitted submitt	, do HEREBY CER nmental Laborator ation and QA/QC ac	y Accreditation Conference (NELAC). captance criteria (available upon request). aport please call Lisa Saupp at (352) 525-26
Cert The resu	rect and unless noted meet all retainty & validity of the reported data a lite presented herein relate only to the Signature:	Michael Morse, Technical Director aquirements of the National Environments of the National Environments based upon method specific calibrate samples submitted. If you have questing the Samples submitted and the Samples submitted submitted and the Samples submitted and the Samples submitted submitt	, do HEREBY CER nmental Laborator ation and QA / QC ac tions regarding this re	y Accreditation Conference (NELAC). captance criteria (available upon request). aport please call Lisa Saupp at (352) 625-20
Cert The resu COMPLIAN COMPLIAN COMPLIAN	tainty & validity of the reported data a lite presented herein relate only to the Signature:	Michael Morse, Technical Director equirements of the National Environment based upon method specific calibrate samples submitted. If you have questionable by DEP or DOH;	, do HEREBY CER nmental Laborator ation and QA / QC ac tions regarding this n	y Accreditation Conference (NELAC). captance criteria (evaliable upon request). eport please call Lisa Saupp at (352) 625-20 Date: March 19, 2007
Cert The resu COMPLIA! COMPLIA!	tainty & validity of the reported data a lite presented herein relate only to the Signature: NCE DETERMINATION (to be dection info Satisfactory:	Michael Morse, Technical Director equirements of the National Environment based upon method specific calibrate based upon	, do HEREBY CER nmental Laborator ation and QA / QC ac tions regarding this n	y Accreditation Conference (NELAC). captance criteria (evaliable upon request). eport please call Lisa Saupp at (352) 625-26 Date: March 19, 2007
Cert The resu COMPLIA! COMPLIA!	tainty & validity of the reported data a lite presented herein relate only to the Signature: NCE DETERMINATION (to be dection info Satisfectory:	Michael Morse, Technical Director equirements of the National Environment based upon method specific calibrate based upon	, do HEREBY CER nmental Laborator ation and QA / QC ac tions regarding this n	y Accreditation Conference (NELAC). ceptance criteria (available upon request). aport please call Lisa Saupp at (352) 625-26 Date: March 19, 2007 e Analysis Info Satisfactory: Yes eport Requested (circle or highlight group(a)
Cent The resu COMPLIANT C	tainty & validity of the reported data a lite presented herein relate only to the Signature: NCE DETERMINATION (to be dection Info Satisfactory: DYes nent Sample(s) Requested (circle of Monitoring Required (circle of	Michael Morse, Technical Director equirements of the National Environments of the National Environments based upon method specific calibrate samples submitted. If you have questionable by DEP or DOH; Dompleted by DEP or DOH; Thighlight group(s) above) Thighlight group(s) above)	, do HEREBY CER nomental Laborator attention and QA / QC actions regarding this research at the second seco	y Accreditation Conference (NELAC). contained criteria (available upon request). aport please call Lisa Saupp at (352) 625-28 Date: March 19, 2007 e Analysis Info Satisfactory: Yes eport Requested (circle or highlight group(a))
Cent The resu COMPLIANT C	tainty & validity of the reported data a lite presented herein relate only to the Signature: NCE DETERMINATION (to be dection Info Satisfactory: Desired (circle of all Monitoring Required (circle of DMCL(s) Exceeded DMIssing Analyte Sheet(s)	Michael Morse, Technical Director equirements of the National Environments of the National Environments based upon method specific calibnate samples submitted. If you have quest the samples submitted of your have quest to properly the property of highlight group(s) above) Detection(s)	odo HEREBY CER nomental Laborator ation and QA / QC ac tions regarding this re Sample Carried Revised	y Accreditation Conference (NELAC). contained criteria (available upon request). aport please call Lisa Saupp at (352) 625-26 Date: March 19, 2007 e Analysis Info Satisfactory: Yes eport Requested (circle or highlight group(a))
Cert The resu COMPLIA! Sample Colli Replacen Addition: Reason(s):	tainty & validity of the reported data a lite presented herein relate only to the Signature: NCE DETERMINATION (to be dection Info Satisfactory: Desired (circle of all Monitoring Required (circle of DMCL(s) Exceeded DMIssing Analyte Sheet(s)	Michael Morse, Technical Director equirements of the National Environment based upon method specific calibrate based upon properties based upon method specific calibrate based upon properties based upon propertie	, do HEREBY CER nmental Laborator ation and QA / QC ac tions regarding this re Sample Revised R Uncomplete R Analysis Unsa	y Accreditation Conference (NELAC). contained criteria (available upon request). aport please call Lisa Saupp at (352) 625-26 Date: March 19, 2007 e Analysis Info Satisfactory: Yes eport Requested (circle or highlight group(a))
Cert The resu COMPLIA! Sample Colli Replacen Addition: Reason(s):	tainty & validity of the reported data a lite presented herein relate only to the Signature: NCE DETERMINATION (to be dection Info Satisfectory: DYes nent Sample(s) Requested (circle of Monitoring Required (circle of DMCL(s) Exceeded DMIssing Analyte Sheet(s)	Michael Morse, Technical Director equirements of the National Environments	, do HEREBY CER nmental Laborator ation and QA / QC ac tions regarding this re Sample Revised R Uncomplete R Analysis Unsa	y Accreditation Conference (NELAC). captance criteria (available upon request). aport please call Lisa Saupp at (352) 625-20 Date: March 19, 2007 e Analysis Info Satisfactory: Yes eport Requested (circle or highlight group(a)) eport attisfactory



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

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

System Name: Silver Lake Oaks PWS ID: 2544258 Submission Number: 072712

Disinfectant Residual (mg/L): 1.4

DISINFECTION BYPRODUCTS 62-550.310(3)

Contam	Contam Name	MCL	Units	Analysis Resuit	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
2941	Chloroform	↓ N/A	μg/L	3.1	;	E524.2	0.31	3/5/07		E83079
2942	Bromoform	N/A	ug/L	28		E524.2	0.22	3/5/07		E83079
2943	Bromodichloromethane	N/A	μg/L	11	T	E524.2	0.23	3/5/07	i	E83079
2944	Dibromochloromethane	N/A	µg/L	26		E524.2	0.14	3/5/07		E83079
2950	Total Trihalomethenes	80	l μg/L	88		E524.2				E83079



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40
Silver Springs, Florida 34488
(352) 625-2822 • FAX (352) 625-6638

#072712

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED 8	Y THE CUSTOMER
Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.	PARAMETERS REQUESTED (check box):
Client Name: Aqua Utilities	Gross Alpha Others;
Mailing Address: 930 South SR 19 Suite 3	Group I Unregulateds:
PALAHRA FL 32177	☐ Group II Unregulateds:
Telephone: 386-329-//22	☐ All 23 ☐ Partial:
PUBLIC WATER SYSTEM INFORMATION:	Group III Unregulateds:
System Name: <u>Silve Lake Oaks</u> PWS ID No. <u>2544258</u> Physical Address: <u>70175'/ver Lake Or</u> Phone No. <u>386-329-1122</u>	☐ Inorganics:
PA/A+KA KC	□ All 17 □ Partial;
Type (check box):	Pesticides and PCBs:
□ Noncommunity □ HRS 10 D-4	Secondaries:
SAMPLE INFORMATION:	All 14 Partial:
Date and Hour Sampled: / MAI 07 /0555	Trihalomethanes:
Sample Location (be specific): 20+ 9	☑ Alf 4 □ Partial:
Sampler Name and Phone (please print): DA VIO HAVING 386-329-1/72	1-THM Potential
Signature: Devid Bacing Title Seria Facility Operator	☐ Volatile Organics:
Type (check box): Distribution	☐ All 21 ☐ Pertial:
☐ Recheck of MCL. ☐ Composite of Multiple Sites	Miscellaneous:
☐ Resample — Lab Invalidated ☐ Distribution Entry Point	
☐ Clearance ☐ Raw ☐ Plant Tap	FIELD TEST RESULTS (if applicable):
SAMPLE CUSTODY: Signature Date Time Condition	Chlorine Residual:
Sampler Relinquished: Surishoring / MAYOT 0930 OK	Dissolved Oxygen: Temperature:
Transporter Relinquished:	Performed By: David Horcing Date: 1MA/07
FOR LABORATORY USE	ONLY
Oate Time Condition	Subcontracted To:
Received By: Celled 3-1-0) 5:35 1 icul	Date Out:
Lab Number:	Parameters:
Comments:	Preservative:
	
Teyr. 6	<u> </u>

072712 PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly) ■Nontransient Noncommunity System Type (check one): ☐Transient Noncommunity 7017 Silve Lake Or Phone #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): Sample Date: / MAr. 07 Sample Time: Sample Location (be specific): Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 52-550) 4 Quarterly (Which Quarter? Entry Point (to Distribution) ☐Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-560) Composite of Multiple Sites** Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Sample) Max Residence Time Other: Sampling Procedure Used or Other Comments: ☐Ave Residence Time ☐Near First Customer *See 62-550.500(6) for requirements and restrictions. "See 62-550,550(4) for requirements and NOTE: See 62-550.512(3) for additional requirements attach a results page for each site. for nitrate or nitrite MCL exceedances. Sampler's Name: Sampler's Fax #: 386-329-9977 Sampler's Phone #: Sampler's E-Mail Address: **CERTIFICATION** (to be completed by sampler) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct. David Haring Date: IMAY 07 Signature:

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page 1 of [insert number of pages]



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

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

Page 1 of 3; including Chain of Custody

	•		age Service, Inc. Flori ate Road 40 Silver Sprin	ida Certifical ngs FL 3448		#: (352) 625 - 282	piration Date: 6/3 22	
ANAI YSIS	INFORMATION							
	D: 2544258	System	n Name: Silver Lake Oa	aks		Samp	ole Number: Not	Prov
Sample Dat	e: 3/1/07	Sample Time:	0555 S	ample Loca	tion Trip Blanks			
Laborato	ry Assigned Subm	nission Number.	072713		erenter of the filtrate	Date Sample(s) Received: 3/1/	7
Group(s) Analyzed & Res Disinfection Bypr		r compliance with Chapl methanes	ter 62-550, F	FAC::			
Subco	ntracted Laborator	ry DOH Certifica	ation Number(s): E8307	9 EL		Ans	alyte Sheet(s) Att	ach:
			CEDTIE	CATION.				
				FICATION		T/ 45-4 -H -44-4	had anabeleal da	
I. Lisa k	C Saupo, Charles I	B. Saupp, or Mi	chael Morse. Technical	Director, do	HEREBY CERTIF	r y that an altaci	SECT OF INTERVIOR DE	ia a
con	ect and unless not ainty & validity of the	reported data are	chael Morse, Technical uirements of the National	al Environme	antal Laboratory A	ccreditation Cor	nference (NELA)	i). it).
con	ect and unless not sinty & validity of the as presented herein n	reported data are	uirements of the Nations	al Environme	antal Laboratory Ar and QA / QC accep regarding this repo	ccreditation Cor	nference (NELA) silable upon reque a Saupp at (352) 62	i). it).
Cert The resul	ect and unless not sinty & validity of the ts presented herein n	reported data are retate only to the s	uirements of the National a based upon method speci	al Environme	antal Laboratory Ar and QA / QC accep regarding this repo	ccreditation Cor stance criteria (ave et please call Lisa	nference (NELA) silable upon reque a Saupp at (352) 62	i), ii).
Cent The resul	ect and unless not sinty & validity of the ts presented herein n	reported data are elate only to the sgnature:	based upon method speci- samples submitted. If you have	al Environme	and QA / QC accept regarding this repo	ccreditation Constance criteria (avante please call Lisa ate: March 19, 2	nference (NELA) silable upon reque a Saupp at (352) 62	it). 5-28
Cent The resul COMPLIAN Sample Colle	ect and unless not sinty & validity of the ts presented herein n Sig	reported data are elate only to the signature: ATION (to be contory:	based upon method speci samples submitted. If you h	al Environme	and QA / QC accept regarding this report	etance criteria (avant please call Lisa ate: March 19, 2	eilable upon reque Saupp et (352) 62	st). 5-28
Cent The resul COMPLIAN Sample Colle	ect and unless not sinty & validity of the to presented herein r Significe DETERMINA ection info Satisfact sent Sample(s) Rec	reported data are elate only to the a gnature: ATION (to be containly: ATION (to be containly: Circle or	uirements of the Nations a based upon method speci samples submitted. If you h Line Law Impleted by DEP or DOH)	al Environme	and QA / QC accept regarding this report	etance criteria (avant please call Lisa ate: March 19, 2	eilable upon reque a Saupp et (352) 62 2007	st). 5-28
Cent The resul COMPLIAN Sample Colle	ect and unless not sinty & validity of the to presented herein r Significe DETERMINA ection info Satisfact sent Sample(s) Rec	reported data are relate only to the a gnature: ATION (to be contory: Yes quested (circle or hulled)	a based upon method speciamples submitted. If you hampleted by DEP or DOH) No highlight group(s) above)	al Environme	and QA / QC accept regarding this report	etance criteria (avent please call Lisa ete: March 19, 2 unalysis Info Sat ort Requested (c	eilable upon reque a Saupp et (352) 62 2007	st). 5-28
Cent The resul COMPLIAN Sample Colle Replacem Additions	ect and unless not sinty & validity of the ts presented herein n Signature ECE DETERMINA ection info Satisfact ent Sample(s) Recall Monitoring Rec	reported data are elate only to the signature: ATION (to be contory: Tyes quested (circle or hided)	based upon method speciamples submitted. If you hamples of the DOH) mpleted by DEP or DOH) No highlight group(s) above)	al Environme	and QA / QC accept regarding this report Date Sample A	extende criteria (avert please call Lisa ate: March 19, 2 unalysis Info Sat ort Requested (cont	eilable upon reque a Saupp et (352) 62 2007	st). 5-28
Cent The resul COMPLIAN Sample Colle Replacem Additions	ect and unless not sinty & validity of the tapresented herein not significate DETERMINA action info Satisfaction info Sa	reported data are elate only to the signature: ATION (to be contory: Tyes quested (circle or hided)	in based upon method special samples submitted. If you have been submitted as the samples of the National samples of the National submitted by DEP or DOH) In the National Submitted Submitted by DEP or DOH) In the National Submitted Su	al Environme	and QA / QC accept regarding this report Sample A Revised Report	extende criteria (avert please call Lisa ate: March 19, 2 unalysis Info Sat ort Requested (cont	eilable upon reque a Saupp et (352) 62 2007	st). 5-28
Control Complian Complian Sample Colle Replacent Additions Reason(s):	ect and unless not sinty & validity of the bepresented herein in Signature of the section info Satisfaction info Satisfaction Sample(s) Recall Monitoring Recall Monitoring Recall Missing Analyticother:	reported data are relate only to the signature: ATION (to be controry: Tyes quested (circle or hided to Sheet(s)	in based upon method special parameters of the National abased upon method special parameters are properly of the National Ampleted by DEP or DOH) No	ific calibration ave questions	and QA / QC accept regarding this report Sample A Revised Report	extance criteria (avert please call Lisa ate: March 19, 2 unalysis Info Satort Requested (cort factory	eilable upon reque a Saupp at (352) 62 2007 tisfactory: Te	st). 5-28
Cent. The resul COMPLIAN Sample Colle Replacent Additions Reason(s):	ect and unless not sinty & validity of the ts presented herein n Signature of the section info Satisfaction info Satisfaction Sample(s) Recall Monitoring Recall Monitoring Recall Monitoring Recall Monitoring Analytical Other:	reported data are relate only to the signature: ATION (to be controry: Tes quested (circle or hided te Sheet(s)	in based upon method special parameters of the National abased upon method special parameters are properly and the Company of the National American Science (S) above) Detection(s) Detection (s) Detection Unsatisf	ific calibration ave questions factory	and QA / QC accept regarding this report Sample A Grevised Report Incomplete Report Analysis Unsatis	extance criteria (avert please call Lisa ate: March 19, 2 unalysis Info Satort Requested (cort factory	eilable upon reque a Saupp at (352) 62 2007 tisfactory: Te	st). 5-28
Cent. The resul COMPLIAN Sample Colle Replacent Additions Reason(s):	ect and unless not sinty & validity of the ts presented herein n Signature of the section info Satisfaction info Satisfa	reported data are relate only to the signature: ATION (to be controry: Test quested (circle or hided te Sheet(s)	in based upon method special based upon method special based upon method special based upon method special based by DEP or DOH) Impleted by DEP or DOH) In the complete of t	al Environme	and QA / QC accept regarding this report Sample A Grevised Report Incomplete Report Analysis Unsatis	extence criteria (avert please call Lisa ete: March 19, 2 unalysis Info Sat ort Requested (cont ort	allable upon reque a Saupp at (352) 62 2007 tisfactory:	st). 5-28
Cert. The result COMPLIAN Sample Colle Replacem Additions Reason(s): Person Notifit Comments: Date Reviews	ect and unless not sinty & validity of the ts presented herein re Signature of the section info Satisfaction info Satisf	reported data are retate only to the signature: ATION (to be contory: Tyes quested (circle or hided te Sheet(s)	in based upon method special based upon method special based upon method special based upon method special based by DEP or DOH) Impleted by DEP or DOH) In the complete of t	al Environme	and QA / QC accept regarding this report Sample A Green Report Complete	extence criteria (avert please call Lisa ete: March 19, 2 unalysis Info Sat ort Requested (cont ort	allable upon reque a Saupp at (352) 62 2007 tisfactory:	st). 5-28



(352) 625-2822 FAX (352) 625-6638

10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Silver Lake Oaks

PWS ID: 2544258

Submission Number: 072713

Disinfectant Residual (mg/L): N/A

DISINFECTION BYPRODUCTS 62-550.310(3)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chtoroform	N/A	µg/L	0.31	Ü	E524.2	0.31	3/9/07		E83079
2942	Bromoform	N/A	µg/L	0.22	U	E524.2	0.22	3/9/07		E83079
2943	Bromodichloromethane	N/A	µg/L	0.23	U	E524.2	0.23	3/9/07	!	E83079
2944	Dibromochloromethane	N/A	μg/L	0.26	1	E524.2	0,14	3/9/07	;	E83079
2950	Total Trihalomethanes	80	μg/L	0.50	U	E524.2				EB3079

U - The parameter was analyzed but not detected.

I - Analyte detected below quantitation limits.



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488 (352) 625-2822 • FAX (352) 625-6638

#072713

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED B	Y THE CUSTOMER
Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an	PARAMETERS REQUESTED (check box):
accurate report.	Radiochemicals:
Client Name: Aqua Utilities	☐ Gross Alpha ☐ Others:
Mailing Address: 430 50044 58 19 5414 e 3	☐ Group I Unregulateds:
PALA+KA FL 32/77	_
	Group II Unregulateds:
Telephone: 386-329-1/22	☐ All 23 ☐ Partial:
PUBLIC WATER SYSTEM INFORMATION:	Group III Unregulateds:
System Name: Silver Late Other PWS to No. 2544258	74171
Physical Address: 70/7 5, /ver Lake Or Phone No. 386-29-1/22	inorganics:
PALATRA FL	□ All 17 □ Partial:
	☐ Pesticides and PCBs:
Type (check box):	All 30 Partial:
☐ Noncommunity ☐ HRS 10 D-4	
	Secondaries:
SAMPLE INFORMATION:	☐ Ali 14 ☐ Partial:
Date and Hour Sampled: MAY 07 /0555	Trihatomethanes:
Sample Location (be specific): Trip Blank	↑ DPAli 4 □ Partial;
Sampler Name and Phone (please print): DAVID HANIA 386-329-1/22	1-THM Potential
104- Name is	Volette O-voles
Signature: Title Senior / 4 Cility Opparor	☐ Volatile Organics:
Type (check box): Distribution III THM Max Res. Time	I UNISI UPANA.
Recheck of MCL Composite of Multiple Sites	Miscellaneous:
Resample — Lab Invalidated Distribution Entry Point	
Clearance Raw Plant Tap	FIELD TEST RESULTS (if applicable):
SAMPLE CUSTODY: Signature Date Time Condition	Chlorine Residual: pH:
Sampler Relinquished: 29 auris Working 1 Mar 07 0930 OK	.Dissolved Oxygen: Temperature:
Transporter Relinquished:	Performed By: Date:
FOR LABORATORY USE	
Date Time Condition	Subcontracted To:
Received By: (2000 le 3-1-07 9:35" icu	Date Out:
Lab Number: <u>0727/3</u>	Parameters:
-	Preservative:
Comments:	
· · · · · · · · · · · · · · · · · · ·	

HARBOR BRANCH €NVIRONMENTAL ABORATORIES.

Date issued: November 22, 2006

7o:

Brian Heath

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 TTHM

Received:

11/08/06 15:18

Dear Brian Heath;

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

FDOH Safe Drinking Water Act; Clean Water Act and RCRA Certification #s: E96080, E83509, E85370, E84418

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

Respectfully submitted,

Cind 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

4155 St Johns Pkwy Suite 1300 Sanford, FL 32771

FDOH # E83509

FDOH # E96080 Printed: 11/22/08



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. | North, Fort Plance R. 34946 Phone: (772) 465-2400, Ext. 225 Fee: (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 TTHM

Received:

11/08/06 15:18

[2127272]

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)

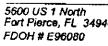
<u>Number</u>

Sample ID Analytical Method

Description

Method HBEL Batch Analyte

Quality Control Summary Analytical Issue



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2127272]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 TTHM

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab IO
Laboratory ID: Sample ID:	2127272001 Lot 9 Grab				Sampled: 11/08/0 Matrix: Water	-	Received on	l: 11/08/06 Wet Weight E		
Bromodichlorometha	ane	5.3	ug/L	0.25	EPA 524.2	VOC2726		11/17/06 0:20	WR	E96080
Bromoform		39	ug/L	0.41	EPA 524.2	VOC2726		11/17/06 0:20	WR	E96080
Chloroform	•	1.4	ug/L	0.25	EPA 524.2	VOC2726		11/17/06 0:20	WR	E96080
Dibromochlorometh	ane	17	ug/L	0.30	EPA 524.2	VOC2726		11/17/06 0:20	WR	E96080
Total THMs		62	ug/L	0.50	EPA 524.2	VOC2726		11/17/06 0:20	WR	E96080
Laboratory ID: Sample ID:	2127272002 Trip Blank				Sampled: Matrix: Water		Received reported on	i: 11/08/06 Wet Weight E		
Bromodichlorometha	ane	0.25 U	.⊹ ug/L√	. 0.25	EPA 524.2	VOC2726 273		11/17/08 0:54	WR	E96080
Bromoform		0.41 U _{.50}	ug/l≟	0.41	EPA 524.2	VOC2726	· -	11/17/08 0:54	WR	E96080
Chloroform		0.25 ปุ	່ວິ⊂ug/L	0.25	EPA 524.2	VOC2726	في كاللمان	11/17/06 0:54	WR	€96080
Dibromochlorometh	ane	0.30 U 📆	o, ug/L	0.30	EPA 524.2	VOC2726	The state of the s	11/17/06 0:54	WR	E96080
Total THMs		D:50 V	ug/L	0.50	EPA-524.2	VOC2726	-	11/17/06 0:54	WR	E96080

Result Qualifiers: U = Not Detected | = 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.

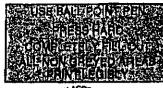
4	
Ē	
#	7

HARBOR BRANCH **ENVIRONMENTAL**

5600 US | North, Fort Plance, FL 34946 Phone: (772) 465-2400, Ext. 285 Fair: (772) 467-584

EC I		Mei	iell.	ev
		inj.		
音流	Mettin		us S	77

Method(s)	of	
Shipment:		



BALTPO NEED Laboratory not responsible for omitted information FDOH # E85370 FDQH # E96080

FIEL OUT SECOUS. 1 North Fort Pierce, FL 34948

307 Coolidge Avenue Lehigh Acres, FL 33936



Compan	Company: AQUAHILITIES				Method(s) of			Series of	FDOH 4155 St. Jo Suite 1300			St. John						
Address:	930	South	63	R	19	Suite 3		_							1300 rd, FL 3	2771	Brooks	ville, FL 34601
	PALA	+44	F		Zip:	32/77	e-mail:					61 Ac						
Phone:	<u>386-J2</u>	9-1/2		Fax:	38	329-9977	Standard Laboratory					可能	劉智		1		10000	
Client Co	ntact:	PAU	./	The	m	oson	Turn Around Time	3/2		<u> </u>	RESE	RVATIN	/E		}	Pi	eservati	on Key
Project N	ame:	Silver	,	J.	Z	45 46418	Or	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ANAL'	YSES	REQUI	STED		<u> </u>	H-Hydrochlos N-Mitric Acid	fo Acid	P=Phosphoric Aoid ST=Bodium
Sampled	By:	Ox		7	AI	19	Rush in Business Days Requires Laboratory Approval	سحبحب ا								B=Sulfuric Ac SH=GodAum I		Thiostifale U=Unpreserved
	COLLE	CTION	e K	ž	Į.	SAMP	LE DESCRIPTION	11/2/								~	OMME	ENTO
	DATE	TIME	Semple	MATRIX	# Conta	As Wi	il Appear On Report	K								C		
5617	814d	1115	6	au	3		ot 9	X								CZ	0.3	,
552					3	T	in Blank	X										
							<u> </u>											
															_	:		
		<u> </u>																
											- P P - 6		.,					
															ALC: N	的人的	al Havi	
	RELINQUISH DATE/TIME	mi	arc	d Ho	KI		ELINQUISHED BY // WZ	<u>سار</u>	Fede		RELINC DATE/T	UISHED IME	BY					
	RECEIVED B	8NA	. 4	/			ECEIVED BY	- *			<u>. </u>				NO V		SCITES.	
1.	DATE/TIME	11/1	100	R /	15-l	8 0	ATE/TIME		-									

PUBLIC WATER SYSTEM INFORMATION (to be completed	l by sampier - Please type or pr	int legibly)
System Name: SILVIR LAKE WAK		2544258
System Type (check one) Community Nonl	ransient Noncommunity.	Transient Noncommunity
Address: SILVER LAKE OR.		
City: PALATKA Phone #: 386 - 329 - 1/22	State: FC	ZIP Code: <u>3レ17フ</u>
Phone #: 386 - 329 - 1/22	Fax #: 386 - 31	19.9977
E-Mail Address: NA		
SAMPLE INFORMATION (to be completed by sampler)	الله المراجعة المراجعة المراجعة ال	
Sample Number:	Location Code (of known)	·
Sample Date: 11/08/06	Sample Time:	್ ಸರ್ಕ್ 11:15 AM
Sample Location (be specific): Lot 9 Grab	And the second s	
Disinfectant Residual (Required when reporting results for trihalo	कार्यक्ष methanes and haloacetic acids	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	ompliance (with 62-550)	Quarterly (Which Qt? 4 B
and the second second	on of MCL Exceedence*	Special (not for compliance with 62-550)
	of Multiple Sites	Violation Resolution
* S - S - S - S - S - S - S - S - S - S	(pernitting)	Replacement (of Invalidated Sample)
Max Residence Time		
Ave Residence Time Sampling Pr	cedure Used or Other Co	mments: 🚧
	Tomas Transfer and	
"See 62-550.500(6) for requirements and restrictions." Note: See 62-550.512(3) for additional requirements.	See 62-550.	550(4) for requirements and sulface for each site.
for Nitrate or Nitrite MCL exceedences.		
Sampler's Name: DND HARIS		
Sampler's Phone #: 386 - 329 - //22	Sampler's Fax #:	386 - 329-9977
Sampler's E-Mail Address: ~/^		
CERTIFICATION (to be completed by sampler)		
	W.b GEL	CORDINATION
Print Name		Print Title
do HEREBY CERTIFY that the above public water system	n and sample collection in	formation is
completed and correct.	ъ.	12/1/11
Signature:	Date:	10/00

	KENI DON MA	LLYTE SHEET						
Lab Name:	Harbor Bran	nch Environmental Labor	ratories, Inc. Florida Certificat	ion #: <u>E96080</u>				
Address:	5600 US 1	North	Certification Expiration Date: 06/30/2007					
_	Fort Pierce	, FL 34946	Phone #:(7	72) 465-2400 Ext. 285				
ANALYSIS II	NFORMATION	(to be completed by lab)	Date Sample(s) Received::	11/8/06				
PWS ID (From	m Page 1):		Sample Number (From Page 1):	:				
Lab Assigned	Report Numb		2127272001					
Group(s) Ana	lyzed and Res	sults attached for complic	ance with Chapter 62-550, F.A.C.	(Check all that apply):				
Inorg	anics	Synthetic Organics	Volatile Organics	Disinfection Byproducts				
∏Ail	117	☐All 30	□All 21					
□Pa	artial	All Except Dioxin		Haloacetic Acids				
□Nif	trate	☐ Partial ·	# 3	Bromate				
Nif	trite	Dioxin Only	<u>Radionuclides</u>	Chlorite				
As	sbestos Only		Single Sample					
			Qtrly Composite	- FAII 14				
•			X No man Maria	All 14 Partial				
if ves, piease	provide DOH	certification numbers:	None	Santa				
ALIMUM DUM!	-MACFIE STIEE	T FOR EACH SUBCONTRAC	TEO LAB					
I,		CE	RTEICATION	:				
I,	Cindy Cron (Print Name CERTIFY that	ner all attached analytical dooratory Accreditation C	RTIFICATION Laborato (Pri lata are correct and unless noted menterence (NELAC)	ory Director nt Title)				
I,	Cindy Cron (Print Name CERTIFY that	ner all attached analytical dooratory Accreditation C	RTIFICATION Laborato (Pri lata are correct and unless noted menterence (NELAC)	ory Director nt Title) eet all requirements of the				
do HEREBY National Envi Signature Failure to prov in rejection of th Bureau of Labor Please provid	Cindy Cron (Print Name CERTIFY that ironmental Lal vide a valid and core report, possible ratory Services. de radiological sa	ner I all attached analytical deporatory Accreditation Courrent Florida DOH lab certification and analytical deporatory accreditation of the polytical deporation of the	EXTIFICATION Laborato (Philata are correct and unless noted monterence (NELAC) Date: 22-leading number and a current Analyte Sheet blic water system for fallure to sample, and high quarter.	ory Director nt Title) neet all requirements of the Nov-06				
do HEREBY National Envi Signature Failure to prov in rejection of th Bureau of Labor Please provid COMPLIANC	Cindy Cron (Print Name CERTIFY that ironmental Lal vide a valid and core report, possible ratory Services. de radiological sa	ner I all attached analytical deporatory Accreditation Courrent Florida DOH lab certifice enforcement against the pulling the pulling dates locations for each LATION (to be completed by	ATIFICATION Laborato (Pri lata are correct and unless noted m conference (NEL AC) Date: 22- pation number and a current Analyte Sheet blic water system for failure to sample, and in quarter. y DEP or DOH)	ory Director nt Title) eet all requirements of the Nov-06 for the attached analysis results will result in notification of the DOH				
do HEREBY National Envi Signature Failure to provin rejection of th Bureau of Labor Please provid COMPLIANC Sample Colle	Cindy Cron (Print Name CERTIFY that ironmental Lal vide a valid and core report, possible ratory Services. de radiological sa CE DETERMIN	ner all attached analytical deporatory Accreditation Construction Construction Construction Construction Construction Construction DOH lab certification and certifications for each station of the completed by instactory:	Laborato (Pri lata are correct and unless noted m onference (NELAC). Date: 22-l gation number and a current Analyte Sheet blic water system for fallure to sample, and in quarter. y DEP or DOH) No Sample Analysis Interest	ory Director nt Title) eet all requirements of the Nov-06 for the attached analysis results will result it may result in notification of the DOH				
do HEREBY National Envi Signature Failure to prov in rejection of th Bureau of Labor Please provid COMPLIANC Sample Colle	Cindy Cron (Print Name CERTIFY that ironmental Lal vide a valid and che report, possible ratory Services, de radiological sa CE DETERMIN ection Info Sat nent Sample(s	ner all attached analytical dooratory Accreditation Courrent Florida DOH lab certifice enforcement against the pulling dates locations for each lation (to be completed by isfactory: Yes Requested (circle or highlight)	Laborato (Pri lata are correct and unless noted in conference (NELAC) Date: 22-1 cation number and a current Analyte Sheet blic water system for failure to sample, and in quarter. y DEP or DOH) No Sample Analysis Incompring group(s) above) Revised Report I	ory Director nt Title) eet all requirements of the Nov-06 I for the attached analysis results will result I may result in notification of the DOH				
do HEREBY National Envi Signature Failure to prov in rejection of th Bureau of Labor Please provid COMPLIANC Sample Colle	Cindy Cron (Print Name CERTIFY that ironmental Lal ride a valid and come report, possible ratory Services. de radiological sa CE DETERMIN ection Info Sat ment Sample(s if Monitoring R MCL(s) E Missing	ner all attached analytical doratory Accreditation Courrent Florida DOH Tab certific e enforcement against the polymple dates locations for each IATION (to be completed by isfactory: Yes Requested (circle or highlight grown in the polymple equired equired equired equired equired equired equired equired equire	Laborato (Pri lata are correct and unless noted m conterence (NELAC). Date: 22-1 cation number and a current Analyte Sheet blic water system for failure to sample, and in quarter. y DEP or DOH) No Sample Analysis Int out group(s) above) Revised Report F out(s) above) Detection(s) Location Unsatisfactory	ory Director nt Title) eet all requirements of the Nov-06 for the attached analysis results will result it may result in notification of the DOH				
do HEREBY National Envi Signature Failure to prov in rejection of th Bureau of Labor Please provid COMPLIANC Sample Coile Replacem Additional	Cindy Cron (Print Name CERTIFY that ironmental Lal ride a valid and cone report, possible ratory Services. de radiological sa CE DETERMIN ection Info Sat ment Sample(s if Monitoring R MCL(s) E Missing / Other.	ner all attached analytical deporatory Accreditation Control Accreditation Control Florida DOH lab certification and a sentencement against the pulling and the completed by the completed by the completed by the completed control (circle or highlight grow analyte Sheet(s))	Laborato (Pri lata are correct and unless noted in conference (NELAC) Date: 22- pation number and a current Analyte Sheet blic water system for failure to sample, and in quarter. y DEP or DOH) No Sample Analysis Information above) Chapter (Pri Detection(s) Ch	nt Title) leet all requirements of the Nov-06 If or the attached analysis results will result it may result in notification of the DOH fo Satisfactory: Yes No Requested (circle or highlight group(s) above Incomplete Report Analysis Unsatisfactory				
do HEREBY National Envi Signature * Failure to provi in rejection of th Bureau of Labor ** Please provid COMPLIANO Sample Colle Replacem Additional Reason(s):	Cindy Cron (Print Name CERTIFY that ironmental Lal ride a valid and che report, possible ratory Services. Ide radiological sa CE DETERMIN ection Info Sat ment Sample(s if Monitoring R MCL(s) E Missing A Other:	ner all attached analytical deporatory Accreditation Control of Tab certification and the polytical deporatory Accreditation Control of Tab certification and the polytical deporation of the polytic	Laborato (Pri lata are correct and unless noted in conference (NELAC) Date: 22- pation number and a current Analyte Sheet blic water system for failure to sample, and in quarter. y DEP or DOH) No Sample Analysis Information above) Chapter (Pri Detection(s) Ch	nt Title) eet all requirements of the Nov-06 for the attached analysis results will result at may result in notification of the DOH Requested (circle or highlight group(s) above				

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. PROBLET PROBLET 34946 PROBLET P

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client:		Aqua Utilitles Fi	orida, In	ıc.	Rep	ort Number/ Jol	b ID Silver	Lk Oaks 6	448 TTHN			
Sample		Lot 9 Grab	·			nfectant Residu						
		2127272001										
Sampli	ing Date:	11/08/06 11:15		•								
Date R	teceived:	11/08/06 15:18										
Contai ID	m Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	∵Lab MDL	Analysis Date	Analysis Time	Lab ID		
				Property								
		A STATE OF THE STA	,	ي پروند								
		1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						ing the state of t				
2941 2942 2943 2944	Chloroform Bromoform Bromodichlorome Dibromochlorome	[NA] [NA] thane [NA]	ug/L ug/L ug/L	1.4 39 5.3 17		EPA 524.2 EPA 524.2 EPA 524.2	0.25 0.41 0.25 0.30	11/17/06 11/17/06 11/17/06 11/17/06	12:20 AM 12:20 AM 12:20 AM 12:20 AM	E96080 E96080		
2950	Total Trihalometh	anes [80]	ug/L		er e same and Personal distribution of the Same of the sign of the		** *** **					

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 82-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, inacceptable 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, wold a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

600 US 1 North ort Pierce, FL 34946 DOH # E96080

rinted: 11/22/06

4155 St Johns Pkwy Suite 1300 Senford, FL 327771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Bivd Basingstillis FL 348007 FDOH # E84418

PUBLIC WATER SYSTEM INFORMATION (to be o	ompleted 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		
****	Location Code (if know	· m):-
gang the second		
Sample Location (be specific): Trip Blank	Å	
Disinfectant Residual (Required when reporting results to	or trihalomethanes and haloacetic ack	ds):mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample	(Chack all that apply)
Disable time	utine Compliance (with 62-550)	
<u> </u>	utine Compliance (with 62-550) ntirmation of MCL Exceedence	t * ·
	mposite of Multiple Sites	
-	arance (permitting)	
Max Residence Time	10C	
Ave Residence Time Samp	ing Procedure Used on Other (Comments:
Near First Customer		The state of the s
*See 62-550.500(6) for requirements and restrict Note: See 62-550.512(3) for additional require for Nitrate or Nitrite MCL exceedences.	tions. See 62-55	0.550(4) for requirements and 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)		
l, Print Name		
do HEREBY CERTIFY that the above public water completed and correct.	system and sample collection :	inionnalion is
Signature:	Date:	
	active January 1995, Revised January 2004	

LABORATORY CERTIFICATION INFO	RMATION (to be completed by tab - Please type or print legibly)
ATTACH A CURRENT DOH ANALYTE SHEET	
Lab Name: Harbor Branch Environr	nental Laboratories, Inc. Florida Certification #: E96080
Address: 5600 US 1 North	Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946	Phone #: 465-2400 Ext. 285
ANALYSIS INFORMATION (to be completed	eted by lab) Date Sample(s) Received:: 11/8/06
PWS ID (From Page 1):	Sample Number (From Page 1):
Lab Assigned Report Number or Job ID	2127272002
Group(s) Analyzed and Results attached	d for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic	Organics Volatile Organics Disinfection Byproducts
All 17All 30	
;W	ept Dioxin Partial Haloacetic Acids
☐Nitrate ☐Partial	
	Only Radionuclides Chlorite
Asbestos Only	Single Sample Secondaries All 14
Wass and analysis subsection 43	All 14
were any analyses subcontinacted r	Partial
If yes, please provide DOH certification	
ATTACH DOH ANALYTE SHEET FOR EACH S	UBCONTRACTED LAB
• • • •	CERTIFICATION
I, Cindy Cromer	Laboratory Director
(Print Name	1975 - Called Carles and 1972 (Anni Tite)
	analytical mara are confect and diness those usest an redukements of the
National Environmental Laboratory Acc	
Signature	Date: 22-Nov-06
in rejection of the report, possible enforcement a Bureau of Laboratory Services. ** Please provide radiological sample dates Joc	OH lab certification number and a current Analyte Sheet for the attached analysis results will result gainst the public water system for fallure to sample, and may result in notification of the DOH ations 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 (dide	or highlight group(s) above)
Reason(s): MCL(s) Exceeded Missing Analyte Shee Other:	Detection(s) Incomplete Report (s) Location Unsatisfactory Analysis Unsatisfactory
Percon Montried.	Date Notified:
Comments:	
Date Reviewed:	DEP/DOH Reviewing Official:
Report	ng Format 62-550.730 Effective January 1995, Revised January 2004

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5000 U.S.I. North Foot Planes Ed. 34946 From 1972) 465-2400. Ed. 252 34946 From 1972) 467-584

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client:		Aqua Utilities Fi	orida, Inc.	Rep	ort Number/	Job ID	Silver L	Silver Lk Oaks 6448 TTHM				
Sample	E Location:	Trip Blank			Disi	nfectant Res	siduai (mg/L					
Sample	Number:	2127272002					PWS ID					
Sampli	ng Date:									**********		
Date R	eceived:	11/08/06 15:18										
Contai ID	m Contam Name	MCL	An Units; Re	alysis sult	Qualifier	Analytical Method	Lab M	IDL	Analysis Date	Analysis Time	Lab ID	
				.		٠.	And the second					
				, sā		i.	20 1		k ir			
		A STATE OF THE STA	· · · · · ·	en Politica Reference			, <i>m</i> **					
		ï	: :	STANK								
		***	ingle April 12 No. 12 No.		新数数 数数数		Šis Ma	رء ور ور	ger Se			
2941	Chloratom	[NVA]	ug/L 0.2	5 U	int.	EPA 524.2	0.25		11/17/06	12:54 AM	E96080	
2942 2943	Bromoform	[NA]		U		EPA 524.2	0.41	i.e.	11/17/06	12:54 AM	E96080	
2943 2944	Bromodichlorome Dibromochlorome		ug/L 0.2	5 U		EPA 5242 EPA 524.2	0.25 0.30 ⁵		11/17/06 11/17/06	12:54 AM 12:54 AM	E96080	
2950	Total Trihalometh		ug/L						, , , , , , , , , , , , , , , , , , , ,	15-0-1 CM	250000	

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E06080 4155 St Johns Pkwy Suite 1300 Sanford, FL 327771 FDOH # E83509

gent of the state
307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Bivd Bosingstills PL 34607 FDOH # E84418

Printed: 11/22/06

^{*} 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 peri

HARBOR BRANCH ABORATORIES. INC.

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: Silver Lk Oaks 6448 THM/HAA5

Received:

9/27/06 12:00 %

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509, E85370, E84418

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

Respectfully submitted.

Cind 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

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

FDOH # E96080 Printed: 10/23/2006

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 THM/HAA5

Received:

9/27/06 12:00

[2126923]

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

Method HBEL Batch Analyte Quality Control Summary Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2126923]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 THM/HAA5

Parameter	Qualific	er Result	Units	Detection Limit	Repor Limit	N E - All A	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab IO
Laboratory ID: Sample ID:	21269230 Lot 9 Gral		_	-		Sampled: 09/27/ Matrix: Water		Received.	- ·		
Bromodichlorometh	ane	8.4	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 21:04	WR	E96080
Bromoform		58	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/9/06 21:04	WR	E96080
Chloroform		2.3	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 21:04	WR	E96080
Dibromochlorometh	iana	28	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/9/06 21:04	WR	E96080
Total THMs		97	ug/L	0.50	2.0	EPA 524.2	g/VOC2705		10/9/06 21:04	WR	E96080

<u> </u>	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. SGOO US I North, Fort Plance, Ft. 34946 Phone: (772) 465-2400, Ext. 285 Feet. (772) 467-1584

Fort Pierce, FL 34946

Laboratory not responsible for amitted information

FDOH # E96080 5600 U.S. 1 North

_FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

Address: 930 SWM 3.L. [9 SUTR] Phone: 365-347-1[22 Fax: 365-39-99.7] Standard Laboratory Turn Around Time Project Name: SILVE LAYS WAS FIGHT Sampled By: DAID HALLE SAMPLE DESCRIPTION DATE TIME SAMPLE DESCRIPTION As Will Appear On Report AS WILL Appear On Report ANALYSES REQUIRED Side 1300 Santord, FL 32771 Brookeville, FL 34601 B	Compa	Company: AQVA UNLITES				Method(s) of Shipment:					FDOH /				FDOH #					
Phone: 366-39-112 Fax: 366-39-997 e-mail: Standard Laboratory Turn Around Time Project Name: SIMULARS WAS FURB Raulin Business Days Requires Laboratory Agoronal TAB ID COLLECTION TOTAL SAMPLE DESCRIPTION As Will Appear On Report COMMENTS COMMENT		s: <u>930</u>	SW	7	J.L	- 19	SUR3					3		The state of		Sult	e 1300		16331 C Brooksy	ortez Bilvd. riila, FL 3460:
Phone: 386-39-12-1 Fax: 386-39-99 7 - mail: Standard Laboratory Turn Around Time Or Project Name: SIMP LIFE MS Fifth Sampled By: SAMPLE DESCRIPTION DATE TIME IN SAMPLE DESCRIPTION As Will Appear On Report Turn Around Time As Will Appear On Report Turn Around Time PRESERVATIVE Preservation Rep **MACTISES REQUESTED **MA		PALA	TKA,	q_		Zip	: 3477						- 4		C.U &			and the American Comment		
Collection & SINUL LIFE CHS + GHS Sampled By: SAMPLE DESCRIPTION DATE TIME S SAMPLE DESCRIPTION As Will Appear On Report STRIP DUMY ** Sample Type: 9-Grab C-Composite ** S	Phone:	386-32	9-1122	_	Fax	:38	6-39-997	e-mail:	andard Laborato	~		10		<i>u</i> , /					12/2	
Project Name: SIME LACE MAST-6478 Sampled By: SAMPLE DESCRIPTION DATE TIME S SAMPLE DESCRIPTION As Will Appear On Report STAL DATE TIME S SAMPLE DESCRIPTION AS WILL Appear On Report STAL DATE TIME S SAMPLE DESCRIPTION AS WILL APPEAR ON REDINARY SAMPLE DESCRIPTION SAMPLE											2020					C.E.R.				
Sampled By: Sampled By: Sample Time Business Days Paquires Laboratory Approval Sampled By: Sample Time Sample Tim	Project	Name:						:	Or			1								•
SAMPLE DESCRIPTION DATE TIME & SAMPLE DESCRIPTION As Will Appear On Report COMMENTS	Sample							Rush in		1 7	1 -	ANA	LYSES	RECK	JESTE	D		8-Bullurio Acid		81-Bodium Thiosulfete
DATE TIME \$ \$ \$ As Will Appear On Report	LABID	COLLE	CTION	ag.	×	ş	SAMP	LE DESC	RIPTION	一名	*						! }			/-Unpressived
* Sample Type: G-Grab C-Composite ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine ** Sample Type: G-Grab C-Composite ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine ** RELINQUISHED BY Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine ** RELINQUISHED BY Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine ** RELINQUISHED BY Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine ** RECEIVED BY Water GW-Ground Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine ** RECEIVED BY Water GW-Ground Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine ** RECEIVED BY Water GW-Ground Water GW			TIME	I B		Contract	As Wi	Appear C	n Report	1	7							CON	ME	NTS
Sample Type: G-Grab C-Composite ** Metrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wasterwater M-Marine RELINQUISHED BY WWW RELINQUISHED BY RECEIVED BY	501	27500	0750	6	av	4		9		X	X						1 1	d -	OL	<i></i>
* Sample Type: G-Grab C-Composite ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewrater M-Marine ** RELINQUISHED BY WW-Wastewrater M-Marine RELINQUISHED BY WW-Wastewrater M-Marine RELINQUISHED BY WW-Wastewrater M-Marine RECEIVED BY WASTE WASTE DEVELOPMENT OF THE PROPERTY OF THE P		 	<u> </u>	<u> </u>		5	TRIP	purk	_ *	X							i	No Ara	ע	<u> </u>
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RELINQUISHED BY RECEIVED BY	Si diki ji	4							-									Viat .	LARIO L. R.	S YEEV'E
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RECEIVED BY	4																	And A	Itia	YIA
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RECEIVED BY																		HOLE IN	20 9	2766
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RECEIVED BY																				
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RELINQUISHED BY RECEIVED BY							 													
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RELINQUISHED BY RECEIVED BY																			 -	
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RECEIVED BY																				
RELINQUISHED BY Water WW-Wastewater M-Marine RELINQUISHED BY RELINQUISHED BY RELINQUISHED BY RECEIVED BY																				
DATE/TIME 27/20 06/1000 DATE/TIME 92/22 12/20 DATE/TIME 92/22 PRECEIVED BY RECEIVED BY RECEIVED BY RECEIVED BY RECEIVED BY								* Matrix: S=Sc	old SL-Sludge D1	W-Orlnking	Water (3W-G	round y	ater S	W-Surfi	Ca Wat	97_WW-V	Vastewater M	Modes	
RECEIVED BY RECEIVED BY RECEIVED BY RECEIVED BY						1/4	/ ru	CINCUISTED BY	2000	<i>X</i> ><	*		RELINO	UISHED	BY (Ku	04	- 4	The state of the s	
	4 1				<u> </u>	(IY)		X_	2/2/	12:00				_		9-	270	6 10	Zeleft W	
				_					7/2-7/2	1 12			KEGE! REVEN		HBEK	1810	GY 😂			in contract

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

CHAIN DAGE

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)
System Name: Silver late oaks PWS I.D. #: 2544258
System Type (check one)
Address: DOID Silver Laked
JOI I SCIOCY COMME
City: Palatra state F1 7100 + 30 00
State. TL ZIP Code: 321 1
Phone #: 352787-10980 Fax #: 352-787-10333
E-Mail Address:
SAMPLE INFORMATION (to be completed by sampler)
Sample Number: Location Code (if known):
Sample Date: 09/27/06 Sample Time: 7:50 AM
Sample Location (be specific): Lot 9 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)
CDistribution
Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550) Composite of Multiple Sites** [Paw (stumble sites)] [Payling and the site of the s
Raw (at well or intake) Clearance (permitting) Replacement (of invalidated Sample) Max Residence Time
Ave Residence Time Sampling Procedure Used or Other Comments:
Near First Customer
*See 62-550.500(6) for requirements and restrictions. ** See 62-550.550(4) for requirements and
Note: See 62-550.512(3) for additional requirements attach a results page for each site. for Nitrate or Nitrite MCL exceedences.
Sampler's Name: DAID HARING
Sampler's Phone #: 386 329 - 1122 Sampler's Fax #: 386 - 329 - 9977
Sampler's E-Mail Address:
CERTIFICATION (to be completed by sampler)
I PAN THAN POW BOL DAVID HARIND KELD CONROLLATION
Print Name Print Title
do HEREBY CERTIFY that the above public water system and sample collection information is
completed and correct.
Signature: Date: 11/3/06
Reporting Format 62-550.730 Effective January 1995, Revised January 2004

	PRY CERTIFICATION INFORMATION (to b	be completed by lab - Please type or print k	egibly)
•	RRENT DOH ANALYTE SHEET*		
Lab Name:	Harbor Branch Environmental Laborati	ories, Inc. Florida Certification	#: <u>E96080</u>
Address: _	5600 US 1 North	Certification Expiration Date	le: <u>06/30/2007</u>
-	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 (Fr	om Page 1):	Sample Number (From Page 1):	
Lab Assigne		2126923001	
Group(s) An	alyzed and Results attached for compliance	ce with Chapter 62-550, F.A.C. (Ch	eck all that apply):
	ganics Synthetic Organics	Volatile Organics	
<u></u> A	vii 17 ☐Aii 30 📈 📑	□All 21	Trihalomethanes
F	Partial All Except Dioxin	Partial	Haloacetic Acids
	litrate Partial		∏Bromate
	litrite Dioxin Only	Radionuclides	Chlorite
L	asbestos Only	Single Sample	
ت		Qtrly Composite**	Secondaries
Were any ar	nalyses subcontracted? X Yes	· No	
	· · · · · · · · · · · · · · · · · · ·	-	Partial Partial
	e provide DOH certification numbers: ANALYTE SHEET FOR EACH SUBCONTRACTE	E84129	
		IFICATION	
١,	Cindy Cromer	Laboratory (Director
	(Print Name)	(Print Ti	tle)
	CERTIFY that all attached analytical data		all requirements of the
	vironmental Laboratory Accreditation Conf		х •
Signature	Cointy Come	Date:23-Oct	-06
in rejection of Bureau of Lab ** Please prov	ovide a valid and current Florida DOH lab certification the report, possible enforcement against the public oratory Services. ide radiological sample dates locations for each quick particular and public to the completed by DECE DETERMINATION (to be completed by DECE DETERMINATION)	water system for failure to sample, and ma uarter.	the attached analysis results will result y result in notification of the DOH
		·	A CLEAN COMMANDE
•	lection Info Satisfactory: Yes N	, , , , , , , , , , , , , , , , , , ,	,
	ment Sample(s) Requested (circle or highlight of		UESIEO (circle or highlight group(s) above)
	al Monitoring Required (circle or highlight group):		
Reason(s):	MCL(s) Exceeded Missing Analyte Sheet(s) Other:	Detection(s) Location Unsatisfactory	☐Incomplete Report ☐Analysis Unsatisfactory
Person Noti	fied:		j:
Comments:			
Date Review	wed:DEP	VDOH Reviewing Official:	
	Reporting Format 62-550.73	Effective January 1995, Revised January 2004	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. 1 North, Fort Plence R. 34946 Phone: (772) 465-2400, Ext. 285 Aug. (772) 467-6384

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client:		Aqua Utilities Fi	lorida, li	1 C.	Rep	ort Number/ Jol	b ID: Silver	Silver Lk Oaks 6448 THM/HAA5						
Sampl	e Location:	Lot 9 Grab			Disinfectant Residual (mg/L)									
Sampl	le Number:	2126923001				Ę	PWS ID		•					
Sampl	ling Date:	9/27/06 7:50					-							
Date F	Received:	9/27/06 12:00												
Conta	am Contam Name	MCL	Units:	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID				
			\$733 .: }	V 14.7						•				
		•												
		و ، ،	•		•		1.20							
					• • • • • •		in the second	4						
		•			•		·•							
							·							
2941 2942	Chloroform Bromoform	[NA]	ug/L ug/L	2.3		EPA 524.2 EPA 524.2	0.25 0.41	10/09/06	9:04 PM 9:04 PM	E96080 E96080				
2943 2944	Bromodichlorome Dibromochlorome		ug/L ug/L	8.4 28	: · · .	EPA 524.2 EPA 524.2	0.25 0.30	10/09/06	9:04 PM 9:04 PM	E96080 E96080				

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

2950 Total Trihalomethanes

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509

[80]

Printed: 10/23/2006



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fex 813-855-2218



Harbor Branch Environmental Laboratory

Drinking Water Analyses
Sample ID: 2125923001B

October	18,	2006
---------	-----	------

Sample No.: 63937.06

PWS ID:

Disinfectant Residual (mg/L):

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MOL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monachioroacetic Acid	N/A	hayr"	1	U	EPA 552.2	1	10/13/06	07:19	E84129
2451	Dichloroacetic Acid	N/A	μg/L	1.3	1	EPA 552.2	1	10/13/06	07:19	E84129
2452	Trichloroscetic Acid	NA	μg/L	1	U	EPA 552.2	1	10/13/06	07:19	E84129
2453	Молоbromoacetic Acid	N/A	μg/L	1.9	1	EPA 552.2	t	10/13/06	07:19	E84129
2454	Dibromoacetic Acid	N/A	μg/L	11		EPA 552.2	1	10/13/06	07:19	E84129
2456	Total Haloacetic Acids	60	μg/L	14,2		EPA 552.2	1	10/13/06	07:19	E84129

^{*} Qualifiers:

The reported value is between the taboratory method detection limit and the laboratory practical quantitation limit.

U Analyte was undetected, indicated concentration is method detection limit.

63937

Harbor Branch Environmental Laboratory

<u>05</u>

<u>08</u>

HARBOR BRANCH ENVIRONMENTAL LABORATORY 5600 U.S. 1 North, Rt. Pierce, PL 34946, 772-465-2400 ext. 292 Fax: (772) 467-1584

CHAIN OF CUSTODY RECORD

Subcontracting Form 001A REV 601 Effective Data 12/05/2002

Receiving Laboratory: SAL. The samples are to be shipped by FEDEX to arrive on 9/29/06. TAT: STE HARBOR BRANCH ENVIRONMENTAL LABORATORY ANALYSIS REGUTRED COLLECTION REMARKS PROJECT NAME: PRESERVATIVE MYLI SAMPLE TYPE: Composite = C, Grab = G, Preservative: RCI = R; HNO₃ = M, Ne₃S₂O₃ = ST, H₃SO₄ = S, NaOH = SH, Unpreserved = U MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Westewater = WW, Soil or solids = S. Waste - W. Oil -O Cline Code MATRIX COLLECTION TYPE HREL SAMPLE TO) Districted SOUPLE COMMISSION DATE THE G) 60 C3 CH

ACLINIQUESHED BY:

DATE TIME RECEIVED BY:

PLATE TIME CARDRATORY NAME AND RECEIVED BY:

PLATE TIME

CARDRATORY NAME AND RECEIVED BY:

PLATE TIME

PLATE

THERE

PLATE

THERE

PLATE

THERE

THERE

THERE

PLATE

THERE

THERE

PLATE

THERE

THERE

PLATE

THERE

PLATE

THERE

PLATE

THERE

THERE

PLATE

THERE

THERE

PLATE

THERE

THERE

THERE

PLATE

THERE

THE

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 5600 U.S. | North, Fort Pierce FL 34946 Phone: (772) 465-2400, Ext 285 | Faic (772) 467-684

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: Silver Lk Oaks 6448 DW Scan

[2126794]

Received:

9/13/06 12:45

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

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 1 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 5600 U.S. | North, Fort Pierce FL 34946 Phone: (772) 465-2400, Oct 285 Fax (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 DW Scan

Received:

9/13/06 12:45

[2126794]

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

HBEL Sample

Method Narratives (If Applicable)

Number

Analytical Method Sample ID

Description

2126794001

POE Grab

EPA 548.1

No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

EPA 504.1

PEST4792

2126794001 1,2,3-Trichloropropane

Surrogate - Outside acceptance Limits.

EPA 505

PEST4791

2126794001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

The above due to matrix effects.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5000 U.S. | North Fort Please P. 34946 Phone (772) 465-2400, Ext. 222. 34946 Phone (772) 465-2400, Ext. 222. 34946

CERTIFICATE OF ANALYSIS [2126794]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep . Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:	2126794001	•			Sampled: 09/13	3/06 7:40	Received	: 09/13/06	12:45	
Sample ID:	POE Grab			ļ	Matrix: Water	Results	reported on	Wet Weight I	Basis	
Odor - Dechlorinate	d	1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15128		09/13/06 15:1		E83509
pH	Q	7.54	SU	0.200	EPA 150.1	WCDE15129		09/13/06 16:20) PA	E83509
Total Dissolved Soli	ds	540	mg/L	5.0	EPA 160.1	WCDE15143		09/15/08 15:30	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	METAB148		09/28/06 14:03	3 DM	E96080
Barlum		0.010	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:03	3 DM	E96080
Beryllium `		0.00010 U	mg/L	0.00010	EPA 200.7	· META8148		09/28/06 14:03	DM E	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 14:03	3 DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META5148		09/28/06 14:03	3 DM	E96080
Copper		0.0043	mg/L	0.0014	EPA 200.7	META8148		09/28/06 14:03	3 DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8148		09/28/06 14:03	3 DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8148		09/28/06 14:03	3 DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	METAB148		09/28/06 14:03	3 DM	E96080
Silver		9.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Sodium		94	mg/L	0.50	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Zinc		0.015	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:03	B DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	METAB149	•	09/28/06 11:48	3 DM	E96080
Lead		0.00080	mg/L	0.00061	EPA 200.9	METAB155		10/2/06 18:26	DM	E96080
Selenium		0.0022 U	rng/L	0.0022	EPA 200.9	META8135		09/19/06 12:18	DM	E96080
Thallium		0.0010 U	mgA.	0.0010	EPA 200.9	META8162		10/5/06 11:13	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8152	09/26/06 9:54	09/29/06 12:20) DM	E96080
Chloride		180	mg/L	5.0	EPA 300.0	IC8947		09/15/06 3:55	JL	E96080
Fluoride		0.15	mg/L	0.011	EPA 300.0	1C6942		09/14/06 13:07	JĿ	E96060
Nitrate as N		0.12	mg/L	0.0030	EPA 300.0	IC6942		09/14/06 13:07	J.	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6942		09/14/06 13:07	J.	E96080
Sulfate		54	mg/L	1.4	EPA 300.0	IC6947		09/15/06 3:55	JL	E96080
Surfactants as LAS, Mol.wl.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 3:38	JL	E96060
1,2-Dibromoethane		0.0024 U	ug/L	0.0024	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 3:38	JL	E96080
Chlordane		0.14 U	ug/L	0.14	EPA 505		09/19/06 14:54		JL	E96080
Endrin		0.11 U	ug/L	0.11	EPA 505		09/19/06 14:54		JL	E96080
gamma-BHC (Lindar	ne)	0.021 U	ug/L	0.021	EPA 505		09/19/06 14:54		JL	E96080
Heptachlor	,	0.038 U	ug/L	0.038	EPA 505		09/19/06 14:54		JL	
Heptachlor epoxide		0.029 U	ug/L	0.029	EPA 505		09/19/06 14:54		ル	E96080 E96080
Methoxychior		0.046 U	ug/L	0.046	EPA 505		09/19/06 14:54		JŁ	E96080
PCB		0.15 U	ug/L	0.15	EPA 505		09/19/06 14:54		JL	E96080
Toxaphene		0.64 U	ug/L	0.64	EPA 505		09/19/06 14:54		JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1		09/20/06 14:08		JL	E96080
2, 4- D		0.22 U	ug/L	0.22	EPA 515.1		09/20/06 14:08		JL	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1		09/20/06 14:08		JL	E96080
Dinoseb		0.23 U	navr	0.23	EPA 515.1		09/20/06 14:08		JL JL	E96080
5600 US 1 North		55 St. Johns				07.0		V-2 1100 U. 10	J.	E96080

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.

CERTIFICATE OF ANALYSIS [2126794]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 DW Scan

	<u>_</u>								
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	09/21/06 0:10	ĴĹ	E96080
Pictoram	0.23 U	υg/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	99/21/06 0:10	JL	E96080
1,1,1-Trichioroethane	0.21 ป	ug/t.	0.21	EPA 524.2	VOC2595		09/26/06 0:20	WR	E96080
1,1,2-Trichloroethane	0.44 U	ນອູໂ	0.44	EPA 524.2	VOC2698		09/26/06 0:20	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524,2	VOC2696		09/26/06 0:20	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPÁ 524.2	VOC2696		09/26/06 0:20	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
cis-1,2-Dichloroethene	0.21 ป	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Methylene chloride	0.23 U	vg/L	0.23	EPA 524.2	VOC2698		09/26/06 0:20	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VQC2696		09/26/06 0:20	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2996		09/26/06 0:20	WR	E96080
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2696		09/28/06 0:20	WR	E96080
Trichloroethene	0.36 U	ugit	0.36	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Vinyi chlorida	0.32 U	ug/L	0.32	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Alachior	0.61 U	ug/L	0.61	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Atrazine	0.48 U	ս ց/ Լ	0.48	EPA 525.2	SV0C2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Benzo(a)pyrene	0.070 U	ug/L	0.070	EPA 525.2	5VOC2441	09/22/06 9:05	10/3/06 5:00	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 5:00	WR	E96080
Di(2-ethylhexyl)adipale	0.68 U	ug/L	0.68	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Hexachlorobenzene	0.30 U	ug/L	0.30	EPA 525.2	SYOC2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Hexachlorocyclopentadie	ne 0.24 U	ugit	0.24	EPA 525.2	SV0C2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Simazine	0.63 U	ug/L	0.83	EPA 525.2	\$V0C2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Carbofuran	0.18 U	ug/L	0.18	EPA 531.1	HPLC2333		09/18/06 18:34	MUL 1	E96080
Oxamyl	0.41 U	ug/L	0.41	EPA 531.1	HPLC2333		09/18/06 18:34	I JJM	E96080
Glyphosate	26 U	ug/t.	26	EPA 547	HPLC2335		09/20/06 15:13	MUL 8	E96080
Endothall	2.8 U	ug/L	2.8	EPA 548.1	SVOC2439	09/15/06 11:06	09/20/06 3:09	WR	E96080
Diquat	4.8 U	ug/L	4.8	EPA 549.2	HPLC2334	09/15/06 11:10	09/20/06 14:22	MU.	E96080
Gross Alpha	1.9 U +/- 1.5	pCi/L		EPA 900.0	KNL1360		10/3/06 8:00	KINL	E84025
Radium 226	1.1 U +/- 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	SAL 1031		09/26/06 9:48	SAL	E84129
Color	4.0	CU	1.8	SM2120 B	WCGE26277		09/14/06 16:20	TCL	E96080

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.

CERTIFICATE OF ANALYSIS [2126794]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 DW Scan

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Cyanide	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26317	09/21/06 11:00	09/21/06 15:4	GG	E96080
,	26794002 IP BLANK			Sampled: Matrix: Water	Results	Received s reported on			
1,1,1-Trichlomethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,2,4-Trichlorobenzene	0.41 ป	ug/L	0.41	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/t.	0.21	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,2-Dichloroethane	0.29 บ	ug/L	0.29	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,4-Dichlorobenzene	0.23 ป	ug/L	0.23	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2696	•,	09/26/06 0:54	WR	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2596		09/26/06 0:54	WR	E96080
Methylene chloride	0.23 U	υg/ L	0.23	EPA 524.2	YOC2696		09/26/08 0:54	WR	E96080
Styrene	0.21 Ų	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2696	1. N	09/26/06 0:54	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2696		09/26/08 0:54	WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2698		09/26/06 0:54	WR	E96080
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2696		09/26/06 D:54	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2696	•	09/26/06 0:54	WR	E98080

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.

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

PUBLIC WATER SYSTEM INFORMATION	(to be completed	t by sampler - Please type or p	rint legibly)
System Names Silver loui	l Oak	PWS I,D. #:	2544268
System Type (check one) Communi	ty 🔲 Noni	transient Noncommunity	Transient Noncommunity
Address: 70 > Si Wer	lakeo	-	
- Total		<u> </u>	
city: Palatka		State: FL	ZIP Code: 32100
Phone # 202187-0980		Fax#:352-78	—————————————————————————————————————
	Na	<u> </u>	- 177005
SAMPLE INFORMATION (to be completed by		:	
Sample Number:		Location Code, etc.	s

Sample Date: 09/13/06		Sample Time:	
Sample Location (be specific): POE Grab		***	
Disinfectant Residual (Required when reporting	results for trihator	methanes and haloacetic acids)	:mg/L Field pH:
Sample Type (Check Only One)		Reason(s) for Sample (0	Check all that apply)
Distribution	Routine Co	ompliance (with 62-550)	Quarterly (Which Qt?
Entry Point (to Distribution)	Confirmation	on of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	☐ Composite	of Multiple Sites**	Violation.Resolution
Raw (at well or intake)	Clearance	(permitting)	Replacement (of invalidated Sample)
Max Residence Time	Other:		
Ave Residence Time	Sampling Pro	cedure Used or Other Co	mments:
Near First Customer			•
'See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	ai requirements		is 50(4) for requirements and with page for each site.
Sampler's Name:	HAR ING		•
Sampler's Phone #: 386 - 329.	1122	Sampler's Fax #:	386-329-997)
Sampler's E-Mail Address:	Ma		
CERTIFICATION (to be completed by sampler)			
, DAID HARA		SR. F	RILIT DESIM
Print Name	- <u> </u>		Print Title
do HEREBY CERTIFY that the above publi	ic water system	and sample collection inf	ormation is
completed and correct.	. /		1-10
Signature: Wand Karta	Y	Date:	10/19/06
Reporting Format 62/05	0.730 Effective Janua	ry 1995, Revised January 2004	

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

LABORATORY CERTIFICATION INFORMATION (10-b)	e completed by lab - Please type or print legibly)
ATTACH A CURRENT DOH ANALYTE SHEET	
Lab Name: Harbor Branch Environmental Laborate	ories, 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:	2126794001
Group(s) Analyzed and Results attached for compliance	be with Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics	Volatile Organics Disinfection Byproducts
	Ali 21 Trihalomethanes
	Partial Haloacetic Acids
NitratePartial	∭ Bromate
☐Nitrite ☐Dioxin Only	Radionuclides Chlorite
Asbestos Only	Single Sample Secondaries
	☐Qtrly Composite**
Were any analyses subcontracted? X Yes	No Partial
If yes, please provide DOH certification numbers:	<u> </u>
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTE	
CERT	IFICATION
I, Cindy Cromer	Laboratory Director
(Print Name)	(Print Title)
National Environmental Laboratory Accreditation Confi	are correct and unless noted meet all requirements of the
	• •
<u> </u>	Date: 13-Oct-06
	on number and a current Analyte Sheet for the attached analysis results will result water system for failure to sample, and may result in notification of the DOH
COMPLIANCE DETERMINATION (to be completed by DE	
Sample Collection Info Satisfactory: Yes No	Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight g	proup(s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (dirale or highlight group)s	s) above)
Reason(s): MCL(s) Exceeded	Detection(s) Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Other:	Location UnsatisfactoryAnalysis Unsatisfactory
Person Notified:	Date Notified:
Date Reviewed: DEP	/DOH Reviewing Official:
	A Effective Ignition 1905 Devined Ignition 2004

4
_

HARBOR BRANCH

Phone (772) 465-2400, Ext. 285 Fex: (772) 467-584

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information:

FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

Compar	ıy. <i>A6</i>	WA	Uf	4/14	وحاد	,	Method(s) Shipment:				<u></u>	AT LE	ACCO	Q.		, , , , , ,		E83509	FDOH # E84418
Address	: 930	Sour	4 3	SR	19	Suite3		 									nerprise a, FL 3		I4 Osawaw Blvd. ring Hill, FL 34607
		1+K4	۶	۷		32177		<u> </u>	[Tempe			or <i>Lab</i> ustody \$	3.	nly	рН			
Phone:	386-3	329-1	<u>/27</u>	Fax:	: <u>3</u>	86-329-997	-9-mail:	Standard Labor	ratory	8	cked N		Intac Y	• .		Checke Y	d N	LAB # 2/	16794
Client C	ontact:	PAU	/	Thi	M	BON	^T	um Around Time	10	तर	-		RESE		VE	1			
Project I	Name:	5.1/0	12-	LH	Ke.	Orks #644		Or		140	200		YSES	REQU	ESTEC	₹3	E.	Presen H-Hydrochlaric Acid N=NEthic Acid	Vation Key P=Phosphoric Acid ST=Sodium
Sampled	Ву:	DIV	id	Ha	tri	19		Business C Laboratory Appro	Days rova/	*	1	10	10	1	K	.0.	#	5=Sutturic Acid SH=Sadium Hydroxid	Thiosultate
LABID	COLLE	CTION	786,	¥ ≅	a.	SAMP	E DES	CRIPTIO	N	1.42° MOHB	n'de	23		6	2	14 12 12 12 12 12 12 12 12 12 12 12 12 12	701		
<u> </u>	DATE	TIME	Sample	MATRIX	# Contain	As Wil	Appear	On Report		7%	5/4	13	*	8		Sans.	Sey (COM	MENTS
001	13Septo	0740	G	ow	//		105			_/	1	1	1	1		2	3	Collect	ion Time
002		<u> </u>		ļ		Try	o Bla	5k										is who	a Lack
		····																Bottle	Filled
			-																
																			
												ļ <u>-</u>							
				_						_									
		· · · · · · · · · · · · · · · · · · ·				·	<u> </u>								_				
											_								
•	Sample Type	: G=Grab	C=Co	mposit	<u>!</u>		Matrix: S	=Solid SL=Słudo	e DW=Ori	nkina (Water	GW=G	Dund W	ater Si	V=Surf	ce Wale	NAA/-	-Wastewater M⇒I	
6 €	RELINQUISH	ED BY	wi	low	car		LINQUISHE	DBY CS	4				RELINO			Pal			
~ = 1	DATE/TIME	175	ep 0	62	10	00 0	TEMME C	Ynlac '	124	15			DATE/T			3/06		600	
W B	RECEIVED B		200	3	<u>, </u>		CEIVED BY	paed					RECEIV	ED FOR		USTOD	Y BY	Ser!	
	DATE/TIME	9/1	10	5			TE/TIME	9/13/06	1245				DATE/II						038
Distribution:	WHITE with	REPORT;	YELL	OW for	FILE	PINK to CLIENT;	GOLD for S	AMPLER						_		C	HAIN		of

4

HARBOR BRANCH

5600 US I North, Fort Pierce, Ft. 34946 Phone (772) 465-2400, Ext. 285 Fate (772) 457-584

Chain-of-Custody

and

Method(s) of

Agreement to Perform Services

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

Laboratory not responsible for omitted information FDOH # E96080 _FDOH # E85370

5600 U.S. 1 North 307 Coolidge Avenue Fort Pierce, FL 34946 Lehigh Acres, FL 33936

FDOH # E83509 ____FDOH # E84418

	Company: AQUA Utilities Address: 930 South SR 19 Suite 3						Method(s) Shipment;	of	-		i de	ACCOA	O'THE MATTER	·	255 E	FDOH# nterprise na, FL 3	Rd., Suite 1 2514 Ove	OH # E84418 waw Blvd. II, FL 34607
Ohara	PALA	+ + + + + + + + + + + + + + + + + + + +	<i>F</i>	7	_	32/77	, e-mail:			erature ecked	•	or Leb	Seals	Only	pH Checke	,	LAB # 21267	
Phone: Client C		<u> </u>	41/	_Fax	- <u>38</u> 100	86-329-9977 ADSOO		Standard Laboratory um Around Time		N	· ·	PRESE	NA	VE	• •	N_		
Project	Name:	Silv	e 1	pk	e	2Hs #6448	Push la	Or Business Days	51	57	ST ANA	YSES	171	1-1	3	57		Key ≃Phosphoric Acid T~Sodium
Sample	d By:	DAG	10	1/1	4/	ing		Laboratory Approval		-	m	2	₹ •	1	1	K.	S=Sulfuric Acid SH=Sodium Hydroxids U	Thiosuffete -Unpreserved
LAB ID			e Type	MATRIX"	recrieta F	1		CRIPTION	SOY (EDRINAC)	~	\sim	Series !	134	207	# 65.7.	8	0014145	4
	DATE	TIME	Samp	₹ ¥	25	As Wil		On Report	5	5/5	2	200	15 P	R. A	50	2	COMMEN	ITS
001	13606	0740	6	DW	14		OE	· · · · · · · · · · · · · · · · · · ·	3	1	1	1	1	3	/	3	Collection	Time
				<u> </u>					- 			ļ 		 				sx.
		-							 -			-	-				Bottle Fill	ed_
			-					·	+			ļ						
															<u> </u>			
		~							1									
													_					
	Sample Type						* Matrix: S=	Solid SL≖Sludge DW	=Drinkina	Water	GW=G	ound W	ater SI	N=Surfa	sce Wate	or WW=	Wastewater M=Marine	
A- 310	RELINQUISH DATE/TIME	ED BY AN	eve)	lo	44	RE	LINQUISHED	BY -	~			RELINO	UISHED		Par	W		
	RECEIVED B	7554	20	<u>w</u> . 1	<u>00</u>		CEIVED BY	1206 306	<u>"</u>		_	DATE/T			9/1		1600/	
	DATE/TIME		¥/ F	2/5	7		TE/TIME	pues -	111			RECEIV	ED FOR	HBEL (CUSTOD	YBY C	aut	
Distribution	: WHITE with	REPORT:	YELL	OW for	FILE	PINK to CLIENT;		9//3/06 /2	-45		i	DATE/T	Mt.	·			9.14.0 1030	
															(HAIN	PAGE _2_of_	2

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fex 813-855-2218



Harbor Branch Environmental Laboratory

DW Compliance

Sample ID: 2126 794 001

September 29, 2006

Sample No.:

PWS ID:

63443.06

Inorganic Contaminants 62-550.310(1)

				· · · · · · · · · · · · · · · · · · ·		·	
Contaminant tD	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

U

^{*} Qualifiers:

Analyte was undetected, indicated concentration is method detection limit.

63443

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 Lab	poratory:	7.6.										
The samples	are to be shipped by	FF	PEX	_ to arrive o	n_ <i>9/15/</i>	tole.	. TAT:	871	2			
								,				
HARBOR BR	ANCH ENVIRONM	ENTAL	LABORATOR	Υ			ANALY	SIS REQUIRE	D	COLL	ECTION	REMARKS
PROFESSION	Tw Complian	ca A	- + HAG				PRE	SERVATIVE	┪			
PROJECT NAME:	_yw_swignes					_						
						N	n ye		-			
						0				7		
SAMPLE TYPE: C	omposite = C. Grab = G,		nvative: HCl = H, SO ₄ = S, NaOH = S			hin	1					
MATRIX: Drinking S. Waste - W. O	; Water - DW, Groundwater 0il -O	- GW, Swrfa	ce Water - SW, Wa	stewater = WW, S	Soll or solids =	15	12 X					
Gless Cods.	MATRIX COLLECTION	ME TYPE	НВ	EL SAMPLE ID	Bettles	4				S.	MPLE CO	MENTS
01	DW 9-120 10	90 G	2126	750001	7	/						2 FINUS
02	9-11-06-14	15 6	2126	757 001						4x500	inla	G WHIC
_03	9456 15	15 6	2126	752 001	,					<u> </u>		
04	DW 9406 17	20 F	2126	753 101	1					<u> </u>		·
05	DW 9-1202 16	20 F	2126	793 001	/	اسر						
OG	DW Grack 07	40 6-	21267	94001	1							
07	AU 9-206 10	10 F	21267	69 002	1		v	_				
DB	101	0	21267	70 0010	/		2					
	1 1 1/13	5 /	21267	21002	1		V					
10	DIN gnot 16	10 F	21267	12 00/B			V					
	RELINQUISHED BY:		STAG	TIME			RECEIVE	DBY:		1	MTE	TIME
flesh	AL to Feel	w	9-1406	1600	rec	(E)	د					
	KELINQUISHED BY:		DATE	TIME		LABOR	ATORY NAME	ND RECEIVED BY	·:	, ,	ATE	TIME
\mathcal{F}	edEx	Kn	nd4	rauk	<u> </u>		9/1	5KG	0320			

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 验证证据证据 3445072 457-884

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lk Oaks 6448 DW Scan

Sample Location:

POE Grab

Sample Number:

2126794001

Sampling Date:

9/13/06 7:40

Date Received:

9/13/08 12:45

Œ	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 4:25	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.021	U	EPA 505	0.021	0.084	9/19/06	9/19/06 4:25	E96080
2015	Methoxychlor	[40]	ug/L	0.048	U	EPA 505	0.046	0.18	9/19/06	9/19/06 4:25	E96080
2020	Toxaphene	[3]	ug/L	0.64	U	EPA 505	0.64	2.8	9/19/06	9/19/06 4:25	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	9/20/06	9/21/06 0:10	E96080
2032	Diquat	[20]	ug/L	4.8	υ	EPA 549.2	4 B	19	9/15/06	9/20/06 14:22	E98080
2033	Endothall	[100]	ug/L	2.8	υ	EPA 548.1	2.8	11	9/15/06	9/20/06 3:09	E96080
2034	Glyphosate	[700]	ug/L	26	υ	EPA 547	26	100		9/20/06 15:13	E96080
2035	Di(2-ethylhexyl)adlpate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	9/22/06	10/03/06 5:00	E96080
2038	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		9/18/06 18:34	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	2.5	9/22/06	10/03/06 5:00	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 5:00	E96080
2040	Pictoram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/20/06	9/21/06 0:10	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/20/06	9/21/06 0:10	E96080
2042	Haxachlorocyclopentadiene	[50]	ug/L	0.24	υ	EPA 525.2	0.24	0.96	9/22/06	10/03/06 5:00	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		9/18/06 18:34	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	9/22/08	10/03/06 5:00	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	2.4	9/22/06	10/03/06 5:00	E96080
2065	Heptachlor	[0.4]	υg/L	0.038	υ	EPA 505	0.038	0.15	9/19/06	9/19/06 4:25	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.029	U	EPA 505	0.029	0,12	9/19/06	9/19/06 4:25	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	9/20/06	9/21/06 0:10	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	9/20/06	9/21/06 0:10	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	9/22/06	10/03/06 5:00	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.28	9/22/06	10/03/06 5:00	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	Ü	EPA 515.1	0.39	1.6	9/20/06	9/21/06 0:10	E96080
2383	PCB	[.5]	ug/L	0.15	U	EPA 505	0.15	0,60	9/19/06	9/19/06 4:25	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0010	Ū	EPA 504.1	0.0010		9/20/06	9/20/06 3:38	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0024	U	EPA 504.1	0.0024	0.0096	9/20/06	9/20/06 3:38	E96080
2959	Chlordane	[2]	ug/L	0.14	Ú	EPA 505	0.14	0.56	9/19/06	9/19/06 4:25	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 compilance 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. 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 peri

5600 US 1 North Fort Pierce, FL 34946

4155 St. Johns Pkwy, Suite 1300

Sanford, FL 32771

^cDOH # E96080 FDOH # E83509

³rinted: 10/13/06

FILE CONTE

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd. Brooksville, FL 34601 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

INORGANIC CONTAMINANTS 62 - 550.310 (1)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lk Oaks 6448 DW Scan

Sample Location:

POE Grab

Sample Number:

2126794001

Sampling Date:

9/13/06 7:40

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	0.12		EPA 300.0	0.0030	9/14/06 13:07	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	9/14/06 13:07	E98080
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	0.010		EPA 200.7	0.0018	9/28/06 14:03	E96080
1015	Cadmlum	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	9/28/06 14:03	E96080
1020	Chromium	[0.1]	mg/L	0.0018	υ	EPA 200.7	0.0018	9/28/06 14:03	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	υ	SM4500CN E	0.0047	9/21/06 15:41	E96080
1025	Fluoride	[4]	mg/L	0.15		EPA 300.0	0.011	9/14/06 13:07	E96080
1030	Lead	[0.015]	mg/L	0.00080	1	EPA 200.9	0.00061	10/02/06 18:26	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	9/29/08 12:20	E96080
1036	Nickel	[0.1]	mg/L	0.0020	υ	EPA 200.7	0.0020	9/28/06 14:03	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	94		EPA 200.7	0.50	9/28/06 14:03	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	9/28/06 11:48	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	9/28/06 14:03	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	10/05/06 11:13	E96080

Reporting Format 62-550,730 Effective January 1995, Revised January 2004

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

^{*} 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, Q, 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 perf

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 院院 (万) (本語) 本語 (772) 467-584

SECONDARY CONTAMINANTS 62 - 550.320

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lk Oaks 6448 DW Scan

Sample Location:

POE Grab

Sample Number:

2126794001

Sampling Date:

9/13/06 7:40

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 14:03	E96080
1017	Chloride	[250]	mg/L	180		EPA 300.0	5.0	9/15/06 3:55	E96080
1022	Copper	[1]	mg/L	0.0043	1	EPA 200.7	D.0014 11 1	9/28/06 14:03	E96080
1025	Fluoride	[2]	mg/L	0.15		EPA 300.0	0.011	9/14/069/14/06	E96080
1028	iron	[0.3]	mg/L	0.025	Ų	EPA 200.7	0.025	9/28/06 14:03	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037 ====	9/28/06 14:03	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	9/28/06 14:03	E96080
1055	Sulfate	[250]	mg/L	54		EPA 300.0	1.4	9/15/08 3:55	E96080
1095	Zinc	[5]	mg/L	0.015	ı	EPA 200.7	0.010	9/28/06 14:03	E96080
1905	Color	[15]	CU	4.0	Į	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 ·	pН	[6.5-8.5]	SU	7.54	Q	EPA 150.1	0.200	9/13/06 16:20	E83509
1930	Total Dissolved Solids	[500]	mg/L	540		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

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

^{*} 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 peri

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lk Oaks 6448 DW Scan

Sample Location:

POE Grab

Sample Number:

2126794001

Sampling Date:

9/13/06 7:40

Date Received:

9/13/06 12:45

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichiorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/26/06 0:20	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	υ	EPA 524.2	0.21	0.84	9/26/06 0:20	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.48	1.8	9/26/06 0:20	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/26/06 0:20	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	υ	EPA 524.2	0.21	0.84	9/26/06 0:20	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/26/08 0:20	E96080
2976	Vlnyt chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/26/06 0:20	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/26/06 0:20	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/26/06 0:20	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/26/06 0:20	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/26/06 0:20	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/26/08 0:20	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	IJ	EPA 524.2	0.40	1.8	9/26/06 0:20	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/26/06 0:20	E96080
2985	1,1,2-Trichloroethane	(5)	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/26/06 0:20	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/26/06 0:20	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/26/06 0:20	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/26/06 0:20	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/26/08 0:20	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/26/06 0:20	E96080
2996	Styrene	[70]	ug/L	0.21	Ü	EPA 524.2	0.21	0.84	9/26/06 0:20	E96080

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

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

4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771

FDOH # E83509

Printed: 10/13/06



307 Coolidge Avenue Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

16331 Cortez Blvd. FDOH # E84418

^{*} 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, Y, 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 availabled 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 peri

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: 2126794 001

KNL Report Number/Job ID: 8946

PWS ID(From Page 1):

Contarn 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	1.9	U	EPA 900.0	1.9	3	1.5	10-03-06	0800	E84025
4020	Radium-226		pCi/L	1.1	u	EPA 903.0	1.1	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 pr	int legibly)
System Name:	PWS I.D. #:	
System Type (check one) Communit	y Nontransient Noncommunity	Transient Noncommunity
Address:		······································
City:	State:	ZIP Code:
Phone #:	Fax #	
E-Mail Address:		·
SAMPLE INFORMATION (to be completed by		
Sample Number:	Location Code (if known):	
Sample Date:	Sample Time:	
Sample Location (be specific): TRIP BLAN	JK.	
Disinfectant Residual (Required when reporting		mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (c	
	Routine Compliance (with 62-550)	Quarterly (Which Qtr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Cor	mments;
Near First Customer *See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition	al requirements attach a res	50(4) for requirements and ults page for each site.
for Nitrate or Nitrite MCL exceed		
Sampler's Name:		
Sampler's Phone #:		
Sampler's E-Mail Address:		The state of the s
CERTIFICATION (to be completed by sampler)		
l,		
Print Name		Print Title
do HEREBY CERTIFY that the above publi completed and correct.	ic water system and sample collection info	ormation is
Signature:	Date:	

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

ATTACH A CUI	RRENT DOH A	NALYTE SHEET		
Lab Name:_	Harbor B	ranch Environmental Labora	atories, Inc. Florida Certificatio	n #: <u>E96080</u>
Address: _	5600 US	1 North	Certification Expiration D	ate: 06/30/2007
_	Fort Pier	ce, FL 34946	Phone #:	2) 465-2400 Ext. 285
ANALYSIS I	NFORMATION	ON (to be completed by lab)	Date Sample(s) Received::	9/13/06
PWS ID (Fro	om Page 1):		Sample Number (From Page 1):	
Lab Assigne	d Report Nu	mber or Job ID:		
Group(s) An	alyzed and F	Results attached for complian	nce with Chapter 62-550, F.A.C. (C	heck all that apply):
Inorg	ganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
<u> </u>	N 17	☐All 30	₩All 21	Trihalomethanes
□P	artial	All Except Dioxin	Partial	Haloacetic Acids
□N	itrate	Partial		Bromate
□N	itrite	Dioxin Only	Radionuclides	Chlorite
□A	sbestos Only	1	Single Sample	Secondaries
			Qtrly Composite**	All 14
Were any an	alyses subco	ontracted? X Yes	No	
	•			Dadial
	-			Partial
If yes, please	provide DC	PH certification numbers:	E84129, E84025	Partial
If yes, please	provide DC	PH certification numbers:	E84129, E84025	Partial
If yes, please	Provide DC ANALYTE SHE Cindy Cr	OH certification numbers: EET FOR EACH SUBCONTRACTI CER OMER	E84129, E84025 ED LAB TIFICATION	
If yes, please Attach doh	e provide DC ANALYTE SHE Cindy Cn (Print Nam	OH certification numbers: ET FOR EACH SUBCONTRACTI CER OMER	E84129, E84025 ED LAB TIFICATION Laboratory {Print	Director Title)
If yes, please ATTACH DOH	e provide DC ANALYTE SHE Cindy Cr (Print Nam CERTIFY th	OH certification numbers: EET FOR EACH SUBCONTRACTI CER OMER ne) at all attached analytical dail	E84129, E84025 ED LAB TIFICATION Laboratory (Print ta are correct and unless noted mee	Director Title)
If yes, please ATTACH DOH	Cindy Cr (Print Nam CERTIFY the	certification numbers: EET FOR EACH SUBCONTRACTI CER Omer ne) act all attached analytical dai aboratory Accreditation Con	E84129, E84025 ED LAB TIFICATION Laboratory (Print ta are correct and unless noted meenference (NELAC).	Director Title) It all requirements of the
If yes, please ATTACH DOH I, do HEREBY National Env Signature	Cindy Crack (Print Name CERTIFY the Circumental L	OH certification numbers: EET FOR EACH SUBCONTRACTI CER omer ne) at all attached analytical dat aboratory Accreditation Con	E84129, E84025 ED LAB TIFICATION Laboratory (Print) ta are correct and unless noted meen ference (NELAC). Date: 13-Oc	Director Title) It all requirements of the
If yes, please ATTACH DOH I, do HEREBY National Env Signature Failure to pro- In rejection of the	Cindy Cr (Print Nam CERTIFY the ironmental L vide a valid and ne report, possi	CER CER CER CER CER CER CER CER	E84129, E84025 ED LAB TIFICATION Laboratory (Print ta are correct and unless noted meenference (NELAC).	Director Title) It all requirements of the 1-06 It the attached analysis results will result
If yes, please ATTACH DOH I, do HEREBY National Env Signature Failure to pro- In rejection of ti Bureau of Labo	Cindy Cr (Print Nam CERTIFY th irronmental L vide a valid and ne report, possi ratory Services	CER CER CER CER CER CER CER CER	E84129, E84025 ED LAB TIFICATION Laboratory {Print* ta are correct and unless noted meenference (NELAC). Date: 13-Oction number and a current Analyte Sheet for cwater system for failure to sample, and me	Director Title) It all requirements of the 1-06 It the attached analysis results will result
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provi In rejection of the Bureau of Labor ** Please provi	Cindy Cn (Print Nam CERTIFY th irronmental L vide a valid and ne report, possionatory Services de radiological	CER COMMERCE ACH SUBCONTRACTION CER COMMERCE CER COMMERCE CER COMMERCE CER COMMERCE CER COMMERCE CER CERTIFICATION COMMERCE CERTIFICATION COMMERCE CERTIFICATION COMMERCE CERTIFICATION COMMERCE CERTIFICATION COMMERCE CERTIFICATION COMMERCE CERTIFICATION CERTIFICATION COMMERCE	E84129, E84025 ED LAB TIFICATION Laboratory (Print) ta are correct and unless noted mee inference (NELAC). Date: 13-Oc tion number and a current Analyte Sheet for c water system for failure to sample, and m	Director Title) It all requirements of the 1-06 It the attached analysis results will result
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provi in rejection of ti Bureau of Labo ** Please provi COMPLIANC	Cindy Cn (Print Nam CERTIFY th ironmental L vide a valid and ne report, possivatory Services de radiological de	CER CER CER CER CER CER CER CER	E84129, E84025 ED LAB TIFICATION Laboratory (Print) ta are correct and unless noted mee inference (NELAC). Date: 13-Oc tion number and a current Analyte Sheet for c water system for failure to sample, and m quarter. DEP or DOH)	Director Title) It all requirements of the t-06 If the attached analysis results will result ay result in notification of the DOH
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provin rejection of ti Bureau of Labo ** Please provin COMPLIANC Sample Colle	Cindy Crack (Print Name CERTIFY the circumstal Leaved a valid and the report, possivatory Services de radiological de CE DETERM ection Info Sa	CER COMMERCE	E84129, E84025 ED LAB TIFICATION Laboratory {Print: ta are correct and unless noted mee nference (NELAC). Date: 13-Oc tion number and a current Analyte Sheet for c water system for failure to sample, and m quarter. DEP or DOH) No Sample Analysis Info	Director Title) It all requirements of the I-06 In the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provi In rejection of the Bureau of Laborate COMPLIANC Sample Colle Replacen	Cindy Cra (Print Nam CERTIFY the irronmental L vide a valid and ne report, possionatery Services de radiological CEDETERM ection Info Sament Sample	CER CER CER CER CER CER CER CER	E84129, E84025 ED LAB (TIFICATION Laboratory (Print) ta are correct and unless noted mee inference (NELAC). Date: 13-Oction number and a current Analyte Sheet for c water system for failure to sample, and me injurater. DEP or DOH) No Sample Analysis Info	Director Title) It all requirements of the I-06 In the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provi In rejection of the Bureau of Laborate COMPLIANC Sample Colle Replacen	Cindy Crack (Print Name CERTIFY the ironmental Levide a valid and the report, possionatory Services de radiological de CE DETERM dection Info Sample Il Monitoring	CER COMMERCE	E84129, E84025 ED LAB (TIFICATION Laboratory (Print) ta are correct and unless noted mee inference (NELAC). Date: 13-Oction number and a current Analyte Sheet for c water system for failure to sample, and me injurater. DEP or DOH) No Sample Analysis Info	Director Title) It all requirements of the t-06 If the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No quested (circle or highlight group(s) above
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provi in rejection of ti Bureau of Labo ** Please provi COMPLIANC Sample Colle Replacen Additiona	Cindy Cn (Print Nam CERTIFY th ironmental L vide a valid and ne report, possi- ratory Services de radiological EE DETERM ection Info Sament Sample I Monitoring I MCL(s) I Missing	certification numbers: EET FOR EACH SUBCONTRACTI CER comer let all attached analytical data aboratory Accreditation Con current Florida DOH lab certifical ble enforcement against the public sample dates Jocations for each of INATION (to be completed by D etisfactory: (s) Requested (circle or highlight Required (circle or highlight group) Exceeded Analyte Sheet(s)	E84129, E84025 ED LAB TIFICATION Laboratory (Print) ta are correct and unless noted mee oference (NELAC). Date: 13-Oct tion number and a current Analyte Sheet for c water system for failure to sample, and m quarter. DEP or DOH) No Sample Analysis Info a group(s) above) Revised Report Rev (s) above) Detection(s) Location Unsatisfactory	Director Title) It all requirements of the I-06 In the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provi In rejection of the Bureau of Labor ** Please provic COMPLIANC Sample Colle Replacen Additional Reason(s):	Cindy Crack Centry Chint Nam CERTIFY the ironmental Levide a valid and the report, possionatory Services de radiological dection Info Services (I Monitoring MCL(s) Missing Other:	CER CER CER CER CER CER CER CER	E84129, E84025 ED LAB TIFICATION Laboratory (Print) ta are correct and unless noted mee nference (NELAC). Date: 13-Oc tion number and a current Analyte Sheet for c water system for failure to sample, and m quarter. DEP or DOH) No Sample Analysis Info group(s) above) Revised Report Ref (s) above) Detection(s) Location Unsatisfactory	Director Title) It all requirements of the It-06 If the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No quested (dirde or highlight group(s) above Incomplete Report Analysis Unsatisfactory
If yes, please ATTACH DOH I, do HEREBY National Env Signature * Failure to provi in rejection of the Bureau of Labor ** Please provic COMPLIANC Sample Colle Replacen Additional Reason(s):	Cindy Crack Centry Chint Nam CERTIFY the ironmental Levide a valid and the report, possionatory Services de radiological dection Info Services (I Monitoring MCL(s) Missing Other:	certification numbers: EET FOR EACH SUBCONTRACTI CER comer let all attached analytical data aboratory Accreditation Con current Florida DOH lab certifical ble enforcement against the public sample dates Jocations for each of INATION (to be completed by D etisfactory: (s) Requested (circle or highlight Required (circle or highlight group) Exceeded Analyte Sheet(s)	E84129, E84025 ED LAB TIFICATION Laboratory (Print) ta are correct and unless noted mee nference (NELAC). Date: 13-Oc tion number and a current Analyte Sheet for c water system for failure to sample, and m quarter. DEP or DOH) No Sample Analysis Info group(s) above) Revised Report Ref (s) above) Detection(s) Location Unsatisfactory	Director Title) It all requirements of the t-06 If the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No Quested (circle or highlight group(s) above) Incomplete Report Analysis Unsatisfactory

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lk Oaks 6448 DW Scan

Sample Location:

TRIP BLANK

Sample Number:

2126794002

Sampling Date:

Date Received:

9/13/06 12:45

							• " .			
(D	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichiorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/26/06 0:54	E96080
2380	cis-1,2-Dichloroethene	[70]	· ug/L	0.21	U	EPA 524.2	0.21	0.84	9/26/06 0:54	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	. 1.8	9/26/06 0:54	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0,92	9/26/06 0:54	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/26/06 0:54	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/26/06 0:54	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA-524.2	0.32	1.3	9/26/08 0:54	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/26/06 0:54	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/26/06 0:54	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	IJ	EPA 524.2	0.29	1.2	9/26/06 0:54	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/26/06 0:54	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/26/06 0:54	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/26/06 0:54	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/26/06 0:54	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/26/06 0:54	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/26/06 0:54	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/26/06 0:54	E96080
2990	Benzene	[1]	ug/L	0.20	υ	EPA 524.2	0.20	0.80	9/26/06 0:54	E96080
2991	Toluene	[1000]	ug/L	0.22	υ	EPA 524.2	0.22	0.88	9/26/06 0:54	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/26/06 0:54	E96080
2996	Styrene	[70]	ua/L	0.21	υ	EPA 524.2	0.21	0.84	9/26/06 0:54	E96080

Reporting Format 82-650,730 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 per

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 Corlez Blvd. Brooksville, FL 34601 FDOH # E84418

Printed: 10/13/06



Department of Environmental Protection

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

Colleen M. Castille Secretary

July 18, 2006

SENT VIA EMAIL: CMMcClure@aquaamerica.com

Ms. Candice McClure Silver Lake Oaks P.O. Box 490310 Leesburg, FL 34749

> Putnam County - Potable Water Compliance Inspection 2006 Silver Lake Oaks// PWS ID: 2544258

Dear Ms. McClure:

On July 14,2006, a Compliance Inspection of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. The Department is pleased to inform you that your facility is in compliance with the Florida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

As a reminder, this system is required to monitor for the following remaining parameters during 2006: All Inorganic Contaminants, including Nitrate and Nitrite, Synthetic Organic Contaminants, Volatile Organic Contaminants, Secondaries, Disinfection Byproducts (TTHMs and HAASs), Bacteriologicals (monthly), and Disinfectant Residual Levels (monthly with Bacti's).

Enclosed is a copy of the Compliance Inspection. Please contact me at (904) 807-3321 or Amber.Otto@dep.state.fl.us if you have any questions.

Sincerely,

Ailer M. Olso

Amber Otto Environmental Specialist

BRR:AMO:ao

cc: Paul Thompson, Operator (via mail)

State of Florida Department of Environmental Protection

PUBLIC WATER SYSTEM INSPECTION REPORT

Location: Silver Lake Dr. at Lake Shore Dr. Candice McClure (CMMCCLURE@AQUAAMERICA.COM) Address P.O. Box 490310 Zip Code: Certified Operator: Mr. Paul Thompson Type of System: Community Type of Inspections marked with an X are unsatisfactory. Selections marked with an X are unsatisfactory. Selections marked with an Referenced sections are from Title 62, Florida Administration of S55.350 OK Aeration S55.350 OK Auxiliary Power S55.320(14) OK Check Valve S55.330(3) OK Cross Connection S55.320(12)(A) OK Chlorination (Disinfection) S55.320(12)(A) OK Chlorination, Gas S55.320(13)(A) OK Chlorination, Gas S55.320(13)(A) OK Chlorine Test Kit - DPD S55.330(3) On-site and with operate Maintenance of Facilities S55.330(12) OK Monitoring: Chemical S95.530(12) OK Monitoring: Chemical S95.530(12) OK Monitoring: Chemical S95.530(12) OK Monitoring: Well Clearance S55.1350(12) OK Monitoring: Well Clearance S55.330(15)(A) OK Operator, Certified S95.330(15) OK Operator, Certified S95.330(15) OK Plant Design S55.330 OK Security of Water System S95.330(15)(a) OK Well, Concrete Apron S95.320(15)(a) OK Well, Raw Sample Tap S95.330(12) OK Well Set Backs S95.331(2) None seem	3474	ection Date:	7/14/2006
Address P.O. Box 490310 Certified Operator: Mr. Paul Thompson Type of System: Community Type of System: Community INSPECTION RESULTS Selections marked with an X are unsatisfactory. Selections marked with a Referenced sections are from Title 62, Florida Administration Street St	3474	PWS ID:	2544258
Certified Operator: Mr. Paul Thompson Type of System: Community Type of Inspection Result Ts Selections marked with an X are unsatisfactory. Selections marked with a Referenced sections are from Title 62, Florida Administration OK Aeration S55.350 OK Check Valve OK Check Valve OK Chorination (Disinfection) Plant 0.66 mg/l Remote 0.35 mg/l Remote from WWTP N/A Chlorination, Gas OK Chlorine Test Kit - DPD OK Chlorine Test Kit - DPD OK Logs, on-site OK Maintenance of Facilities OK Maintenance of Facilities OK Monitoring: Bacteriological OK Monitoring: Chemical OK Monitoring: Well Clearence OK Operator, Certified OK Operator, Certified OK System Pressure S55.320(13)(a) OK Well, Concrete Apron Well, Set Backs S55.320(a)(b) None seen Type of Inspection RESULTS Inspection point with a Reference S55.320(14) OCIZ injection point was Remote from WWTP Remote from WWTP On-site and with operator Master Meter Oursent, 5 visits per we Very good Due MONTHLY; Curre OK Operator, Certified S55.330(12) Due MONTHLY; Curre OK Operator, Certified S55.330(13) Due MONTHLY; Curre OK Operator, Certified S55.330(13) Locked fence 40psi, gauge on hydrote OK Well, Concrete Apron S55.320(18)(0)2 None seen	3474	Phone No.:	(352)732-6027
Type of System: Community INSPECTION RESULTS Selections marked with an X are unsatisfactory. Selections marked with a Referenced sections are from Title 62, Florida Administration of St. 350 OK Aeration St. 350 OK Aeration St. 350 OK Check Valve St. 330(3) OK Cross Connection St. 350(12) OK Chlorination (Disinfection) St. 320(12)(d)a.350(6) OK Chlorination (Disinfection) St. 320(12)(d)a.350(6) OK Chlorination, Gas St. 320(13)(a) OK Chlorine Test Kit - DPD St. 330(3) OK Maintenance of Facilities St. 330(12) OK Monitoring: Bacteriological St. 350, 518 OK Monitoring: Bacteriological St. 350, 518 OK Monitoring: Chemical St. 350, 500, 521 OK Monitoring: Well Clearance St. 315(6)(b) OK Operator, Certified St. 330(8) OK Operator, Certified St. 330(8) OK Sccurity of Water System St. 330(15)(a) OK Well, Concrete Apron St. 320(15)(a)2 OK Well, Concrete Apron St. 320(3)(c) Well, Raw Sample Tap St. 320(3)(c) OK Well Set Backs St. 355. 312 None seen			
Selections marked with an X are unsatisfactory. Selections marked with an X are unsatisfactory. Selections marked with a Referenced sections are from Title 62, Florida Administration of Streens secure, Clean Streens secure, Clean OK Auxiliary Power Streens Streens secure, Clean OK Check Valve Streens Streens Streens secure, Clean OK Check Valve Streens Str		Level & No.:	A - 7251
Selections marked with an X are unsatisfactory. Selections marked with an X are unsatisfactory. Selections marked with a Referenced sections are from Title 62, Florida Administration of Streens secure, Clean Streens secure, Clean OK Auxiliary Power Streens Streens secure, Clean OK Check Valve Streens Streens Streens secure, Clean OK Check Valve Streens Str		, C	
Selections marked with an X are unsatisfactory. Selections marked with a Referenced sections are from Title 62, Florida Administration of S55.350 Screens secure, Clean Auxiliary Power S55.320(14) OK Auxiliary Power S55.320(14) OK Check Valve S55.330(3) OK Cross Connection S55.360 None Seen CI2 injection point was Plant 0.66 mg/l Remote 0.35 mg/l Remote from WWTP Chlorination, Gas S55.320(13)(a) OK Chlorination, Gas S55.320(13)(a) OK Chlorine Test Kit - DPD S55.330(3) On-site and with operate Chlorination, Gas S55.320(13)(a) OK Logs, on-site S55.350(12) Current, 5 visits per we New Maintenance of Facilities S55.350 OK Monitoring: Bacteriological S50.518 Due MONTHLY; Current Monitoring: Chemical S55.30(b) OK Monthly Operation Reports S50.730(1)(d) Due MONTHLY; Current Monthly Operation Reports S50.730(1)(d) Due MONTHLY; Current OK Operator, Certified S55.350(b) Paul Thompson; A-725 OK Security of Water System S55.315(1) & .320(5) Locked fence A008, gauge on hydrote OK Well, Concrete Apron S32.500(3)(c) Wells, Number of S55.312(2) AAC1924 OK Well Set Backs S55.312 None soen	peculon	: Complianc	æ
Referenced sections are from Title 62, Florida Administ OK Aeration 555.350 Screens secure, Clean OK Auxiliary Power 555.320(14) OK Check Valve 555.330(3) OK Cross Connection 555.360 None Seen OK Chlorination (Disinfection) 555.320(12)(d)&.350(6) OK Chlorination, Gas 555.320(13)(a) OK Chlorination, Gas 555.320(13)(a) OK Chlorination, Gas 555.320(13)(a) OK Chlorine Test Kit - DPD 555.330(3) On-site and with operate OK Logs, on-site 555.350(12) Ourrent, 5 visits per well OK Maintenance of Facilities 555.350 OK Monitoring: Bacteriological 550.518 Due MONTHLY; Current, Society of Well Clearance 555.315(6)(b) OK Monthly Operation Reports 550.730(1)(d) Due MONTHLY; Current, Society of Water System 555.350(n) OK Security of Water System 555.315(1) & .320(5) OK System Pressure 555.320(15)(a)2 OK Well, Concrete Apron 532.500(3)(c) OK Well, Raw Sample Tap 555.320(n)(b)2 OK Well Set Backs 555.312 None seen			
OK Auxiliary Power 555.320(14) OK Check Valve 555.330(3) OK Cross Connection 555.320(12)(d)a.330(6) OK Chlorination (Disinfection) 555.320(12)(d)a.330(6) Plant 0.66 mg/l Remote 0.35 mg/l Remote from WWTP N/A Chlorination, Gas 555.320(13)(a) OK Chlorina Test Kit - DPD 555.330(3) On-site and with operate management of Facilities 555.320(12) OK Loga, on-site 555.320(12) Ourent, 5 visits per well was management of Facilities 555.350 Very good OK Monitoring: Bacteriological 550.518 Due MONTHLY; Curn Monitoring: Chemical 555.315(6)(b) OK Monthly Operation Reports 550.730(1)(d) Due MONTHLY; Curn OK Operator, Certified 555.350(B) Paul Thompson; A-725 OK Plant Design 555.320(15)(a)2 40psi, gauge on hydrote Well, Concrete Apron 532.500(3)(c) Well, Raw Sample Tap 555.320(B)(b)2 OK Well Set Backs 555.312 None seen	an I an	s in aced of impro-	vement
OK Check Valve 555.330(3) OK Cross Connection 555.3400 None Seen OK Chlorination (Disinfection) 555.320(12)(d)a.350(6) OK Chlorination (Disinfection) 555.320(12)(d)a.350(6) OK Chlorination, Gas 555.320(13)(a) OK Chlorine Test Kit - DPD 555.330(3) OK Chlorine Test Kit - DPD 555.330(3) OK Chlorine Test Kit - DPD 555.330(3) OK Clorine Test Kit - DPD 555.330(3) OK Logs, on-site 555.320(16) OK Logs, on-site 555.350(12) OK Maintenance of Facilities 553.350 OK Monitoring: Bacteriological 550.518 OK Monitoring: Chemical 550.500.521 OK Monitoring: Chemical 550.500.521 OK Monthly Operation Reports 550.730(1)(d) OK Operator, Certified 555.350(8) Paul Thompson; A-725 OK Security of Water System 555.315(1) & 320(5) OK System Pressure 555.315(2) OK Well, Concrete Apron 532.500(3)(c) Wells, Number of 555.320(8)(b)2 OK Well, Raw Sample Tap 555.320(8)(b)2 OK Well Set Backs 555.312 None seen	HZC13C1A	e Code	
Check Valve 555,330(3) OK Cross Connection 555,360 None Seen OK Chlorination (Disinfection) 555,320(12)(d)a,350(6) Plant 0.66 mg/l Remote 0.35 mg/l Remote from WWTP N/A Chlorination, Gas 555,320(13)(a) OK Chlorine Test Kit - DPD 555,330(3) OK Chlorine Test Kit - DPD 555,330(3) OK Chlorine Test Kit - DPD 555,320(16) OK Logs, on-site 555,320(16) OK Maintenance of Facilities 553,350 OK Monitoring: Bacteriological 550,518 OK Monitoring: Chemical 550,500,521 OK Monitoring: Chemical 550,500,521 OK Monthly Operation Reports 550,730(1)(d) OK Operator, Certified 555,330(B) Plant Design 555,330 OK Security of Water System 555,315(1) & 320(5) Event Dok Well, Concrete Apron 532,500(3)(c) Well, Concrete Apron 535,320(15)(a)2 Wells, Number of 555,320(15)(a)2 Well, Raw Sample Tap 555,320(15)(a)2 None seen			
Cross Connection 555.3460 None Seen Chlorination (Disinfection) 555.320(12)(d)a.350(6) Plant 0.66 mg/l Remote 0.35 mg/l Remote from WWTP Chlorination, Gas 555.320(13)(a) OK Chlorine Test Kit - DPD 555.330(3) On-site and with operate the control of the contr			
Chlorination (Disinfection) Plant 0.66 mg/l Remote 0.35 mg/l Remote from WWTP N/A Chlorination, Gas 555.320(13)(a) OK Chlorine Test Kit - DPD 555.320(13)(a) OK Chlorine Test Kit - DPD 555.320(13)(a) OK Chlorine Test Kit - DPD 555.330(12) OK Logs, on-site 555.350(12) OK Maintenance of Facilities 555.350 OK Monitoring: Bacteriological 550.518 OK Monitoring: Chemical 550.500.521 OK Monitoring: Chemical 550.500.521 OK Monthly Operation Reports 550.730(1)(d) OK Operator, Certified 555.350(b) OK Operator, Certified 555.350(b) OK Security of Water System 555.315(1) & 320(5) CK System Pressure 555.315(2) Well, Concrete Apron 532.500(3)(c) Well, Raw Sample Tap 555.320(15)(a)2 Well Set Backs 555.312 None seen			·
Plant 0.66 mg/l Remote 0.35 mg/l Remote from WWTP N/A Chlorination, Gas 555.320(13)(a) OK Chlorine Test Kit - DPD 555.330(3) OK Maisternance of Facilities 555.350 OK Maisternance of Facilities 555.350 OK Monitoring: Bacteriological 550.518 OK Monitoring: Chemical 550.500.521 OK Monitoring: Well Clearance 555.315(6)(b) OK Monthly Operation Reports 550.730(1)(d) OK Operator, Certified 555.350(8) OK Operator, Certified 555.350(8) Paul Thompson; A-725 OK Security of Water System 555.320(15)(a)2 OK System Pressure 555.320(15)(a)2 Vell, Concrete Apron 532.500(3)(c) Well, Raw Sample Tap 555.320(8)(b)2 OK Well Set Backs 555.312 None seen			
Plant U.00 mg/l Remote 0.35 mg/l Remote from WWTP Chlorination, Gas 555.320(13)(a) OK Chlorine Test Kit - DPD 555.330(3) OK Chlorine Test Kit - DPD 555.330(3) OK Chlorine Test Kit - DPD 555.330(3) OK Meter 555.320(16) Master Meter Current, 5 visits per we Very good OK Monitoring: Bacteriological 550.518 Due MONTHLY; Current Course Cou	s unclo	gged and fixed du	ring inspection
Chlorine Test Kit - DPD 555.330(3) On-site and with operate DK Plow Meter 555.320(16) Master Meter Correct, 5 visits per wester S55.350(12) Ourrent, 5 visits per wester S55.350 Very good Very good Monitoring: Bacteriological 550.518 Due MONTHLY; Current, 5 visits per wester S55.315(6)(b) Monitoring: Chemical 550.500.521 DUE in 2006: Inorganic Monitoring: Well Clearance 555.315(6)(b) Due MONTHLY; Current Correct			
Plow Meter 555.320(16) Master Meter Christian per wester Correct, 5 visits per wester very good of very good. 1 very good of very good in the Monthly; Currect, 5 visits per wester Correct, 5 visits per wester very good. 1 very good of very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per wester very good. 1 very good in the Monthly; Currect, 5 visits per very good. 1 very good in the Monthly very good. 1 ver			 -
OK Plow Meter 555.320(16) Master Meter OK Logs, on-site 555.350(12) Current, 5 visits per we Well, Concrete Apron OK System Pressure OK System Pressure OK System Pressure OK Well, Raw Sample Tap OK Well Set Backs 555.312 None seen	tor		
OK Maintenance of Facilities 533.350 Very good OK Monitoring: Bacteriological 530.518 Due MONTHLY; Curn Monitoring: Chemical 530.500.521 DUE in 2006: Inorganic Monitoring: Well Clearance 555.315(6)(b) OK Monthly Operation Reports 550.730(1)(d) Due MONTHLY; Curn OK Operator, Certified 555.350(f) Paul Thompson; A-725 OK Plant Design 555.330 OK Security of Water System 555.315(1) & .320(5) Locked fence 555.320(15)(a)2 OK Well, Concrete Apron 532.500(3)(c) Wells, Number of 555.315(2) AAC1924 Well Set Backs 555.312 None seen			
Maintenance of Facilities DK Monitoring: Bacteriological DK Monitoring: Chemical Monitoring: Chemical Monitoring: Chemical Monitoring: Well Clearance DK Monthly Operation Reports DK Operator, Certified DK Operator, Certified DK Operator, Certified DK Operator, Certified DK Security of Water System DK System Pressure DK Well, Concrete Apron Wells, Number of Well, Raw Sample Tap DK Monthly Operation Reports S35.330 DUE in 2006: Inorganic Due MONTHLY; Curry Display S55.330(I) A .320(3) Due MONTHLY; Curry Due Monthly Due Monthly Due MONTHLY; Curry Due Monthly Due Monthly Due Monthly Due Monthly Due Monthly Due Monthl	eek		
Monitoring: Bacteriological 530.518 Due MONTHLY; Curr DK Monitoring: Chemical 530.500.521 DUE in 2006: Inorganic VA Monitoring: Well Clearance 555.315(6)(b) DK Monthly Operation Reports 550.730(1)(d) Due MONTHLY; Curr DK Operator, Certified 555.350(B) Paul Thompson; A-725 DK Plant Design 555.330 DK Security of Water System 555.330 Locked fence 555.320(15)(a)2 40psi, gauge on hydrots DK Well, Concrete Apron 532.500(3)(c) Well, Number of 555.315(2) AAC1924 Well Set Backs 555.312 None seen			
Monitoring: Chemical 530.500-521 DUE in 2006: Inorganic VIA Monitoring: Well Clearance 555.315(6)(b) Monthly Operation Reports 550.730(1)(d) Due MONTHLY; Curro DK Operator, Certified 555.350(B) Paul Thompson; A-725 DK Plant Design 555.330 DK Security of Water System 555.330 Locked fence 555.320(15)(a)2 40psi, gauge on hydrots DK Well, Concrete Apron 532.500(3)(c) Wells, Number of 555.315(2) AAC1924 Well Raw Sample Tap 555.320(B)(b)2 Well Set Backs 555.312 None seen	nent		
Monthly Operation Reports 550.730(1)(d) Due MONTHLY; Curro DK Operator, Certified 555.350(8) Paul Thompson; A-725 DK Plant Design 555.330 Locked fence System Pressure 555.320(15)(a)2 40psi, gauge on hydrots DK Well, Concrete Apron 532.500(3)(c) Wells, Number of 555.320(8)(b)2 AAC1924 Well, Raw Sample Tap 555.320(8)(b)2 Well Set Backs 555.312 None seen		Ct VOCa Carre	design & DDDs
OK Operator, Certified 555.350(8) Paul Thompson; A-725 OK Plant Design 555.330 OK Security of Water System 555.315(1) & .320(5) OK System Pressure 555.320(15)(a)2 40psi, gauge on hydrota OK Well, Concrete Apron 532.500(3)(c) Wells, Number of 555.315(2) AAC1924 Well Raw Sample Tap 555.320(8)(b)2 OK Well Set Backs 555.312 None seen		Cs, VOCs, Socoli	CHIRCS OF DIDIES
OK Operator, Certified 355.350(8) Paul Thompson; A-725 DK Plact Design 555.330 Locked fence DK Security of Water System 555.315(1) & .320(5) Locked fence DK System Pressure 555.320(15)(a)2 40psi, gauge on hydrots DK Well, Concrete Apron 532.500(3)(c) DK Wells, Number of 555.315(2) AAC1924 DK Well, Raw Sample Tap 555.320(8)(b)2 DK Well Set Backs 555.312 None seen	reni		
DK Plant Design 555.330 DK Security of Water System 555.315(1) & .320(5) Locked fence DK System Pressure 555.320(15)(a)2 40psi, gauge on hydrots DK Well, Concrete Apron 532.500(3)(c) AAC1924 DK Well, Raw Sample Tap 555.320(8)(b)2 DK Well Set Backs 555.312 None seen			
OK Security of Water System 555.315(1) & .320(5) Locked fence OK System Pressure 555.320(15)(a)2 40psi, gauge on hydrots OK Well, Concrete Apron 532.500(3)(c) OK Wells, Number of 555.315(2) AAC1924 OK Well, Raw Sample Tap 555.320(8)(b)2 OK Well Set Backs 555.312 None seen	<u> </u>		
OK System Pressure 355.320(15)(a)2 40psi, gauge on hydrote OK Well, Concrete Apron 532.500(3)(c) Wells, Number of 555.315(2) AAC1924 OK Well, Raw Sample Tap 555.320(8)(b)2 OK Well Set Backs 355.312 None seen			
OK Well, Concrete Apron 532.500(3)(c) I Wells, Number of 355.315(2) AAC1924 OK Well, Raw Sample Tap 555.320(a)(b)2 OK Well Set Backs 355.312 None seen			
Wells, Number of	KARIK		
OK Well, Raw Sample Tap 555.320(8)(b)2 OK Well Set Backs 555.312 None seen			
OK Well Set Backs 555.312 None seen			
TACIE ROEII			
Comments:			
			
			
is required that a written response he provided to the			
t is required that a written response be provided to this office within ten days of recessults listed above.		this report regard	ling any unsatisfacti
·- ···································	eipt of		
Aspector: 5 A. A. A. B.	eipt of		
Asia A dia			
Amber Otto, (904) 807-3321 or e-mail address: Amber.	eipt of	July 18, 2006	•



Department of Environmental Protection

jeb Buch Governor Northeast District 7825 Baymeadows Way, Suice 8200 Jacksonville, Florida 32256-7590

David & Struks Secretary

March 5, 2004

Mr. Craig Anderson Plorida Water Services Post Office Box 609520 Orlando, Florida 32860

Received

MAR 1 0 2004

Dear Mr. Anderson:

Environmental Services

Putnam County - Potable Water Silver Lake Oaks WTP PWS ID: 2544258

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courtoous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. I was pleased to find that the water system is in good operating condition and generally well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (RS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at Annalise. Stahlman@dep.state.fl. us or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely

Annalise M. Stahlman Environmental Specialist

EDC:BRR:AMS:ums Correspondence File

Raclasure

Sanitary Survey Dated 3/3/04

"More Protection, Less Process"

Primes on recycled poper.

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

Plant Name SILVER LAKE OAKS WTP	
Plant Location Silver Lake Drive @ Lake Shore Drive.	Palatka, Florida Phone 386-329-1122
Owner Name Florida Water Services (Attn: Mr. Craig A	Anderson) Phone 407-880-0058
Owen Address - Deat Office Pay 600500 Odenda Flori	de 20060
Owner Address Post Office Box 609520, Orlando, Floris	Ua 3200U
Contact Person Mr. Paul Thompson . Ti This Survey Date 3/3/04 Last Survey Date	itle Lead Operator, FWS Phone 386-329-1122
This Survey Date 3/3/04 Last Survey Date	6/19/01 Last C.I. Date 8/1/02
•	
PWS TYPE & CLASS: Community - (5D).	RAW WATER SOURCE
	GROUND; Number of Wells 1
SERVICE AREA CHARACTERISTICS	SURFACE/UDI; Source
Mobile Home Park	PURCHASED from PWS ID #
Modile Louis Laiv	U PUNCHASED from PWS ID #
	Emergency Water Source
Food Service: Yes No N/A	Emergency Water Capacity
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections 35	☐ Yes ☐ None ☒ Not Required
Population Served 88 Basis estimate	Source
Plant Design Capacity 57,600 god	Capacity of Standby (kW)
Basis well nown conscity	Switchover: Automatic Manual
Basis well pump capacity Average Day (from MORs) 4.097 god	Switchover: [] Voicement [] Manual
Average Day (non mons) 4.087 EDG	Standby Plan: Yes No
Max. Day (from MORs) 10.100 pp	Hrs Operated Under Load
Max. Day (from MORs) 10.100 god Total Storage Capacity 18.500 gallons	What equipment does it operate?
Comments data based on December 2003 MOR	☐ Weil pumps
	High Service Pumps
	Treatment Equipment
LOCATION	Parallel Annual Composition
Latitude 29° 37' 23" North	Sabety 1/2 max-day demand? Yes No Unk
	Comments
Longitude 81° 42' 53" West	
GPS: No Date:	
Directions US 17 south to Palatka, right on Hwy 19.	TREATMENT PROCESSES IN USE
right on Silver Lake Dr., plant is on left at Lake	Hypo-chlorination, Aeration
Shore Drive.	
<u> </u>	What additional treatment is needed?
OPERATION & MAINTENANCE	
Certified Operator: ☑ Yes ☐ No ☐ Not required	None
Certified Operator, 22 148 [140 [140 1 equited	For control of what deliciencies?
Operator(s) & Certification Class-Number	_NA
Paul Thompson, A-7251	
Oonald Holcomb, A-5091	DISTRIBUTION SYSTEM
O & M Log: Yes No No required	Flow Measuring Device Flow Mater
Operator Visitation Frequency Hrs/day: Required N/A Actual N/A Osys/wk: Required 5 Actual 5	Meter Size & Type 2" Master Meter
Hrs/day: Required N/A Actual N/A	Backflow Prevention Devices: ✓ Yes No
Davehole: Brazilia 5 April 5	Cross constraint Davices: M 188 1 ND
Man appropriate David Divas Divas 62 ava	Cross-connections none observed
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	Written Cross-connection Control Program: Yes
MORs submitted regularly? Yes No NA	Coliform Sampling Plan: Yes No N/A
Data missing from MORs? No Tyes NA	Comments Satisfactory
complete operations, maintenance, & equipment	
logs and sampling plans on site.	
COMET: SITE ID PROJECT ID	

PWS ID # 2544258 Survey Date 3/3/04

GROUND WA		
Well Number	(PWS	Identifica
Mart Name (N-1	hat model diese

UNCOME	WAIEN SUUNCE				
Well Nun	nber (PWS Identification)	2544258			
Weti Name (System Identification)		1 .			· · · · · ·
Year Orilled		2000	 		
Dépth Dr	Ned	260'			
Latitutude	,	29:37:23 N			-
Longitude)	81:42:53 W	 		
GPS (V or	N) / Date (it applicable)	No		 	
Florida W	fell ID	AAC1924		 	
Static Wa	iter Level .	Unknown	 		
Actual Yi	BIC (# different then reted copecity)	 			
Strainer	*	Unknown			
Length (o	utside casing)	197'			
Diameter	(outside casing)	4"			
Meterial (outside casing)	steel			
	amination History	None			
Is inundat	ion of well possible?	No		····	
6' X 6' X 4	l" Concrete Pad	OK			
	Septic Tank				
SET	Reuse Water	· ·			
BACKS	WW Plumbing				
	Other Sanitary Hazard	· · · · · · · · · · · · · · · · · · ·			
	Туре	Submersible			
	Manufacturer Nemie	Unknown			
PUMP	Model Number	Unknown			
	Rated Capacity (gpm)	75			
	Motor Horsepower	5			
	g 12" above grade?	ОK	 		
	ng Sanitary Seel	OK		·	
	r Sampling Tap	OK - smooth			
	ound Check Valve	QΚ			
Fence/Hou	¥	Secure			
Well Vent	Protection	Not required			
				i	

· ·	
COMMENTS Well appears to be in good operating condition.	
•	
· · · · · · · · · · · · · · · · · · ·	

					Surve	A nate 3-Wil	7-04
CHLORINATION (Di	aintoetic	''		STORAGE FAC	II ITIES		
Type: Hypo-Chlorina		A17			i) Hydropni	umatic (E)	Elevated
Make Stenner	NEW IL	Capacit	y 10 god	(8) Bladder (C) Clearwell	\	
Chlorine Feed Rate	30%			Tank Type/Num	ber H	G	AG
Avg. Amount of Clag	88 0880	ــــــــــــــــــــــــــــــــــــــ	N/A	Capacity (gal)	1.000	6,000	6,000
	Chlorine Residuals: Plant 2.1 Remote 2.1				Stee		Conc.
Remote tap location _ DPD Test Kit: ⊠ Or	à slla	N wa	h operator	Material		-	
			Used Dally	Gravity Orain	Yes	Yes	Yes
Injection Points ups				By-pass Piping	Y95	Yes	Yes
Boosler Pump Info	W A			Pressure Gauge	Yes	NA	NA
Comments Satisfact	Ory chi	OUNATION	 .	Sight Glass or	No	No	Yes
				Level Indicator		<u> </u>	
Chlorine Gas Use	YES	NO	Comments	Fittings for	NVA	N/A	N/A
Requirements				Sight Glass Protected Opening	ngs Yes	Yes	Yes
Dual System .		_LJ_		PRVARV	· 1	1	1
Auto-switchover					PRV		NA
Alarms:		_		On/Off Pressure	45/55		IVA
Loss of Cl ₂	1 2	- H 1	(Access Padiocke	1	Yes	Yes
Loss of Cla residual		H		Height to Bottom	of N/A	N/A	N/A
Cl ₂ leak detection			`]	Elevated Tank			
Scale				Height to Max. Water Level	NVA	N/A	N/A
Chained Cylinders				Comments Stor	age tanks a	poear to be	dean
Reserve Supply				and in good op	erating cond	ittion.	
Adequate Air-pak							
Sign of Leaks	n	-					
Fresh Ammonia	1						
Ventilation	T						···
Room Lighting		-					
Warning Signs	 	- 					
Repair Kits		- #-		HIGH SERVICE			
Fitted Wrench		_;;			1	2	
		ᆛ	·	Туре	Cent.	Cent.	
Housing/Protection	<u>u</u>	<u> </u>		Make	Peerless	Poorless	
				Model	C610A	C510A	
AERATION (Gases, I	Fe, & M	n Remo	val)	Capacity (gpm)	20	50	
Type Cascade	·laac (Capacity	/ 40 gom	Motor HP	δ	5	
Agrator Condition Bloodworm Presence	No.			Date Installed	unk	บกห	
Visible Algae Growth				Maintenance	Good	Good	
Protective Screen Col	ndition			Comments Pur	VOS ADDRES I		condition
Comments Aerator	s in goo	d opera	ting condition		PAN ANNAGI	V. VV III WOUL	·

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

Monthly

MAILING ADDRESS:

PO Box 490310

LIMIT: CLASS SIZE:

GROUP:

REPORT:

Domestic

FACILITY.

Leesburg, FL 34749 Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Final

LOCATION: Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

ШD

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2007

To: 01/31/2007

Parameter 		Quantity of Loading	Units	Quality or Concent	ration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				·Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			300	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			370	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement	·		Report Mo. Avg.	mg/L	1	Monthly	Grab

d and am familiar with the information automitted herain; and based on my inquiry of those individuals immediately reaponable 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 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	Schmants barn)	386-937-1143	07/02/27

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

DOCUMENT NUMBER-DATE

04329 MAY 22 8

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 01/01/2007

To: 01/31/2007

Parameter	;	Quantity of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0		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			···	3.8	3.8	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	1	Monthly	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
Coliform, Fecal	Sample Measurement				10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 Mon.Site No.EFA-1	Permit Requirement				Report (No.Geo.Mean)	800 Max	#/100mL	<u> </u>	Monthly	Grab
рН	Sample Measurement			7.1		7,4	s.u	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	s.u	Ī	6 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			- 		11,0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS:

DRESS: 1343 NE 17th Road Ocala, FL 34470 LIMIT:

Final

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2007

To: 01/31/2007

Parameter		Quantity of Loading	Units	Quality or Con	centration)	No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement				1.0	mg/L	0	Annual	Grab
PARM Code 00520 1 Mon.Site No.EFA-1	Permit Requirement				12.0 Max	mg/L		Annual	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 incividuals 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 talse information including the possibility of this and impresonment.

		-∕^.	The second secon		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATUR	E OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMAWDD)
Paul Thompson, Lead operator		S		386-937-1143	07/02/27
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all	itachmeni	X Ke	ra)·		· · · · · · · · · · · · · · · · · · ·

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715 Month / Year January-07 Three-month Average Daily Flow: 0.005 (TMSDF/Permitted Capacity)x100: 39% Flow CBOD5 TSS CBOD5 pН Fecal TSS TRC (For Nitrogen, (mgd) (mg/L) (mg/L) (mg/L) (mg/L)Coliform Disinfect.) Nitrate, Total (s.u.) Bacteria (mg/L) (as N) (#/100ml) (mg\L) 50050 Code 80082 00530 80082 74055 00400 00530 50060 00820 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-i EFA-I EFA-I 1 0.005 7.2 2.2+ 2 0.007 7.2 2.2+ 3 0.006 300 ! 370 3.8 1U 7.4 11.0 2.2+ 0.009 7.3 2.2+ 0.005 7.3 2.2+ 6 0.005 7 0.005 8 0.004 7.3 2.2+ 9 0.004 7.3 2.2+ 10 0.005 7.1 2.2+ 11 0.004 7.1 2.2+ 12 0.005 7.2 2.2+ 13 0.005 14 0.004 15 0.004 7.2 2.2+ 16 0.004 7.2 2.2+ 17 0.008 7.2 : 2.2+ 18 0.004 7.2 2.2+ 19 0.004:7.2 2.2+ 20 0.004 21 0.005 22 0.005 7.2 2.2+ 23 0.005: 7.2 2.2+ 24 0.003 7.2 2.2+ 25 0.005 7.2 2.2+ 26 0.009 2.2+ 7.1 27 0.003 28 0.003 29 0.003 7.1 . 2.2+ 30 0.003 7.2 2.2+ 31 0.006 7.2 2.2+ PLANT STAFFING: Day Shift Operator В Class: Certification No.: 12476 Name: David Haring **Evening Shift Operator** С Certification No.: Class: 9320 Name: Ralph Marriott Night Shift Operator Class: Certification No.: Name: Lead Operator Certification No.: 4894 Class: Name: Paul Thompson Type of Effluent Disposal or Rectained Water Reuse: Limited Wet Weather Discharge Activated: Yes. Not Applicable: If yes, cumulative days of wet weather discharge * Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310 Leesburg, FL 34749 PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715 Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION. Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

R-001 mo

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

02/01/2007

To: 02/28/2007

Parameter	!	Quantity of Load	ing Units	Quality or Concent	ration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			310	mg/L	C	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			280	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

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

	/!				
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNAL	URI	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	Ţ	DATE (YY/MM/DD)
; ; ;	-7			 	-)
Paul Thompson, Lead Operator	يل		386-937-1143	07	103/21

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 02/01/2007

To: 02/28/2007

Parameter		Quantity of Loading	Units		Quality or Cor	ncentratio	າ	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.4		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				7.2	7.2	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement			· · · · · · · · · · · · · · · · · · ·	30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo,Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7.3	\$.U	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No.EFA-1	Parmit Requirement			6.0 Min		8,5 Max	s.u		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					8,6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon,Site No.EFA-1	Permit Requirement			,		10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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		6 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011715

Month / Year February-07 Three-month Average Daily Flow: 0.005 (TMSDF/Permitted Capacity)x100: 42% Flow CBOD5 TSS CBOD5 Fecal pН TSS TRC (For Nitrogen, (mgd) (mg/L)(mg/L)(mg/L) Coliform (5.0.) (mg/L) Disinfect) Nitrate, Total Bacteria (mg/L) (as N) (#/100ml) (mg\L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-EFA-I EFA-1 0.004 7.2 2.2+ 2 0.005 7.2 3 0.005 0.006 5 0.006 7.2 2.2+ 6 0.005 7.2 2.2+ 0.005 7.2 8.6 2.2+ 8 0.005 7.2 2.2+ 9 0.005 2.2+ 10 0.00611 0.006 12 0.007 7.2 2.2+ 13 0.008 7.2 2.2+; 14 0.009 7.3 2.2+ 15 0.003 7.2 2.2+ 16 0.005 7.3 2.2+ 17 0.004 18 0.004 19 0.005 7.2 2.2+ 20 0.004 7.2 2.2+ 21 0.004 7.3 2.2+ 22 0.003 7.3 2.2+ 23 0.007 7.3 2.2+ 24 0.0041 25 0.004 26 0.005 7.3 2.2 27 0.006 7.2 2.2+ 28 0.005 2.2+ 29 30 31 PLANT STAFFING: Day Shift Operator Class: В Certification No.: 12476 Name: David Haring **Evening Shift Operator** С Class: Certification No.: 9320 Name: Ralph Marriott Night Shift Operator Class: Certification No.: Name: Certification No.: Lead Operator Class: A 4894 Name: Paul Thompson 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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER: LIMIT: CLASS SIZE:

FLA011715

Final

R-001

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

NO DISCHARGE FROM SITE:

PLANT SIZE/TREATMENT TYPE:

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

03/01/2007

To: 03/31/2007

Parameter		Quantity of Loa	ading Units	Quality or Concent	ration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			a	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
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			78	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

I carrify under penalty of taw that I have personally examined and am familier 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 sware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

The second secon			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
Paul Thompson, Lead Operator		386-937-1143	67/08/19
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	achments here):	······································	-=-/-

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

TSS sample taken on the 7th was 17.0 and then we resampled and the result was 7.6.

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 03/01/2007

To: 03/31/2007

Parameter		Quantity of Loading	Units		Quality or Con	centratio	n	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.2		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			··	29.0	29.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			····	30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				4.3		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				40.0	40.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рH	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
Solids, Total Suspended	Sample Measurement					17.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement			······································		10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

	Flow .	CBOD5	TOO	CROSS					apacity)x100:	42%
	(mgd)	(mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total! (as N) (mg/L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	· EFA-I	
1	0.004			<u> </u>	<u>: </u>	7.2		2.2	.	
2	0.005			• 		7.2		2.2	.	
3	0.005	·			· · ·		· 			
4	0.005			:	· !					
<u>. 5</u> :	0.005					7.3		2.2	•	
6	0.005					7.3		2.24	•	
7	0.003	170	78	29.0	40.00	7.4	17.0		•	
. 8	0.008					7.4		2.2		
9	0.006			·		7.4		2.21		
10	0.004			! ,						
11	0.004	··							The second of th	
12	0.005			: :		7.4		2.2+		
13	0.004	· · · · · · · · · · · · · · · · · · ·			<u></u>	7.4 ,		2.2+		
_14	0.006	·		L		7.5	7.6	2.2+		
15	0.007	-		<u> </u>	: 	7.5		2.24		
16	0.005				<u> </u>	7.5 .		2.2+		
17	0.005					i				
18	0.005				<u>_</u> _			, 		·
<u> 19 j</u>	0.005					7.5		2.2+	<u> </u>	
20	0.004	<u> </u>		· · · · · ·	i	7.4		2.2+		
21	0.004	· 				7.4 .		2.2+		
22	0.005			· · · · · — - · ·	<u> </u>	7.4		2.2+	e en men en e	
23	0.004					7.4		2.2+	•	
24	0.004							Ramon		
25	0.004			·						
26	0.004					7.3		2.2+		
27	0.004					7.3		2.2+		
28	0.003					7.4		2.2+		
29	0.004					7.4		2.2+		
30	0.004					7.3		2.2+		
31	0.004					7.3		2.2+	•	
LANT STA	FFING:									,
ay Shift O	erator	(Class:	<u>B</u>	Certific	ation No.:	12476	Name:	David Haring	
vening Shi	ft Operator	(Class:		Certific	ation No.:	9320	Name:	Ratph Marriott	
ight Shift C		(Class:		Certific	ation No.: _		Name:		
ead Opera	or	(Class:	Α	Certific	ation No.:	4894	Name:	Paul Thompson	
ype of Efflu	ent Disposal	or Reclaime	d Water Re	use:						
mited Wet	Weather Disc	harge Activ	eted: Yes	No:	Not /	Applicable: [If ves. cumul	ative days of wet v	eather discha

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

REPORT:

Monthly

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

GROUP:

Domestic

FACILITY: LOCATION: Leesburg, FL 34749 Silver Lake Oaks MHP

Lake Shore Drive

MONITORING GROUP NUMBER:

R-001

PLANT SIZE/TREATMENT TYPE:

IIID

Palatka, Florida

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

04/01/2007

To: 04/30/2007

Parameter	Parameter		ng Units	Quality or Concentration			Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd			a	δ Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd		:		Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgđ			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			470	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.(NF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	•		360	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

I cortify under penalty of law that I have personally examined and am familiar with the information submitted information 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 sware that there are significant pensities for submitting talse information including the possibility of fine and imprisonment.

		~			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	9 ₹ f	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DAJE (YYMWDD)
Paul Thompson, Lead Operator				386-937-1143	07/05/22
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all	attachmente	Z .,	a)·	·	

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.; R-001

MONITORING PERIOD

From: 04/01/2007

To: 04/30/2007

Parameter		Quantity of Loading	Units	Quality or Concentration					Frequency	Sample Type
BOD, Carboпасеоus 5 day, 20С	Sample Measurement				7.0		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				8.7	6.7	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
Coliform, Fecal	Sample Measurement			· · · · · · · · · · · · · · · · · · ·	4.3		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Man.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			 	<1.0	<1.0	≇/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (No.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pΗ	Sample Measurement			7.2		7.4	s.u	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site Na.EFA-1	Permit Requirement			6.0 Min		8.5 Max	s,u		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					5.9	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

DAILY SAMPLE RESULTS - PART B

Mont	h / Year_	Арп	1-07						ge Daily Flow:	0.005
ī	Flow	CBOD5	TSS	C8OD5	Fecal	ρH	(TMSDF	Permitted C	apacity)x100: r Nitrogen	42%
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform Bacteria (#/100ml)	рп (s.u.)	(mg/L)	Disinfect. (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.004		74							
2	0.004				, 	7.3		2.2	+	
3	0.004	; 		<u>.</u>		7.3		2.2	+	
4	0.005	470	360	6.7	<1.0	7.4	5.	9 2.2	+	_ , ,
_ 5 _	0.004					7.4		2.2	+	
6 :	0.005	·				7.4		2.2	±	
7	0.005									
8	0.005	·								
9 .	0.005					7.4		2.	2_	
10	0.007					7.3		2.	2	
11	0.004			·		7.3		2.2	+	
12 .	0.010				:	7.3		2.2		
13	0.004			:	:	7.3		2.2	+' ;	
14	0.005			j				!	7 ;	1
15	0.005	·						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
16	0.005				1	7.3		2.2		
17	0.005				1	7.3		2.2		
18	0.004					7.3		2.2		:
19	0.005;					7.3		2.2		
20	0.004	i				7.3		2.2	+	
21	0.005			·						h- * * , <u></u>
22	0.005			<u> </u>						
23	0.005					7.3		2.2	+ i	
24	0.005					7.3	************	2.2	+	
25	0.007					7.3		2.2		:
26	0.006					7.3		2.2	•	
27	0.007				.	7.3		2.2		•
28	0.004							:-		* *** *** / ***
29	0.004									
30	0.004				······································	7.2		2.2		
31		·								
ANT STA	FFING:	———-		<u></u>	<u>-</u>					
ay Shift Op	erator	(Class:	8	Certific	ation No.:	12476	Name:	David Haring	
	t Operator	(Class:	c		ation No.:	9320	Name:	Ralph Marnott	
ght Shift O	•		Class:			ation No.:		- Name:	1 to pri manou	
ed Operat			Jass:			ation No.:	4894	Name:	Paul Thompson	
pe of Efflue	nt Disposat				3 - 1 - 1 - 1			_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	. aut thompson	<u> </u>
		harge Activ		_		pplicable:	_		lative days of wet v	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

REPORT:

Monthly

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749

LIMIT:

Final

GROUP:

Domestic

FACILITY: LOCATION. Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Lake Shore Drive

PLANT SIZE/TREATMENT TYPE:

IIID

Palatka, Florida

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

05/01/2007

To: 05/31/2007

Parameter		Quantity of Loading	Units	Quality or Concentration			Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meteri Totalizer
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Ma.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			110	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

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 (hose individuals immediately responsible for obtaining the information, I believe the automitted information is true, accurate and complete. I am aware that there are significant panalties for submitting talse information including the possibility of fine and imprisonment.

		<u> </u>		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator	سرا ا		386-937-1143	07/06/14
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments/her	a)·		

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 05/01/2007

To: 05/31/2007

Parameter		Quantity of Loading	Units		Quality or Cor	centratio	7	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		 		7.1		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			<u> </u>	10.0	10.0	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
Coliform, Fecal	Sample Measurement			-	4.5		#/100ml,	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo,Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		7.4	ş.U	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No EFA-1	Permit Requirement			6.0 Min		8.5 Max	ş.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					16.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon.Site No EFA-1	Permit Requirement					10 (Max)	mg/L,		Monthly	Grab
Chlorine, Total Res. (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

1 0.00 2 0.60 3 0.00 4 0.00 5 0.00 6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 21 0.00 21 0.00 21 0.00 21 0.00 21 0.00 22 0.00 23 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00 29 0.00	.004 .005 .006 .006 .006 .006 .006	CBOD5 (mg/L) 80082 INF-I	TSS (mg/L) 00530 INF-I	CBOD5 (mg/L) 80082 EFA-I	Coliform Bacteria (#/100ml) 74055 EFA-I	pH (s.u.) 00400 EFA-I	(TMSDF/F TSS (mg/L) 00530 EFA-I	TRC (For DisInfect.) (mg/L) 50060 EFA-I	apacity)x100: Nitrogen, Nitrate, Total (as N) (mg/L) 00620 EFA-I	42%
Mon.Site INF-I 1 0.00 2 0.00 3 0.00 4 0.00 5 0.00 6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 20 0.00 21 0.00 21 0.00 22 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00 29 0.00	-1 .004 .005 .006 .007 .005 .006 .006 .008 .006	INF-I	INF-I	EFA-I	EFA-I	EFA-I 7.3	•	EFA-I	EFA-I	· · · · · · · · · · · · · · · · · · ·
1 0.00 2 0.00 3 0.00 4 0.00 5 0.00 6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 21 0.00 21 0.00 21 0.00 21 0.00 21 0.00 21 0.00 21 0.00 21 0.00 21 0.00 22 0.00 23 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00 29 0.00	.004 .005 .006 .007 .005 .006 .006 .008 .006					7.3	EFA-I	EFA-I	EFA-I	:
2 0.00 3 0.00 4 0.00 5 0.00 6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 20 0.00 21 0.00 21 0.00 22 0.00 23 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00 29 0.00	.005 .006 .007 .005 .006 .006 .008 .006	110	150	10.0	3.00				+	
3 0.00 4 0.00 5 0.00 6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 20 0.00 21 0.00 21 0.00 22 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00 29 0.00	.006 .007 .005 .006 .006 .008 .006	110	150	10.0	3.00	7.0		2.2+	·	
4 0.00 5 0.00 6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 21 0.00 22 0.00 23 0.00 24 0.00 25 0.00 27 0.00 28 0.00 29 0.00	.007 .005 .006 .006 .008 .006					7.3	16.0	2.2+	-1	
5 0.00 6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 21 0.00 21 0.00 21 0.00 22 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00 29 0.00	.005 .006 .006 .008 .006					7.3		2.2+	1	
6 0.00 7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 20 0.00 21 0.00 21 0.00 22 0.00 23 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00 29 0.00	.006 .006 .008 .006			i		7.4		2.2+		:
7 0.00 8 0.00 9 0.00 10 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 20 0.00 21 0.00 22 0.00 23 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00	006 008 006		'		·			,	;	
8 0.00 9 0.00 10 0.00 11 0.00 11 0.00 12 0.00 13 0.00 14 0.00 15 0.00 16 0.00 17 0.00 18 0.01 19 0.00 20 0.00 21 0.00 22 0.00 24 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00	008									
9 0.000 10 0.000 11 0.000 12 0.000 13 0.000 14 0.000 15 0.000 16 0.000 17 0.000 18 0.010 19 0.000 21 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000	006		-····		,	7.4		2.2+		
10 0.000 11 0.000 12 0.000 13 0.000 14 0.000 15 0.000 16 0.000 17 0.000 18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000	006					7.4		2.2+		
11 0.000 12 0.000 13 0.000 14 0.000 15 0.000 16 0.000 17 0.000 18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000	***					7.3		2.2+		
12 0.00 13 0.000 14 0.000 15 0.000 16 0.000 17 0.000 18 0.010 19 0.000 21 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000	ሰሰፍ				· .• .	7.3		2.2+		
13 0.000 14 0.000 15 0.000 16 0.000 17 0.000 18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000					·	7.2		2.2+		
14 0.000 15 0.000 16 0.000 17 0.000 18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000					<u>;</u>			,		
15 0.000 16 0.000 17 0.000 18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000	· · · ·									
16 0.000 17 0.000 18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000				j		7.2		2.2+		•
17 0.000 18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000	 					7.2		2.2+	·	
18 0.010 19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000		· · · · · · · · · · · · · · · · · · ·	···		·	7.2		2.2+		
19 0.000 20 0.000 21 0.000 22 0.000 23 0.000 24 0.000 25 0.000 26 0.000 27 0.000 28 0.000 29 0.000		i-	<u>i</u>		··	7.2		2.2+		ļ
20	-			·		7.2		2.2+	: 	
21 0.00 22 0.00 23 0.00 24 0.00 25 0.00 26 0.00 27 0.00 28 0.00 29 0.00		<u>-</u>				+			· 	
22 0.004 23 0.002 24 0.004 25 0.003 26 0.003 27 0.003 28 0.004 29 0.006		— — i	· - · · · · · · · · · · · · · · · · · ·						-· ·	:
23 0.002 24 0.004 25 0.003 26 0.003 27 0.003 28 0.004 29 0.006		- •	·			7.2		2.2+	;	
24 0.004 25 0.003 26 0.003 27 0.003 28 0.004 29 0.006						7.2		2.2+		
25 0.007 26 0.003 27 0.003 28 0.004 29 0.006		<u>-</u>				7.2		2.2+		
26 0.003 27 0.003 28 0.004 29 0.006		— - — ļ				7.2 1		2.2+	<u> </u>	·:
27 0.000 28 0.004 29 0.006					· ··	1.2		2.2+	, ·· · · ·	
28 0.004 29 0.006	,		· · ·		·j-					- · - · i - · ·
29 . 0.006			·		——				<u> </u>	
						7.2		2.2+	·	-
3D · UWA		!	· · · · ·		: :	7.2		2.2+		· · · · · ·
30 0.004 31 0.005				:		7.2		2.2+	!	
LANT STAFFING:			·· 		——·	7.2		2.2+		
ay Shift Operator		r	class:	В	Certific	ation No.:	12476	Name	David Haden	
vening Shift Operator			class:	c		ation No.: _		Name:	David Haring	
ght Shift Operator			lass:			ation No.:		Name:	Ralph Marriott	
ead Operator			class:	A		ation No.:		Name:		
pe of Effluent Dispos			-		30,		7004	Name:	Paul Thompson	

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

PO Box 490310 Leesburg, FL 34749

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA011715

06/01/2007

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

COUNTY:

Mon.Site No.INF-1

Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

Putnam

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

R-001 IIID

NO DISCHARGE FROM SITE:

MONITORING PERIOD

[]

From:

To: 06/30/2007

Parameter		Quantity of Loading	Units	Quality or Concent	ration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			390	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			360	mg/L	a	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo Ava	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and em femiliar 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 algorificant 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 (YYMMADD)
Paul Thompson, Lead Operator	1	386-937-1143	67/07/19
COMMENTS AND EYEL ANATION OF ANY MOLATIONS (Balance	and all attaches and bosols		

Mo. Avg.

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

Requirement

DISCHARGE MONTORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 08/01/2007

To: 06/30/2007

Parameter		Quantity of Loading	Units		Quality or Cor	icentratio	n	No.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.8		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				11.0	11.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			·	4.7		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Collform, Fecal	Sample Measurement				3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo, Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7.3	s.u	0	5 Days/Week	Grab
PARM Gode 00400 I Mon,Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					6.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

REPORT:

Annual

MAILING ADDRESS:

1343 NE 17th Road Ocala, FL 34470 LIMIT: CLASS SIZE:

Final

GROUP: Domestic

FACILITY:

Sliver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: COUNTY:

Putnam

MONITORING PERIOD

From:

06/01/2007

To: 06/30/2007

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Nitrates, as N Sample Measureme	Sample Measurement				0.53	mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement				12.0 Max	mg/L		Annual	Grab

I certify under pensity 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, occurate and complete. I am aware that there are significant pensities for submitting false information including the possibility of fine and imprisonment.

		_~					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATUR	K OF P	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		DATE (Y)	YAMM/DD)
Paul Thompson, Lead operator COMMENTS AND FXPL ANATION OF ANY VIOLATIONS (Reference all at	tachmen	2		386-937-1143	67/	07/	19

PermitNumber: FLA011715 Month / Year June-07 Three-month Average Daily Flow: 0.005 (TMSDF/Permitted Capacity)x100: 42% Flow CBOD5 TSS CBOD5 Nitrogen, Fecal рΗ TRC (For TSS Coliform (mgd) (mg/L) (mg/L) (mg/L) Nitrate, Total (s.u.) (mg/L) Disinfect.) Bacteria (as N) (mg/L) (#/100ml)[[] (mg\L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I 0.004 1 7.3 2.2+ 2 0.006: 0.007 3 4 0.007 7.3 2.2+ 5 0.005° 7.3 2.2+ 6 0.007 7.3 2.2+ 7 0.002 7.2 2.2+ 8 0.004 7.2 2.2+ 9 0.004 10 0.004 11 0.004 7.2 0.7 12 0.005 7.2 2.2 13 0.007 7.2 2.2+1 14 0.006 7.2 2.2+ 15 0.005 390 360 11.0 3.00 7.2 2.2+ 16 0.005 17 0.004 18 0.004; 7.2 2.2+ 19 0.006 7.2 : 2.2+ 20 0.005 7.2 2.2+ 21 0.005 7.2 2.2+ 22 0.004 7.3 2.2+ 23 0.003 24 0.003 25 0.004 7.3 2.2+ 26 0.005 7.2 2.2+ 27 0.006 7.2 2.2+ 28 0.006 7.2 2.2+ 29 0.005 7.2 2.2+ 30 0.004 31 PLANT STAFFING: Day Shift Operator В Class: 12476 Certification No.: Name: David Haring **Evening Shift Operator** C Class: Certification No.: 9320 Name: Ralph Marriott **Night Shift Operator** Class: Certification No.: Name: Lead Operator Class: Certification No.: 4894 Name: Paul Thompson Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes

Not Applicable:

if yes, cumulative days of wet weather discharge

^{*} Attach additional sheets if necessary to list atl certified operators

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS:

S: PO Box 490310

LIMIT:

Final

REPORT: GROUP: Monthly Domestic

FACILITY: LOCATION: Leesburg, FL 34749
Silver Lake Oaks MHP

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

R-001

Lake Shore Drive Palatka, Florida

NO DISCHARGE FROM SITE:

KID []

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2007

To: 07/31/2007

Parameter		Quantity of Loading	Units	Quality or Concentration			Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			a	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			320	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			340	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and em femiliar 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 (YYMINDD)
Paul Thompson, Lead Operator		386-937-1143	07/08/16
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all			

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From 07/01/2007

To: 07/31/2007

Parameter		Quantity of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7		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				2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				4.7		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1	<1	#/100mL	G	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Мо.Geo.Mean)	800 Max	#/10GmL		Monthly	Grab
pH	Sample Measurement			7.1		7.4	\$.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	\$.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					19.0	mg/L	1	Monthly	Grab
PARM Code 00530 Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			6.7			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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

REPORT: Annual

MAILING ADDRESS:

1343 NE 17th Road Ocala, FL 34470

LIMIT:

Final

GROUP: Domestic

FACILITY:

Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

LOCATION:

Lake Shore Drive

PLANT SIZE/TREATMENT TYPE:

Palatka, Florida

NO DISCHARGE FROM SITE:

IIID

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2007

To: 07/31/2007

Parameter		Quantity of Loading	Units	Quality or Concentration				Frequency	Sample Type
Nitrates, as N	Sample Measurement				15.0	mg/L ·	1	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement				12.0 Max	mg/L		Annual	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, eccurate and complete. I am ewere 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	FP	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/PD)
Paul Thompson, Lead operator				386-937-1143	07/08/16
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	all attachments (are.	1.		

Month	/ Year	July	-07				Three-mo	onth Averag	ge Daity Flow:	0.005
	,	<u>,</u>			-				apacity)x100:	42%
;	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH i	TSS (mg/L)	TRC (For		7.77.
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	• • •
Ion Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.004	·		•						
2	0.004	1			;	7.2		2.2	+	• • •
3	0.004					7.2		2.2		•
4	0.008	,				7.2		2.2		
5	0.006				: :	7.2		2.2		e
6	0.004			,	<u> </u>	7.2		2.2		
7	0.004				· · · · · · · · · · · · · · · · · · ·		· · · ·			
8	0.005				 			: -	· · · · · · ·	· · · · · · · · ·
9	0.005				<u>.</u>	7.1	·····		 	• • • • • • • • • • • • • • • • • • • •
		200	240		۱۸۰۰ م			. 2.2		
10	0.005	320	340	2.5	: <1.0 ¹	7.2	19.0	•	•	
11	0.007					7.2		2.2		
12	0.004			, 	<u></u>	7.2		2.		
_13	0.002				-	7.2			2	
14	0.004			-			·· · · ·	· 		
15	0.004			<u> </u>	·					
16	0.005	j			<u> </u>	7.2		2.2		
17	0.006			}	<u>i i</u>	7.2		2.2	··	
18	0.003			<u> </u>		7.2	4.4			
19	0.004					7.2		2.2		
20	0.006				ļ	7.2		2.2	+;	
21	0.004			<u> </u>	· 	;				
22	0.004		·	<u> </u>	<u></u>			-		
23	0.005			<u>i</u>	<u>.</u>	7.4		2.	0.	
24 :	0.006	فحدد حد حد د.		!		7.4		2.2	+'	
25	0.004	,		,		7.3		2.2	+	
26	0.005			!	:	7.3	. —	2.2	+	
27	0.004	· · · · · · · · · · · · · · · · · · ·		!		7.4		0.		•
28	0.004			1	;					•
29	0.004	··		!			· · · · · ·			
30	0.004	- i		:	i :	7.4		2.2		
31	0.005					7.4		2.2		١.
LANT STA				1.,	ii-	F. F.		i		
ay Shift Op			Class:	В	Certifie	cation No.:	12476	Name:	David Haring	
vening Shi			Class:		-	cation No.:	9320	•		
ight Shift C			Class:		•	-	3320	Name:	Ralph Marriott	
ead Operat	•				•	cation No.:	480.	Name:	Oned The	
			Class:	A	- Centito	cation No.:	4894	Name:	Paul Thompson	
		or Reclaime charge Activ	_	euse:] No: [_	Applicable:	_		lative days of wet w	

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

R-001

REPORT: GROUP:

Monthly Domestic

FACILITY:

COUNTY:

Silver Lake Oaks MHP

LOCATION: Lake Shore Drive

Palatka, Florida

Putnam

MONITORING GROUP NUMBER:

MONITORING PERIOD

PLANT SIZE/TREATMENT TYPE:

IIID

NO DISCHARGE FROM SITE:

From:

08/01/2007

To: 08/31/2007

Parameter		Quantity of Loading	Units	Quality or Concent	No. Ex.	Frequency	Sample Type	
Flow	Sample Measurement	0.005	mgd			o	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0,005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			706	mg/L	Q	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			828	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

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

	 \		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/IJIM/DO)
Paul Thompson, Lead Operator		386-937-1143	07/09/18

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

^{**}The Fecal Coliform sample result was TNTC and we were not notified until after August 31st so there was no time left to sample. CMM

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From 08/01/2007

To: 08/31/2007

Parameter		Quantity of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10-10-10-10-10-10-10-10-10-10-10-10-10-1	8.4		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				11.1	11.1	mg/L	0	Monthly	Grab
PARM Code 80082 (Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1671.3		#/100mL	٥٩	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				TNTC	TNTC	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
ρΗ	Sample Measurement			7.2		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					11.6	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement			· · · · · · · · · · · · · · · · · · ·		10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

Month	/ Year	Augu	st-07		-					e Daily Flow: apacity)x100;	0.005 42%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (Disinfe (mg/	ect)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	5006	30	00620	
Mon.Site	INF-I	INF-I	INF-1	EFA-I	EFA-I	EFA-I	EFA-I	EFA		EFA-I	
1	0.004	!			<u> </u>	7.4			2.2+		
2	0.005	·			·!	7.3			2.2+		
.3	0.004	:		, , •	-	7.4,			2.2+		
4	0.004									-	• .
. 5	0.004							•		•	•
6	0.005				:	7.4	· -		2.2	·	
7	0.004					7.4	·	•	2.2	•	
8	0.005				· · · · · · · · · · · · · · · · · · ·	7.2			2.2		•
9	0.004				·	7.2	P 44 . 4.	;	2.2+		•
10	0.002					7.3			2.2+		, ,
11	0.004				:	·				:	•
12	0.004	į			İ			i			
13	0.004	 :				7.2		<u> </u>	2.2+		
14	0.004				İ	7.2		+	2.2+		· · · · ·
15	0.005	706	828	11.1	TNTC	7.5	11.6		2.2+		
16	0.006					7.5			2.2+		
17	0.006			t 	· i	7.4			2. 2 +		÷ ,
18	0.004	:		, — . — . — . — . — . — . — . — . — . —				•			
19	0.004	1			·:			•			•
20	0.005				· .	7.4			2.2+		•
21	0.004			:	· :	7.4 :			2.2+		
22	0.006.			. · · · · · · · · · · · · · · · · · · ·	:	7.4			2.2+		•
23	0.004			,		7.3			2. 2 +	,	
24	0.007			<u>:</u>	: :	7.5			0.8	• • • • • • • • • • • • • • • • • • •	
25	0.004				<u> </u>						
26	0.004						······································				
27	0.005	1				7.4		; .	2.2+		
28	0.006	i		 -	:	7.4			2.2+		
29	0.004	 			1	7.3			2.2+		•
30	0.005				1	7.3			2.2+		
31	0.004					7.4		7	2.2+ 2.2+	•	•
PLANT STAF		i		l	<u> </u>	· · · · · · · ·					
Day Shift Op			Class:	В	Certifi	cation No.:	12476	Name:		David Haring	
Evening Shift			Class:	c	•	cation No.:	9320	Name:		Raiph Marriott	·
Night Shift O	•		Class:	-	•	cation No.:	9020	Name:		- Carpti Maniott	
ead Operate	-		Class:	Α	•	cation No.:	4894	Name:		Dayl Thomass	
ype of Efflue							7004	TABILIE.		Paul Thompson	
imited Wet V			_	No:	1	Applicable:					eather discharge

PERMITTEE NAME. MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

LIMIT: CLASS SIZE: FLA011715

Final

[]

REPORT: GROUP:

Monthly Domestic

FACILITY:

SOUNTY:

LOCATION:

Silver Lake Oaks MHP Lake Shore Orive

Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIIO

Putnam

MONITORING PERIOD

MONITORING GROUP NUMBER:

From:

09/01/2007

To: 09/30/2007

Parameter		Quantity o	f Loading	Units	Quality or Con	centration		No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005		mgd		1 .		0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measuremont	0.005		mgd	1			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd				; ;	Continuous	Flow-motor/ Totalizer
BOD Carbonaceous 5 Day, 20C	Sample Measurement			,	315		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. (NF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				124	,	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement		·	:	Report Mo. Avg.		mg/L		Monthly	Grab

carbly under penalty of law that I have personally examined and am lamiliar with the information is true, accurate and combine I are aware that there are significant panalties for submitting lake information including the possibility of fine and imprisonment.

COMMITTED AND RESIDENCE OF THE CONTROL OF THE CONTR	The state of the s		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	QATE (YYMM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/10/25
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference of	Il attachments basels		

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 09/01/2007

To: 09/30/2007

Parameter		Quantity of Loading	Units		Quality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 9 day, 20C	Sample Measurement				7.9	:	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Regulrement				20.0 (An. Avg.)	:	mg/L	1	Monthly	Grab
ROD, Carbonaceous 5 day, 200	Sample Measurement				2.5	2.5	: mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement	1			30.0 (Mo. Avg.)	60.0 (Max)	mg/L	İ	Monthly	Grab
Coliform, Faca:	Sample Messurement		:		1671.3		#/100ml,	0	Monthly	Grab
PARM Code 74055 Y Mon.Site Na.EFA-1	Permit Requirement				200 (An. Avg.)	:	#/100mL		Monthly	Grab
Coliform Fecal	Sample Measurement	:	:		10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 Mon Site No.EFA-1	Permit Reguirement		!		Report (Mo.Guo.Mean)	800 Max	#/100mL	!	Monthly	Grab
911	.Sample Measurement			7.4		7.5	. S.Ų	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	5. U	 	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement		i		1	, 7.6	mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No.EFA-1	Permit Requirement		i			10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement	L	Ţ.	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

NOTE: 1671.3 Fecal annual average due to 20,000 result from Aug. 2007, Subsequent sampling has been satisfactory.

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

REPORT:

Annual Domestic

GROUP:

FACILITY: LOCATION:

Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

Final

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

09/01/2007

To: 09/30/2007

Parameter		Quantity of Loading	Units	Quality or Concentration				Frequency	Sample Type
Mitrates, as N	Sample Measurement					mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement				12.0 Max	mg/L		Annual	Grab

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	SIGNATI	UPE OF	RRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	PATE (YY/MM/DO)
Paul Thompson, Lead operator				386-937-1143	07/0/25
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	ments her	9//		···	

PermitNumber:

FLA011715

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pHi (s.u.)	(TMSD TSS (mg/L)	. TRC (F	ed Capacity)x100 for ! Nitrogen, et.) ! Nitrate, Total) ! (as N) (mg\L)] }	,
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	tNF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-	EFA-I	1	
1	0.004					_		İ	·		
. 2	0.004			<u>.</u> .							ļ
3	0.005					7.4		2	2.2+		
4	0.005					7.4		2	.2+		
5	0.005			;	drawn to the	7.4		2	2+		1
6	0.011				1	7.4		2	2+	! !	
7	0.002	315	124	2.5	10	7.4	7.6	3 2	.2+]
8	0.003					ļ		-		1	
9	0.003						-	İ		1	
10	0.004					7.4		2	.2+	-	j -
11	0.004			:		7.4		2	.2+	•	
12	0.006					7.4		1	.2+		}-
13 _	0.004				<u>.</u>	7.4		2	.2+		ļ ·
14	0.004		,			7.4		2	2+		
15	0.003										
16	0.004					Í	•				
17	0.004			į	-	7.4		2	.2+	j	
18	0.004					7.4	•	. 2	2+		ľ
19	0.005					7.4	* *		.2+		ĺ
20	0.004	i				7.4	-	r .	2+	-	· -
21	0.006					7.5		1	2+	i -	
22	0.006				1		•	-	-		, .
23	0.006	j		1		ľ	-	, .		-	
24	0.007		,			7.4		2	2+		,
25	0.004	_				7.4	•		2+		-
26	0.005					7.4		1	2+		i .
27	0.006			1		7.4	•	!	2+		
28	0.007	;			İ	7.4			2+		
29 !	0.004	ļ	ļ.	-		1. 1.1		<u>-</u> -			
30	0.004	1			-	7.4		2	2+	1	٠
31	•	- !	į	:	-			2.	-	j	· · •
ANT STA	FING:		•	•	4.	'	1	I		:	
y Shift Op	erator	(Class:	8	Certific	ation No.:	12476	Name:	David Haring		
ening Shift	Operator	(Class:	C		ation No.		Name:	Ralph Marriott		
ht Shift O			Class:			ation No.:		Name:	- Colpin Manifoli		
id Operato	r		— Ofass:	A		ation No.:		Name:	Paul Thompson		
e of Effice	n Disposal or F								· acr monipsol	·	
	/⊬aiher Discha			No []	No. 4	opticable. [•1		fauve days of well w		

PERMITTEE NAME:

Aqua Utilitles Florida

PERMIT NUMBER:

FLA011715 Final

REPORT:

Monthly

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749

LIMIT: CLASS SIZE:

GROUP: Domestic

FACILITY: LOCATION:

Silver Lake Oaks MHP

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: R-001 ND

Lake Shore Drive Palatka, Florida

NO DISCHARGE FROM SITE:

[]

COUNTY:

Pulnam

MONITORING PERIOD

From

10/01/2007

To: 10/31/2007

Parameter		Quantity of Loading	Units	Quality or Concentration)	No. Ex.	Frequency	Sample Type
low	Sample Measurement	0.00\$	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	. Flow-meter/ Totalizer
Flow	Sample Measurement	0.008	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Man.Site No.INF-1	Pennit Requirement	Report (Mo.Avg.)	mgd				Continuous	Fiow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Messurement			324	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No./NF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			458	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

Leartly under pensity of law that I have personally examined and am familiar with the information between and based on my inquiry of trase individuals immediately responsible for obtaining the information, I believe the automitted information by true, occurate and complete. I am aware that there are alignificant pensities for automitting takes information including the possibility of line and imprisonment.

		_					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGN	ATU)	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE(YY	MM/DD)	
Paul Thompson, Lead Operator		1		386-937-1143	07/1	115	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chmen		ra).			7-1	

AVA HOMOP ANT MOLA HONG (Kerarence all attachmentsthere):

DISCHARGE MONTORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 10/01/2007

To: 11/30/2005

Parameter		Quantity of Lo	ading	Units		Quality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.0		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					5.6	5.6	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max)	war		Monthly	Grab
Coliform, Fecal	Sample Measurement				·····	1671.9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon,Site No,EFA-1	Permit Regulrement					200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					9,0	9.0	₩100mL	D	Monthly	Grab
PARM Code 74055 Mon.Site No.EFA-1	Permit Requirement					Report (Mc.Geo.Meso)	800 Max	#/100mL	٠,	Monthly:	Grab
Н	Sample Measurement				7.4		7.5	3. U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement				6.0 Min		8.5 Max	8.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				· · · · · · · · · · · · · · · · · · ·		2U	mg/L	G	Monthly	Grab
PARM Code 00530 i Mon.Sile No.EFA-1	Permit Requirement						10 (Max)	mg/L		Monthly	Grab
chlorine, Total Res. (for isinfection)	Sample Messurement				0.8			mg/L	0	5 Days/Week	Grab
ARM Code 50080 A lon.Site No.EFA-1	Permit Requirement				0.5 Mln			mg/L		5 Days/Week	Grab

NOTE: 1671.9 Fecal annual average due to 20,000 result from Aug. 2007. Subsequent sampling has been satisfactory.

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA011715

Final

R-001

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION:

Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: **UID** { }

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2007

To: 10/31/2007

Parameter		Quantity of Loading		nits	Quality or Concentration					Frequency	Sample Type
	Sample Measurement							mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement						12.0 Max	mg/L		Annual	Grab

I certify under penalty of law that I have personally examined and am familiar with the information aubmitted 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 attachm	ents here).		7

PermitNumber:

FLA011715

	Electric 2						(TMSDF	/Permitted C	apacity)x100:	50%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 {mg/L}	Fecal Coliform Bacteria (#/100ml)	ρH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	NF-I	NF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
11	0.013					7.4		2.2		
2	0.008					7.4		2.2		
3	0.006					7.4		2.2	 	
4	0.008	324	456	, 5.6	9.00	7.5	2.0	22		
5	0.005					7.5		2.2		
б	0.007							·		
7	0.007									
8	0.006					7.5		2.2	-	
9	800.0		<u>_</u> _			7.4		2.2		
10	0.040					7.4		2.2		
11	0.005					7.5		2.2		
12	0.013	···				7.4		2.2		
13	0.004									
14	0.004									
15	0.005					7.4		0.8		
16	0.005					7.5		2.2		
17	0.008					7.4		2.2		
19	0.004					7.5		2.2		
20	0.005				 	7.5		2.2		
21	0.007									
22	0.007									
23	0.005					7.5		2.2		
24	0.004					7.4		2.2		
25	0.005					7.4		2.2		
26				——— <u> </u> -		7.4		2.2		
27	0.004					7.4		2.2		
28	0.009		+							
29	0.008									
30	0.006							2.2		
31	0.009					7.4		2.2		
ANT STAF		·	L			7.4		2.2		
Shift Ope		C	B5S:	8	O	414 24	40.0==			
ening Shift			255. 25 5:	C		tion No.:			avid Haring	
ht Shift Op	•		ass:		Certifica			_	alph Marriott	
id Operato			 955:	Α		tion No.:		ame:		
	t Disposal or R				Certifica	ron 140.:	4894 N	ame: P	aul Thompson	
	eather Dischar			No:	Not Ag	oplicable: [] 1f,	res, cumulative	days of wel weat	her dischame

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749 LIMIT:

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001 IIID

Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

11/01/2007

To: 11/30/2007

Parameter		Quantity	of Loading	Units	Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.007		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	,	mgd					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				160		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				66		mg/L	a	Monthly	Grab
PARM Code 00530 G Мол.Site No.INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted information in my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, occurate and complete. I am aware that there are significant pensities 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 (YYAMADD)
Paul Thompson, Lead Operator	Ja	386-937-1143	07/12/17

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 11/01/2007

To: 11/30/2007

Parameter		Quantity of Lo	oading	Units	Quality or Concentration					Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.8		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 Mon.Site No. EFA-1	Permit Requirement		•			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1671.9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				·	200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					ব	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement					Report (Mo,Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement				7.3		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement				8.0 Min		8.5 Max	8.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				<u> </u>	7	1.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement						10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for lisinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement		-1		0.5 Min			mg/L		5 Days/Week	Grab

	-				•				e Daily Flow: pacity)x100:	0.007 56%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Collform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1 !	0.005	····				7.4		2.2+		
2	0.007					7.4		2.2+		
3	0.007				i				! i	
4	0.007	Ì		<u>. </u>					:	
5	0.006					7.4		2.2+		<u> </u>
6	0.010					7.3		2.2+		
7	0.010					7.3		2.2+	!	_
8	0.010					7.4	· · · · · -	2.2+	:	
9	0.005					7.4		2.2+		
10	0.008								;	
11	0.008									
12	0.007					7.4		2.2+		
13	0.007	_		-		7.4		2.2+		_
14	0.006	160	66	<2	<1	7.4	1.9	2.2+	· · · · · · · · · · · · · · · · · · ·	
15	0.007					7.4		2.2+		_
16	0.006		-			7.4		2.2+		
17	0.007	<u>i</u>				1			· · · · · · · · · · · · · · · · · · ·	
18	0.007	:			1			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	i
19	0.008					7.4		2.2+		
20	0.008	i				7.4		2.2+		
21	0.004					7.4		2.2+		
22	0.005					7.4		2.2+		
23	0.003					7.3		2.2+		
24	0.010									
25	0.010	į								
26	0.011					7.3	·	2.2+		<u>-</u>
27	0.009	j			 	7.3		2.2+		
28	0.004	1			1	7.3		2.2+		
29	0.006	-	·· · · · ·	-		7.4		2.2+		
30	0.004					7.3		2.2+		
31			•					£,£ †	<u> </u>	
LANT STA	AFFING:	<u></u> :	<u></u>	L	<u></u> <u>L</u>				1 1	
ay Shift O		4	Class:	В	Certific	cation No.:	12476	Name:	David Haring	
•	ift Operator		Class:	c		cation No.:	9320	Name:	Ralph Marriott	
ght Shift (•		Class:			cation No.: _		Name:		
ad Opera			Class:	A		cation No.:	4894	Name:	Paul Thompson	
•	ent Disposal				Seven		7004	1101110.	- aut mompson	<u></u>
	Weather Dis		_		i	Applicable:	_		itive days of wet v	

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

Monthly

MAILING ADDRESS: PO Box 490310

LIMIT: CLASS SIZE: Final

REPORT: GROUP:

Domestic

FACILITY: LOCATION:

Silver Lake Oaks MHP

Leesburg, FL 34749

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: R-001

Lake Shore Drive Palatka, Florida

NO DISCHARGE FROM SITE:

IIID

COUNTY:

Putnam

MONITORING PERIOD

From:

12/01/2007

To: 12/31/2007

Parameter		Quantity of Loading	Units	(Quality or Concentr	No. Ex.	Frequency	Sample Type	
	Sample Measurement	0.005	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd	•				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd::	:			-	Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				230	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

I certify under panalty 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, occurate 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	RE C	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	/DA	TE (XY/MIM/DD)
Paul Thompson, Lead Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Persons all all and any violations)	¥		386-937-1143	08/0	23
CUMMENTS AND EXPLANABION OF ANY VIOLATIONS (Deference of effective)	to b	arel.			

1

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 12/01/2007

To: 12/31/2007

Parameter		Quantity of Loading	Units	(Quality or Cond	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			·	8.0		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				4.2	4.2	mg/L	0	Monthly	Grab
PARM Code 80082 (Mon.Site No. EFA-1	Permit Requirement			, , , , , , , , , , , , , , , , , , ,	30.0 (Mo. Avg.)	60.0 (Max)	mg/L	. ;	Monthly	Grab
Coliform, Fecal	Sample Measurement				1672.0		#/100mL	8	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
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.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рH	Sample Measurement			7.3		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
Solids, Total Suspended	Sample Measurement					13.0	mg/L	1	Monthly	Grab
PARM Code 00530 Mon,Site No.EFA-1	Permit Requirement					10 (Max)	mg/L	,	Monthly	Grab
Chlorine, Total Res. (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

DAILY SAMPLE RESULTS - PART B PermitNumber: FLA011715 Month / Year December-07 Three-month Average Daily Flow: 0.007 (TMSDF/Permitted Capacity)x100: 56% Flow CBOD5 TSS CBOD5 Fecal ρН TSS TRC (For Nitrogen, (mgd) (mg/L) (mg/L) (mg/L) Coliform (s.u.) (mg/L) Disinfect.) Nitrate, Total Bacteria (mg/L) (as N) (#/100ml) (mg\L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-t EFA-I EFA-I EFA-l 1 0.005 2 0.005 3 0.005 7.4 2,2+ 4 0.006 7.4 2.2+ 5 0.006 7.4 2,2+ 6 0.005 7.4 2.2+ 7 0.004 7.4 2.2+ 8 0.004 0.004 9 10 0.005 7.4 2.2 11 0.006 7.4 2.2 12 0.006 7.4 2.2 13 0.006 7.4 2.2 14 0.006 7.4 2.2 15 0.005 16 0.005 17 0.005 7.4 2.2+ 18 0.004 7.4 2.2+ 19 0.004.7.3 2.2+ 20 0.005i230 100 4.2 2.00 13.0 7.3 2.2+ 21 0.005 7.3 2.2+ 22 0.004 23 0.004 24 0.005 7.3 2.2+ 25 0.005 7.3 2.2+ 26 0.004 7.3 2.2+ 27 0.004 7.4 21 2.2+ 28 0.004 7.4 2.2+ 0.003 29 30 0.004 31 0.004 7.3 2.2+ PLANT STAFFING: Day Shift Operator Class: В Certification No.: 12476 David Haring Name: **Evening Shift Operator** Class: С Certification No.: 9320 Name: Ralph Marriott **Night Shift Operator** Class: Certification No.: Name:

Lead Operator Class: Certification No.: Paul Thompson 4894 Name: 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.

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: **GROUP:**

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka Florida

.MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

R-001 IIID

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2006

To: 01/31/2006

Parameter		Quantity	of Loading	Units	(Quality or Con	iallty or Concentration			Frequency	y Sample Type
ſ	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050.; G Mon Site No. INF-1	Pennit Requirement	0.012 (An Ayg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004		mgd	16) 771				0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)		mgd	表演发表					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement	1 1009-114. 20 20	144 144 14 14 14 14 14 14 14 14 14 14 14			260		mg/L	0	Monthly	Grab
PARM Code 80082 G:	Permit/ Requirement					Report Mo Ayg		mg/L	97.49 3.700	Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.		SHEET SHEET SHEET ST.	250		mg/L	0	Monthly	Grab
PARM Code 00530 . G Non Site No INF-1	Permit Requirement				2 2 2 4 7 M	Report Mo Avg		mort		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 TRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	NT TELEPHONE NO.	DATE (YYMMUDD)
Paul Thompson, Lead Operator		386-937-1143	06/02/23
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	all attachments vera):		

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

DOCUMENT NUMBER-DATE

04329 MAY 22 8

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 01/01/2006

To: 01/31/2006

Parameter		Quantity of	of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 200	Sample Measurement					2.9		mg/L	0	Monthly	Grab
PARM Code:80082、Y:350 MonSite No. EFA-1	Permit			3		20.01 (An Avg.)		mg/L		Monthly.	Grab
BOD, Carbonaceous 5 day, 200	Sample Measurement					12.0	12.0	mg/L	0	Monthly	Grab
PARM Code 80082	Permit			40 A ()		30.0 (Moj Aygi)	60.0 (Max)	.mg/L		Monthly	G (aby
Coliform, Fecal	Sample Measurement					1.7		#/10GmL	0	Monthly,	Grab
PARM Code 74055 Y Mon Site No.EFA:1	Permit Requirement					200 (An. Avg.)		#/100mL		Monthly	Grab 🛣
Coliform, Fecal	Sample Measurement					3.6	13.0	#/100mL	0	Monthly	Grab
PARM Code 74055. I	Permit Requirement					Report (Mo.Geo.Mean)	≧ ∄ 800 - Max	#/100mL+		Monthly	Grab
рН	Sample Measurement				7.1		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			5 Days/Week	Grab (
Solids, Total Suspended	Sample Measurement				2.22.4		13.0	mg/L	1	Monthly	Grab
PARM Code 00530 51 Mon:Site No.EFA-1	Permit					CONTRACTOR ASSESSMENT	10 (Max)	mg/L [®]		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				1.2	11.000	100 miles (mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement				0.5 Min			mg/La		5 Days/Week	Grab

PERMITTEE NAME: MAILING ADDRESS:

Ocala, FL 34470

Aqua Utilities Florida 1343 NE 17th Road

PERMIT NUMBER: LIMIT: **CLASS SIZE:**

FLA011715 Final

REPORT: GROUP:

Annual Domestic

FACILITY:

COUNTY:

Silver Lake Qaks MHP

LOCATION:

Lake Shore Drive

Palatka, Florida

Putnam

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID []

MONITORING PERIOD

From:

01/01/2006

To: 01/31/2008

Parameter		Quantity o	of Loading	Units	(Quality or Con	centration		No. Frequency Ex.	Sample Type	
Nitrates, as N	Sample Measurement						0,1	mg/L	0	Annual	Grab
PARM Code 00620, 1 Mon Site No EFA:1	Permit Requirement //	337					12.0 Max	mg/L		Annual	Grab .

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 felse information including the possibility of tine and imprisonment.

			*			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		OFYPI	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	ОДТ	E (YYA P A/DD)
Paul Thompson, Lead Operator	سلو	0		386-937-1143	06/0	2/23

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

PermitNumber:

FLA011715

_							(TMSDF/P	ermitted Ca	apacity)x100:	22%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
_1	0.004				1					
2	0.004					7.2		2.2+		
3	0.006					7.2		2.2+		
4	0.003	260	250	12.0	13.00	7.2	13.0	2.2+		
5	0.003					7.2		2.2+		
6	0.005					7.2		2.2+		
7	0.005								1	<u> </u>
8	0.005									
9	0.005					7.1		2.2+	. :	
10	0.005					7.1		2.0	-	
11	0.004				10	7.2	7.2	2.2+	† 	
12	0.003		*			7.2		2.2+	 	
13	0.003		,			7.1	***	2.2+	 	
14	0.005									
15	0.005									
16	0.006					7,1		2.2+		<u> </u>
17	0.004					7.1		2.2+	 	
18	0.004	•				7.1	***************************************	2.2+		
19	0.003					7.1	-	2.2+		
20	0.009					7.1		2.2+		
21	0.004									
22	0.004									
23	0.004					7.1		2.2+		· · · · · · · · · · · · · · · · · · ·
24	0.005					7.3		2.2+	 	
25	0.004					7.3		2.2+	!	
26	0.005		·.			7.2		2.2+	 	·
27	0.003					7.2		2.2+		·
28	0.004			;	-				 	 -
29	0.004					 +			 	
30	0.003					7.2		1.2	 	
31	0.005				—— <u>-</u> -	7.2			t	
LANT STA	 i	1						2.0	l	
ay Shift Op		c	Class:	В	Certific	ation No.:	12476	Name:	David Hadaa	
	ft Operator		Class:			ation No.:		Name:	David Haring	
ght Shift C			Class:			ation No.:		Name:		
ad Operat	•		Class:			ation No.;		Name:	Paul Thompson	
•		or Reclaime			~~.wife			rvelire,	- aut mostipsoft	
		charge Activa			Not A	Applicable:	<u> </u>	f ves, cumula	itive days of wet w	eather dischare

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER: LIMIT: CLASS SIZE:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Palatka, Florida

Lake Shore Drive

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: R-001

NO DISCHARGE FROM SITE:

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

02/01/2006

To: 02/28/2006

Parameter		Quantity of Loading	Units	Quality or Concentration			Frequency	Sample Type
Flow	Sample Measurement	0.006	mgd	·		0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Man.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd		-		Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			250	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

Learlify 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 enformation, I believe the submitted information is true, accurate and complete. I am aware that there are significent penalties for submitting false information including the possibility of time and imprisonment.

The same and the s			7
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO. ; DATE (YYMM/DD)	1
Paul Thompson, Lead Operator		386-937-1143 06/03/23	: :
			-

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From 02/01/2006

To: 02/28/2006

Parameter		Quantity of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.7		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				2.3	2.3	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				9.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Man.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				10	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Мол.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
PH	Sample Measurement			7.1	•	7.2	ร.ย	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	\$. U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					1.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon,Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.5			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

PermitNumber: FLA011715 Month, / Year February-06 Three-month Average Daily Flow: 0.005 (TMSDF/Permitted Capacity)x100: 39% Flow CBOD5 TSS CBOD5 Fecal рH TRC (For TSS Nitrogen, (mgd) (mg/L) (mg/L) Coliform (mg/L) (s.ú.) (mg/L) Disinfect.) Nitrate, Total Bacteria (mg/L) (as N) (#/100ml) (mg\L) 50050 00530 80082 Code 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I EFA-I 0.004 -260 2.2+ 7.2 0.004 2.2+ 7.2 3 0.003 7.2 2.2+ 0.006 5 0.007 6 0.007 7.2 2.2+ 0.006 7 7.2 2.2+ 0.004 7.2 2.2+ 8 9 0.009 2.2+ 7.2 10 0.003 0.006 11 12 0.007 13 0.007 2.2+: 7.2 0.006 7.2 2.2+ 14 15 0.006 7.2 2.2+ 7.2 16 0.003 2.2+ 17 0.003 7.2 2.2+ 18 0.005 0.006 19 20 0.006 7.2 2.2+ 21 7.2 0.003 2.2+ 22 0.003; 7.2 2.2+ 23 0.005 7.2 2.2+ 0.004 24 25 0.007 26 0.008 27 0.008 7.2 2.2+ 28 0.007 7.1 2.2+ 29 30 31 PLANT STAFFING: **Day Shift Operator** Class: 12476 David Haring Certification No.: Name: **Evening Shift Operator** Class: Certification No.: Name: Night Shift Operator Class: Certification No.: Name: Class: Α Certification No.: 4894 Name: Paul Thompson Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated, Yes Not Applicable: If yes, cumulative days of wet weather discharge

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

Final

REPORT:

Monthly Domestic

MAILING ADDRESS:

PO Box 490310

LIMIT:

CLASS SIZE:

GROUP:

FACILITY: LOCATION: Silver Lake Oaks MHP

Leesburg, FL 34749

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: R-001

Lake Shore Drive Palatka, Florida

NO DISCHARGE FROM SITE:

ШЪ 11

COUNTY:

Putnam

MONITORING PERIOD

From:

03/01/2006

To: 03/31/2006

Parameter		Quantity o	f Loading	Units	(Quality or Concentration				Frequency	Sample Type
Flow	Sample Measurement	0.005		mgd					C	5 Day/Week	Elapse time meter
PARM Code 50050 G. Mon Site No. INF-1.	Permit Requirement	0.012 (An:Avg:)		mgd						Continuous	Flow-meter/. Totalizer
Flow	Sample Measurement	0.005		mgd					q	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo'Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					260		mg/L	0	Monthly	Grab
	Permit Regulrement	1775			7 V 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	200000000000000000000000000000000000000	MATERIAL PROPERTY AND ADDRESS OF THE PARTY O			62		mg/L	0	Monthly	Grab
to all the same of	Permit Requirement					Report Mo. Avg.		mg/L		Monthly	Grab

1 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 significent penalties for submitting talse information including the possibility of fine and imprisonment.

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments there).

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

DISCHARGE MONTORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 03/01/2006

To: 03/31/2006

Parameter		Quantity o	of Loading	Units	. (Quality or Con	centration)	No.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		•			5.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L	7.0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				***	7.0	7.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit : Requirement	2				30.0 - 5- (Mo, Avg.)	60 0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				200	9.4		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Pennit Requirement					200 (An. Avg.)		#/100mL		Monthly	r Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I. Mon Site No EFA-1	Permiti Requirement			¥		Report (Mo Geo Mean)	* 800* Max	#/100mL		Monthly	Grab
рН	Sample Measurement				7.2		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
Solids, Total Suspended	Sample Measurement						4.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit Requirement:		44		a di sh		10 (Max)	mg/L		Monthly	Grab.
Chlorine, Total Res. (for disinfection)	Sample Measurement		H		1.8			mg/L	0	5 Days/Week	Grab
PARM Code 50050 A Mon Site No EFA-1	Permit Requirement			, s	0.5 Min			mg/U		5 Days/Week	Grab

•		
	PermitNumber:	FLA

FLA011715

Mon	th / Year	Marc	:h-06						Daily Flow:	0.005	
1	F1	CRORE					(TMSDF/P	ermitted Ca	pacity)x100:	39%	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.008					7.2		2.2+			
2	0.005					7.2		2.2+			
3	0.005					7.2		2.2+			
4	0.005				•						
5	0.005										
6	0.006					7.2		2.2+			· · ·
7	0.004	•				7.2		2.2+			
8	0.007	260	62	7V	10	7.2	4.8	2.2+			
9	0.004					7.2		2.2+			
10	0.004					7.2	, ,	2.2+			
11	0.004							. <u> </u>			
12	0.005										
13	0.005					7.2		1.8			
14	0.004					7.2		2.2+			
15	0.003					7.2	-	2.2+			
16	0.004					7.2		2.2+			
17	0.008			-		7.2	- -	2.2+			
18 19	0.003										
20	0.003					7.2		2.2+	<u> </u>		
21	0.007					7.2		2.2+		_	
22	0.002					7.2		2.2+	-		
23	0.003					7.2		2.2+	-		
24	0.007					7.2		2.2+			
25	0.004				-				-	- +	
26	0.004										
27	0.004					7.2		2.2+			
28	0.004					7.2		2.2+			
29	0.007				`	7.2		2.2+			
30	0.003					7.2	*******	2.2+			
31	0.003					7.2		2.2+			
PLANT ST	AFFING:										
Day Shift C	perator		Class:	В	Certific	cation No.:	12476	Name:	David Haring		
Evening Sh	ift Operator		Class:		Certific	cation No.:		Name:			
Night Shift	Operator		Class:		Certific	cation No.:		Name:			
Lead Opera	ator		Class:	A	Certific	cation No.:	4894	Name:	Paul Thompso	n	
	uent Disposa										
Limited Wet	t Weather Dis	scharge Activ	vated: Yes	No:	Not.	Applicable:		If yes, cumula	tive days of wet	weather dis	charge
* Attach add	litional sheets	s if necessar	y to list all c	ertified oper	rators.				 -		

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

COUNTY:

FACILITY:

LOCATION:

Putnam

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

MONITORING PERIOD

FLA011715 Final

REPORT:

Monthly

GROUP:

Domestic

R-001

IIID 11

From: 04/01/2005 To: 04/30/2006

Parameter		Quantity o	Quantity of Loading L		Quality or Concentration				No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	1 0008		mgđ					0	5 Day/Week	Elapse time meter
Mon.Site No. INF-1	Permit: Requirement	0.012 ** (An.Avg.)*		mgd					Talah Kajar	Continuous	Flow-meter/
Flow	Sample Measurement	0.004		mgd			• • • • • • • • • • • • • • • • • • •	1.31	0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report de (Mo Avg.)	14. 16.00 11.	mgd						Continuous	Flow-meter/
BOD, Carbonaceous	Sample Measurement			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	480		mg/L	0	Monthly	Grab
the state of the s	Permit		v			Report		mg/L	- ₹ 	Monthly	Grab
Solids, Total Suspended	Sample Measurement			;· · · v		350	1 / 1 NEW	mg/L.	0	Monthly	Grab
-2 -2 -2 -2 -2 -2 -2 -2	Permit Requirement:					Report.	, ,	mg/L		Monthly,	Grab

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 panalties for submitting false information including the possibility of fine and imprisorment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPA	EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
Paul Thompson, Lead Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all an	tachmente here	<u> </u>	386-937-1143	06/05/10

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 04/01/2006

To: 04/30/2006

Parameter		Quantity of Loading	Units	(Quality or Con	}	No. Ex.	Frequency	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.2	·	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		100	(parts of a	20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.5	9.5	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No: EFA-1	Permit:				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly .	Grab
Coliform, Fecal	Sample Measurement		, spec	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	8.6	100.00 2 (100.00	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement		3972		200 (An. Avg.)		#/100mL	, ,	Monthly	Grab :
Coliform, Fecal	Sample Measurement		1		10	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No EFA-1	Permit		100		Report (Ma.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Requirement		1.505	6:0 Min		8.5 Max	8: U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					6.1	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			310		10 (Max)	mg/L		Monthly	Grap
Chlorine, Total Res. (for disinfection)	Sample Measurement	<u> </u>		1.2		and a state of the	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

DAILY SAMPLE RESULTS - PART B PermitNumber: FLA011715 Month / Year April-06 Three-month Average Daily Flow: 0.005 (TMSDF/Permitted Capacity)x100: 39% CBOD5 Flow TSS CBOD5 Fecal рH TSS TRC (For Nitrogen, (mgd) (mg/L) (mg/L) (mg/L) Coliform Disinfect.) (e.u.) (mg/L) Nitrate, Total Bacteria (mg/L) (as N) (#/100ml) (mg\L) Code 50050 B0082 D0530 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I EFA-I 1 0.004 2 0.004 3 0.005 7.2 2.2+ 4 0.005 7.2 2.2+ 5 0.004 7.2 2.2+ 6 0.003 7.2 2.2+ 7 0.004 7.3 2.2+ 8 0.005 9 0.005 10 0.005 7.3 2.2+ 11 0.003 7.3 2.0 12 0.003 480 350 9.5 1.00 7.3 2.2+ 6.1 0.005 13 7.2 2.2+ 14 0.005 7.3 2.2+ 15 0.003 16 0.004 17 0.004 7.3 2.2+ 18 0.005 7.3 2.2+ 19 0.004 7.3 2.2+ 20 0.005 7.3 2.2+ 0.004 21 7.3 2.2+ 22 0.004 0.004 23 24 0.004 7.3 2.2+ 0.004 25 7.4 2.2+ 0.003 26 7.4 1.2 0.003 7.4 27 2.2+ 28 0.003 7.3 2.2+ 29 0.004

30	0.004						
31							
PLANT ST.	AFFING:						
Day Shift C	Operator	Class:	В	Certification No.:	12476	Name:	David Haring
Evening St	hift Operator	Class:		Certification No.:		Name:	
Night Shift	Operator	Class:		Certification No.:		Name:	
Lead Opera	ator	Class:	Α	Certification No.:	4894	Name:	Paul Thompson
Type of Effi	uent Disposa	of Reclaimed Water Reus	e:			_	
Limited We	t Weather Di	scharge Activated: Yes	No:	Not Applicable:		If yes, cumu	ulative days of wet weather discharge
* Attach add	ditional sheet	s if necessary to list all certi	fied opera	tors.			

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

MAILING ADDRESS:

LIMIT:

Final

REPORT:

Monthly

PO Box 490310

CLASS SIZE:

GROUP:

Domestic

FACILITY:

Leesburg, FL 34749 Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

LOCATION:

Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

05/01/2006

To: 05/31/2006

Parameter		Quantity	of Loading	Units	Quality or Concentration				Frequency	Sample Type
Flow	Sample Measurement	0.006		mgd				0	5 Day/Week	Elapse time meter
PARM Code 56050 G Mon Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 "P	Permit Requirement	Report (Mo.Avg.)		mgd					Соятична	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					190	mg/L	0	Monthly	Grab
	Permit Requirement					Report Mo: Avg.	rng/L		Monthly	Grab
	Sample Measurement					52	rng/L	0	Monthly	Grab
PARM Code 00530 G	Permit Requirement					Report Mo. Avg.	rng/L		Monthly	Grab

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

	·····	\sim	· · · · · · · · · · · · · · · · · · ·		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF PA	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DAT# (YY/MM/pD)
Paul Thompson, Lead Operator				386-937-1143	06/06/06

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 05/01/2006

To: 05/31/2006

Parameter		Quantity of Lo	ading	Units		Quality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					6.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Gráb
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.0	8.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement			(4 , V)		30.0 (Mo. Avg.) -	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					8.6		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement		Line	*		200 (An. Avg.)	•	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon:Site No.EFA-1	Permit Requirement				;	Report (Ma.Gea.Mean)	800 Max	#/100mL		Monthly	Grab
рH	Sample Measurement				7.2		7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement				6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				· <u></u>		8.1	mg/L	a	Monthly	Grab
PARM Code 00530 Mon:Site No.EFA-1	Permit Requirement				· · · · · · · · · · · · · · · · · · ·		10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

PermitNumber: FLA011715 Month / Year Three-month Average Daily Flow: 0.004 May-06 (TMSDF/Permitted Capacity)x100: 36% Flow CBOD5 TSS CBOD5 Fecal ρН TSS TRC (For Nitrogen, Coliform Disinfect.) (mgd) (mg/L) (mg/L) (mg/L)(s.u.) (mg/L) Nitrate, Total Bacteria (as N) (mg/L) (#/100ml) (mg\L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 Mon.Site INF-INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I EFA-I 7.3 1 0.004 2.2+: 7.3 2.0 2 0.004 0.006 7.3 2.2+ 0.005 7.3 2.2+ 0.004 7.2 2.2+ 0.003 7 0.003 0.003 7.2 2.2+ 8 9 0.003 7.3 2.2+ 0.005 7.3 2.2+ 10 0.003 11 7.2 2.2+ 0.003 12 7.2 2.2+ 13 0.004 0.004 14 15 0.004 7.3 2.2+ 16 0.005 7.3 2.2+ 0.004 190V 52 8V **1U** 7.3 8.1 17 2.2+ 18 0.006 7.2 2.2+ 19 0.004 7.2 2.2+ 20 0.003 21 0.003 22 0.003° 7.3 2.2+ 23 0.0047.3 2.2+ 24 0.003 7.3 2.2+ 25 0.003 7.3 2.2 26 0.003 7.3 2.2 0.003 27 28 0.004^{1} 29 0.004 7.3 2.2+ 0.004 30 7.3 2.2+ 31 0.003 7.3 2.2+ **PLANT STAFFING:** Day Shift Operator Class: В Certification No.: 12476 Name: **David Haring Evening Shift Operator** С Class: Certification No.: 9320 Name: Ralph Marriott Night Shift Operator Class: Certification No.: Name: Lead Operator Paul Thompson Class: Certification No.: 4894 Name: 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.

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

MAILING ADDRESS: PO B

PO Box 490310

LIMIT:

Final

REPORT: Monthly

Leesburg, FL 34749

CLASS SIZE:

GROUP:

Domestic

FACILITY: . LOCATION:

Silver Lake Oaks MHP
Lake Shore Drive

MONITORING GROUP NUMBER:

R-001

Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

Cill

From:

COUNTY:

Putnam

MONITORING PERIOD

06/01/2006

To: 06/30/2006

Parameter		Quantity of Loading	ng Units	Quality or Concentration			Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd	·			Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			290	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

I certify under penalty of lew 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/DO)
Paul Thompson, Lead Operator		J	386-937-1143	06 07/18

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 06/01/2006

To: 06/30/2006

Parameter		Quantity of Loading	Units	(Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.3		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				2.5	2,5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Ávg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				8.6		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				10	10 、	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Sile No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	ร.บ		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					2.2	mg/L	a	Monthly	Grab
PARM Code 00530 I Mon,Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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 M in			mg/L		5 Days/Week	Grab

	h / Year	June							Daily Flow: pacity)x100:	33%
· ·	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBODS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH : (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-1	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.003	<u>.</u>		!	<u> </u>	7.4		2.2+	Bernie a capt an es si	
2	0.004.				:	7.3		2.2+	: -	
3	0.004			<u> </u>	! 	<u>-</u>		· 	<u> </u>	<u></u>
4	0.004	· - · · · · ·			! 			:	·	<u></u>
5	0.004	;			<u>.</u>	7.2		2.2+		· ·
6	0.004					7.3		2.2+		<u> </u>
7	0.003	290	110	2.5	1U		2.2		· ·	<u> </u>
8	0.003				· ···	7.4		2.2+	*	<u></u>
9	0.005		:			7.4		2.2+		
10	0.003				: .	. ,				
11	0.003									e e e
12	0.003					7.4		2.2+		
13	0.004					7.3		. 2.2+		
14	0.004		•			7.3		2.2+	· · · · · - · · · ·	
15	0.005				<u> </u>	7.4		2.2+		
16	0.003					7.4		2.2+		
17	0.004	*		-;		!		·		·
18	0.004	÷	; 		·					i
19	0.005		i	<u> </u>	1 - 	7.3 ;		2.2+		
_20	0.003		·			7.3		2.2+		
21	0.005		<u>.</u>			7.3		2.2+		
. 22	0.003					7.4		2.2+		
23	0.004				-, 	7.4		2.2+	,	
24	0.004				;					:
25	0.004									
26	0.004			•		7.4 .		2.24		
27	0.003	.				7.4		2.24		
28	0.004					7.4		2.24		
29	0.003			.,	- <u>-</u>	7.4		2.24		
30	0.003					7.4		2.2+		
31 PLANT ST	AFFING:					; <u>-</u> !				:
Day Shift (Operator		Class:	В	Certil	fication No.:	12476	Name:	David Haring	<u> </u>
Evening S	hift Operator	r	Class:	С	Certif	fication No.:	9320	Name:	Ralph Marrio	ott
Night Shift	Operator		Class:		Certif	fication No.:		Name:		
Lead Oper	ator		Class:	A	Certif	fication No.:	4894	Name:	Paul Thomps	son
Type of Eff	luent Disposa	al or Reclain	ned Water F	Reuse:						
	t Weather Di		-		i No	t Applicable:	\Box	If ves cumu	ative days of w	et weather discharge

PERMITTEE NAME: **MAILING ADDRESS:** Aqua Utilities Florida

PO Box 490310

PERMIT NUMBER: LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

Leesburg, FL 34749 Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

CLASS SIZE:

R-001

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2006

To: 07/31/2006

Parameter		Quantity of Loadir	g Units	(Quality or Con	No,	Frequency	Sample Type	
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd	,	·			Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No INF-1	Permit Requirement	Report (Mo:Avg.)	mgd	-				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				260	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			· · · · · · · · · · · · · · · · · · ·	72	mg/L	C	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and sim familiar with the information submitted herein; and based on my inquity of those individuals immediately responsible for obtaining the information, I believe the submitted information is live, 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	SIGNATU	RE OF	RINCIPAL 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):

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.10.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 07/01/2006

To: 07/31/2006

Parameter		Quantity of Loading	Units		Quality or Cor	centratio	n	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5,2		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				3.7	3.8	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement			,	30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				8.6		#/100mL	G	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement	34.			Report (Mo.Geo.Mezn)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.3		7,4	5. U	e	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Pennit Requirement			6.0 Min		8,5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement	·				3.7	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2		·	mg/L	Q	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement			0.5 Mirr			mg/L		5 Days/Week	Grab

PermitNumber: FLA011715 Three-month Average Daily Flow: 0.004 Month / Year July-06 (TMSDF/Permitted Capacity)x100: 36% рН TSS CBOD5 TSS TRC (For Nitrogen, Flow CBOD5 Fecal (mg/L) (mg/L) (mg/L) Coliform (mg/L) Disinfect.) Nitrate, Total (mgd) (s.u.) (mg/L) Bacteria (as N) (#/100ml) (mg\L) 50050 80082 00530 80082 74055 00400 00530 50060 00820 Code EFA-INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I Mon.Site INF-I 0.003 0.003 3 0.004: 7.4 2.2+ 7.3 2.2+ 0.011 4 0.004 3.6 1U 7.3 2.5 2.2+ 7.3 2.2+ 0.005 7.3 0.004 3.8 10 3.7 2.2+ 260 72 0.005 0.005 10 0.005 7.3 2.2 7.3 2.2+ 11 0.005 0.003 7.3 12 2.2+ 13 0.005 7.3 2.2+ 7.3 2.2+ 14 0.007 15 0.005 16 0.005 17 0.005 7.3 2.2+ 2.2+: 7.3 18 0.004 19 0.005 7.3 2.2+ 7.4 2.2+ 0.003 20 7.3 i 2.2+ 21 0.004 0.006 22 23 0.005 24 0.005 7.3: 2.2+ 7.3 25 0.004 2.2+ 26 7.3 -2.2+ 0.004 27 7.4 2.2+ 0.003 28 0.006 2.2+ 29 0.005 30 0.005 31 0.005 7.4 2.2+ PLANT STAFFING: Day Shift Operator Class: В Certification No.: 12476 David Haring Name: **Evening Shift Operator** Class: Certification No.: Name: Ralph Marriott **Night Shift Operator** Class: Certification No.: Name: Lead Operator 4894 Class: Certification No.: Paul Thompson Name: Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes Not Applicable: If yes, cumulative days of wet weather discharge

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

R-001

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

IIID

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

08/01/2006

To: 08/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type	
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050° G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	, mgd	,			Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			380	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Pérmit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			260	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

I carrify under penalty of law that I have personally examined and am familiar with the Information submitted herein; and besed 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 penelties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE C	PRI	CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DAJE (YY/MMOD)
Paul Thompson, Lead Operator	1)	386-937-1143	06/09/19
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all a	ttachments h	DO:			

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

1

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 08/01/2006

To: 08/31/2006

Parameter		Quantity of Loading	Units		Quality or Cor	centratio	n	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)	-	mg/L	T -	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6	3.6	mg/L	0	Monthly	Grab
PARM Code 80082 Mon:Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			· · · · · · · · · · · · · · · · · · ·	8.6		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.3		7.4	S. U	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	ร.บ		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					3.4	mg/L-	0	Monthly	Grab
PARM Code 00530 Mon.Site No.EFA-1	Permit Requirement			······································		10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

REPORT:

Annual

MAILING ADDRESS:

1343 NE 17th Road Ocala, FL 34470

LIMIT:

CLASS SIZE:

Final

GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

08/01/2008

To: 08/31/2006

Parameter		Quantity of Load	ing Units	G	Quality or Con	centration		No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement					0.2	mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

PermitNumber: FLA011715 Month / Year August-06 Three-month Average Daily Flow: 0.004 (TMSDF/Permitted Capacity)x100: 36% Flow CBOD5 TSS CBOD5 Fecal рΗ TSS TRC (For Nitrogen, (mgd) (mg/L) (mg/L) (mg/L) Coliform . (mg/L)(s.u.) Disinfect.) Nitrate, Total Bacteria : (mg/L) (as N) (#/100ml): (mg\L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-í EFA-I EFA-I EFA-I EFA-I 1 0.003 7.4 2.2+. 380 0.005 260 3.6 10 3.4 7.3 2.2+ 0.2 3 0.003 7.3 2.2+ 4 0.003 7.3 2.2+ 5 0.004 0.004 6 7 0.005 7.3 2.2+ 8 0.0037.3 2.2+ 0.004 9 7.3 2.2+ 10 0.003 7.3 2.2+ 11 0.006 7.3 2.2+ 12 0.005 13 0.005 14 0.005 7.3 2.2+ 15 0.005 7.3 2.2+ 16 0.0047.3 2.2+ 17 0.003 7.3 2.2 18 0.003 7.3 2.2 19 0.004 20 0.004 0.004 21 7.3 2.2+ 22 0.004 7.3 2.2+ 23 0.003 7.3 2.2+ 24 0.004 7.3 2.2+ 25 0.003 7.3 2.2+ 26 0.003 27 0.004 28 0.004 7.3 2.2+ 29 0.004 7.3 2.2+ 30 0.003 7.4 2.2+ 31 0.003 7.4 2.2+ PLANT STAFFING: Day Shift Operator Class: В Certification No.: 12476 David Haring Name: Evening Shift Operator Class: С Certification No.: 9320 Name: Ralph Marriott Night Shift Operator Class: Certification No.: Name: Lead Operator Class: Certification No.: 4894 Name Paul Thompson Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes No: No:

Not Applicable:

If yes, cumulative days of wet weather discharge

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER: .

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

COUNTY:

Putnam

MONITORING PERIOD

From:

09/01/2006

To: 09/30/2006

Parameter		Quantity o	f Loading	Units	Quality or Concentration					Frequency	Sample Type
Flow	Sample Measurement	0.005		mgd					a	5 Day/Week	Elapse time meter
PARM Code 5005D G. Mon.Site No. INF	Permit.	0012 (An Xvg)		rige					44. 5	Continuous	Flow-meter/ Totalizer
Flow	Sample Messurement	0.004		mgd		A CONTRACTOR OF THE STATE OF TH			0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Regart (Mo:Avg.)		mgd			in the second	in the same of the		Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement		 			270		mg/L	0	Monthly	Grab
	Permit Requirement					Report Mo, Avg.	1 T.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	1.0.12.5	•			140		mg/L	0	Monthly	Grab
PARM Code 90530 G	Permit Regulrement					Report Mo, Avg	Market 1	mg/L	1. 1.0	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. It am aware that there are significant panalties for submitting fates 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 (YYMMYDDI
Paul Thompson, Lead Operator	386-937-1143	06/10	24

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.10.

Facility Name: Silver Lake Oaks MHP F

PERMIT NUMBER; FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 09/01/2006

To: 09/30/2006

Parameter		Quantity	of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.8		rng/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	1		77.47		20.0 (An. Avg.)		mg/L	7.3	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.8	7.8	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No. EFA-1	Permit Requirement			Ž	W. Company	30:0 Mo. Avg.)	60:0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					8.6		#/100mL	0	Monthly	Grab
PARM Code 74055. Y Mon.Site No.EFA-1	Permit Requirement					200 (An. Avg.)		#/t00mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No.EFA-1	Permit Requirement					Report (Ma.Geo.Mesn)	800 Max	#/100mL	-	Monthly	Grab
pH	Sample Measurement				7.3		7.4	\$.U	0	5 Days/Week	Grab
PARM Code 00400 1 // Mon Site No EFA-1	Permit Requirement				6.0 Min		8.5 Max	8.U •		6 Days/Week	Grab
Solids, Total Suspended	Sample Measurement						3.6	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No.EFA-1	Permit Requirement						10 (Max)	mg/L	Ą	Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement	<u> </u>			2.2			mg∕L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement		juga.		CV 0.5			mgiL		5 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B FLA011715 PermitNumber: 0.004 Three-month Average Daily Flow: September-06 Month / Year 36% (TMSDF/Permitted Capacity)x100: TRC (For CBOD5 Fecal pН TSS Nitrogen, CBOD5 TSS Flow Disinfect.) Nitrate, Total (mg/L) (mg/L) Coliform (s.u.) (mg/L) (mg/L) (mgd) Bacteria (mg/L) (as N) (#/100ml) (mg\L) 00530 50060 00620 80082 74055 00400 00530 Code 50050 80082 EFA-I EFA-I EFA-1 INF-I EFA-I EFA-I EFA-I INF-I INF-I Mon.Site 2.2+ 7.3 0.004 2 0.004 0.004 3 7.3 2.2+ 4 0.004 2.2+ 7.3 5 0.004 7.3 2.2+ 6 0.003 7.3 2.2+ 7 0.006 2.2+ 7.4 8 0.002 9 0.005 10 0.005 7.4 2.2+ 11 0.005 2.2+ 7.4 12 0.003 140 7.8 1U 7.4 3.6 2.2+ 0.006 270 13 7.4 2.2+ 14 0.006 2.2+ 7.4 15 0.005 0.004 16 17 0.004 7.4 2.2+ 18 0.005 2.2+ 7.4 19 0.006 7.4 2.2+ 20 0.004 2.2+ 7.4 21 0.003 7.4 2.2+ 22 0.003 23 0.003 0.004 24 7.3 2.2+ 25 0,004 7.4 2.2+ 0.005 26 2.2+ 7.4 27 0.003 7.4 2.2+ 0.005 28 7.4 2.2+ 29 0.003 30 0.005 31 PLANT STAFFING:

Day Shift Operator	Class:	B	Certification No.:	12475	Name:	David Haring
Evening Shift Operator	Class:	С	Certification No.:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	A	Certification No.:	4894	Name:	Paul Thompson
Type of Effluent Disposal or Re Limited Wet Weather Discharg	_		Not Applicable:		If yes, cun	nutative days of wet weather disch
* Attach additional sheets if ne	cessary to list all :	certified operate	ors.			* **

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilitles Florida

Leesburg, FL 34749

PO Box 490310

. LIMIT: CLASS SIZE: FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

CILI []

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2006

To: 10/31/2006

Parameter		Quantity of Loading		oading Units		Quality or Con	No. Ex.	Frequency	Sample Type		
Flow	Sample Measurement	0,004		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G	Permit Requirement	0.012 (An.Avg.)		mgd		.75.0 Z.75.	100 mg		Å,	Continuous	Flow-meter/ Totalizes
Flow	Sample Measurement	0,004		mgd				<u>-</u>	0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo,Avg.)	14.	bgm			4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				1 1000	370		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit A					Report Mo. Avg		mg/L	e di K	Monthly	Grab
Solids, Total Suspended	Sample Measurement					120		mg/L	0	Monthly	Grab
PARM Code 00530 , G Mon Site No.INF-1	Permit					Report		mg/L	\$ \$ \$ \$ \$ \$ 7 3 5	Monthly	Grab :

I cartify under penalty of law that I have personally examined and an familiar with the information submitted interest; 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 ewere 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 PRE	CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY	MM/DD)
				66/11/1	71
Paul Thompson, Lead Operator			386-937-1143	11100	

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 10/01/2006

To: 10/31/2006

Parameter		Quantity o	of Loading	Units	C	luality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement	:				5.8		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					4.6	4.6	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					8.4		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement	-				200 (An: Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement	, , , , , , , , , , , , , , , , , , , ,				10	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement					Report (Mo.Geo.Meen):::	BQO	#/100mL		Monthly	Grab
рН	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
Solids, Total Suspended	Sample Measurement						8.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit Requirement		1				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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	, i	5 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B FLA011715 PermitNumber: Three-month Average Daily Flow: 0.004 Month / Year October-06 (TMSDF/Permitted Capacity)x100: 33% TRC (For Flow TSS CBOD5 TSS Nitrogen, CBOD5 : Fecal Coliform ! Disinfect.) Nitrate, Total (mg/L) (mg/L)(mgd) (mg/L) (mg/L) (8.U.) Bacteria (mg/L) (as N) (#/100ml) (mg/L) 60082 00400 00530 50060 00620 00530 74055 80082 Code 50050 INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I EFA-I Mon.Site INF-I 0.005 1 2.2 7.4 2 0.005 2.2 7.4 3 0.004 2.2+ 1.00 6.6 0.003 370 120 ! 4.6 7.3 4 2.2+ 7.3 5 0.003 7.3 2.2+ 6 0.004 7 0.004 8 0.004 7.3 2.2+ 9 0.005 2.2+ 7.3 10 0.004 7.3 2.2+ 11 0.003 7.3 2.2+ 12 0.005; 7.3 2.2+ 13 0.003 14 0.004: 0.004 15 7.3 2.2+ 16 0.005 17 0.004 7.3 2.2+ 2.2+ 7.3 18 0.005 7.3 2.2+ 19 0.004 7.2 2.2+ 20 0.003: 21 0.005 0.006 22 2.2+ 7.2 23 0.0062.2+ 24 7.2 0.003 7.2 2.2+ 25 0.003 7.2 2.2+ 26 0.004 7.2 2.2+ 27 0.003 28 0.004 29 0.004 7.2 2.2+ 30 0.005 7.2 2.2+ 31 0.003 PLANT STAFFING: Day Shift Operator Class: В Certification No.: 12476 Name: David Haring **Evening Shift Operator** Class: C Certification No.: 9320 Name: Ralph Marriott

Night Shift Operator Class: Certification No.: Name: Class: Certification No.: 4894 Name: Paul Thompson Lead Operator Α Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes___ Not Applicable: If yes, cumulative days of wet weather discharge No: * Attach additional sheets if necessary to list all certified operators.

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS:

PO Box 490310

I IMIT:

Final

REPORT: GROUP: Monthly Domestic

FACILITY: LOCATION: Leesburg, FL 34749
Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Lake Shore Drive Palatka, Florida PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

COUNTY:

Putnam

MONITORING PERIOD

From:

11/01/2006

To: 11/30/2005

Parameter		Quantity of	Loading	Units		Quality or Co	ncentration		No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004	· · · · · · · · · · · · · · · · · · ·	mgd	•				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.tNF-1	Permit Requirement	Report (Mo.Ávg.)	,	mgd	, 2					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				· · · · · · · · · · · · · · · · · · ·	250		mg/L	0	Monthly	Grab
PARM Code 80082 G Man,Site No.INF-1	Permit Requirement					Report Mo. Avg.	:	mg/L		Monthly ,	Grab
Solids, Total Suspended	Sample Measurement			·		160		mg/L	0	Monthly	Grab .
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.		mg/L		Monthly	Grab

Loarlify under penalty of law that I have personally examined and am familiar with the information submitted herein; and besed 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	SIGNATUR	E OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMMOO)
Paul Thompson, Lead Operator	را	0	, , , , , , , , , , , , , , , , , , ,	386-937-1143	06/12/20

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.10.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 11/01/2006

To: 11/30/2005

Parameter		Quantity of Loading	ng Units		No. Ex.	Frequency	Sample Type			
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.8		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			i	3.6	3.6	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
Coliform, Fecal	Sample Measurement			•	8.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7.3	\$. U	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement		•	6.0 Min		8.5 Max	s. U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					4.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50050 A Mon.Site No.EFA-1	Permit Requirement			0.5 Min			mg/L		5 Dzys/Week	Grab

PermitNumber:

FLA011715

	h / Year	Novem							ge Daily Flow: apacity)x100:	36%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml):	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total! (as N) (mg\L)	÷
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	·
1	0.005	250	160	3.6	2.00	7.2	4.4			
2	0.006			<u> </u>		7.2		2.2	+	· · · · · · · · · · · · · · · · · · ·
3	0.002		: 		<u>! : : : : : : : : : : : : : : : : : : :</u>	7.2		2.2	+	
4	0.004			1	· 			:		
5	0.005					·		+		
6	0.005			,	: 	7.2		2.2		
7	0.005			<u></u>		7.2		2.2		
8	0.004					7.2		2.2	<u>+ : </u>	
9	0.003					7.2		2.2	+	
10	0.005	, <u>.</u>			·	7.2		2.2	<u> </u>	
11	0.005									
12	0.005									
13	0,005					7.2		, 2.2	?+	
14	0.004	,	<u> </u>	•	į	7.2		2.2	2+	
15	0.007	<u> </u>	1			7.2		2.2	<u>}</u> +	<u> </u>
16	0.002			i		7.2		2.2	<u>}</u>	
17	0.004	:	,			7.2		. 2.2	<u>}</u> +,	
18	0.005	i	i		;	i		:	•	
19	0.005		;	1				1	<u> </u>	·
20	0.005	:				7.2 ;		2	.2	,
21	0.005	:	!	1		7.2		: 2.2	2+ .	·
22	0,004	1	:			7.2		2.7	2+	
23	0.005		·			7.2		2.2	2+;	-
24	0.004	;				7.2		2.2	2+'	
25	0.006	·								
26	0.007									:
27	0.007		£			7.2		2.2	2+	
28	0.003					7.3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.5	2+	
29	0.010					7.3		2.	2+:	
30	0.003		· · · · · · · ·			7.3		2.2	2+	
31			•							
PLANT ST	AFFING									
Day Shift (Class:	В	Certif	fication No.:	12476	Name:	David Haring	
=	hift Operato	ÞΓ	Class:	C	-	fication No.:	9320	Name:	Ralph Marriot	t
_	Operator		Class:			fication No.:		 Name:		
Lead Oper	•		Class:	Α	_	fication No.:	4894	- Name:	Paul Thomps	on
•		al or Reclair			_			_		
• •			tivated: Yes	_		t Applicable:	\Box	If yes com	rulative days of we	t weather dischar

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER: LIMIT: CLASS SIZE:

FLA011718 Final

REPORT: GROUP:

Monthly **Domestic**

Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

COUNTY:

FACILITY:

LOCATION:

Putnam

MONITORING PERIOD

12/01/2006

From:

To: 12/31/2006

Parameter		Quantity of Loading U		Units	(Quality or Con	No. Ex.	Frequency	Sample Type	
Flow	Sample Measurement	0.004		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					130	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					74	 mg/L	0	Monthly	Grab
PARM Code 00530 G Mon,Site No.INF-1	Permit Requirement					Report Mo. Avg.	mg/L		Monthly	Grab

Locatify 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 swere 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	SIGNATUR	Ę∕OF Ì	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
Paul Thompson, Lead Operator		2	/	386-937-1143	07/01/24

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

Facility Name: Silver Lake Oaks MHP PERMIT NUMBER: FLA011715 Discharge Point No.: R-001

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

Parameter			of Loading	Units	(Quality or Con	No. Ex.		Sample Type		
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		•			20,0 (An. Avg.)		mg/L		Monthly	Grāb
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1	2.1	mg/L	a	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement					30.0 (No Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement					200 (An. Avg.)	/w	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement					Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	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
Solids, Total Suspended	Sample Measurement						10	mg/L	0	Monthly	Grab
PARM Code 00530 . I Mon.Site No.EFA-1	Permit Requirement						10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.2	<u> </u>		mg/L	•	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Pennit Requirement				C,5 Min		· ·	mg/L		5 Days/Week	Grab

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 09/01/2006

To: 09/30/2006

Parameter		Quantity	of Loading	Units	(Quality or Con	centratio	n	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An Avg.)		mg/L	9 Y	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.8	7.8	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
Coliform, Fecal	Sample Measurement					8.6	14.2	#/100mL	D	Monthly	Grab
PARM Code 74055. Y Mon.Site No EFA-1	Pêrmit Requirement					200 (An. Avg.)		#/100mL	j.,	Monthly	Grab
Coliform, Fecal	Sample Measurement					10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No.EFA-1	Permit Requirement					Report (Mo Geo Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement				7.3	<u> </u>	7.4	s.u	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No EFA-1	Permit Requirement	11.54.4			6.0 Min		8.5 Max	s.u	-	6 Days/Week	Grab
Solids, Total Suspended	Sample Measurement		<u> </u>		•		3.6	mg/L	0	Monthly	Grab
- 10 · · · · · · · · · · · · · · · · · ·	Permit Requirement						10 (Max)	mg/L	÷	Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.2		, , , , , , , , , , , , , , , , , , ,	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement		71.4 200-40-4		0.5 Min			.mg/L		5 Days/Week	Grab

PermitNu	mber:	FLA0117	15							
Mon	th / Year	Septen	nber-06						e Daily Flow:	0.004
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	36%
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.004	 -				7.3		2.2+		
2	0.004									
3	0.004				 -					
<u>4</u> 5	0.004	_				7.3		2.2+		
6	0.004				 	7.3		2.2+	 	
7	0.003					7.3	<u> </u>	2.2+		
8	0.002					7.3		2.2+		
9	0.002					7.4		2.2+		
10	0.005			·				 -	[
11	0.005				 	7.4		2.2+		
12	0.003					7.4		2.2+		
13	0.006	270	140	7.8	10;	7.4	3.6			
14	0.006		**			7.4		2.2+		
15	0.005					7.4	· - · · · · · · · · · · · · · · · · · · ·	2.2+		
16	0.004									
17	0.004									
18	0.005					7.4		2.2+		
19	0.006					7.4		2.2+		
20	0.004					7.4		2.2+		
21	0.003					7.4		2.2+		
22	0.003					7.4		2.2+		
23	0.003									
24	0.004									
25	0.004					7.3		2.2+		
26	0.005				- :	7.4		2.2+		
27	0.003			<u> </u>		7.4		2.2+		
28	0.005		<u> </u>			7.4		2.2+	}	
29 30	0.003			-		7.4		2.2+		
31	0.000]		 -	ļ ———		!
PLANT ST	AFFING:		L		<u> </u>			I,	! !	
Day Shift O			Class:	В	Certific	cation No.:	12476	Name:	David Haring	
•	ift Operator		Class:	c	•	cation No.:	9320	Name:	Ralph Marriott	
Night Shift			Class:		•	cation No.:		Name:	- surpri mannott	
Lead Opera	tor		Class:	A	•	ation No.:	4894	Name:	Paul Thompson	
Type of Efflu	ient Disposal	or Reclaims	ed Water Re		,			•		·
	Weather Dis			No: [_	Not .	Applicable:		if yes, cumula	ative days of wet t	weather discharge

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS:

ADDRESS: PO Box 490310

. LIMIT:

Final

REPORT:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

R-001

Lake Shore Drive Palatka, Florida

NO DISCHARGE FROM SITE:

()

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2006

To: 10/31/2006

Parameter		Quantity of Loading		Units	Quality or Concentration					Frequency	Sample Type
Flow	Sample Measurement	0.004		mgd				·	0	5 Day/Week	Elapse time meter
PARM Gode 50050 G	Permit Requirement	0.012 (An.Avg.)		mgd				4		Continuous	Flow-méter/ Totalizer
Flow	Sample Measurement	0,004		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo,Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					370		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Sile No INF-1	Permit Annual Requirement		dia dia dia dia dia dia dia dia dia dia			Report Mo: Avg		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					120		mg/L	0	Monthly	Grab
PARM Code 00530 G	Permit					Report		mġ/Ľ ",	X	Monthly	Grab

cartify under penalty of law that I have personally examined and am familiar with the information submitted information may 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.

		\boldsymbol{Z}				
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	JRE (F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	gate (1	улим/ОО)
Paul Thompson, Lead Operator		2		386-937-1143	06/11	21

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

PermitNumber: FLA011715

	Elm	CDODE	TOO	CRODE	- Corni		(TMSDF/Pe	TRC (For		33%
; !	Flow (mgd)	CBOD5 : (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	(mg/L)		Nitrogen, Nitrate, Totai (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1 :	0.005				:					
2	0.005					7.4		2.2		
3	0.004					7.4		2.2		
4	0.003	370	120	4.6	1.00	7.3	6.6	2.2+		
5 .	0.003					7.3		2.2+		
6	0.004			!	ī	7.3		2.2+		
7	0.004			; ·						
8	0.004			;						
9	0.005			<u> </u>	<u> </u>	7.3		2.2+		
10	0.004				ĺ	7.3		2.2+		
11	0.003			 		7.3		2.2+		
12 :	0.005;				:	7.3		2.2+		
13	0.003		·	!	:	7.3		2.2+		
14 :	0.004			:	:	i				
15	0.004		<u></u>		!	-				
16	0.005		<u> </u>		i	7.3		2.2+		
17	0.004		!			7.3		2.2+		
18	0.005		 		 	7.3		2.2+		
19 .	0.004			!		7.3		2.2+		
20	0.003					7.2		2.2+		
21	0.005		:	!]					
22	0.006		:							
23	0.006					7.2		2.2+		
24	0.003					7.2		2.2+		
25	0.003	! 				7.2		2.2+		
26	0.004					7.2		2.2+		
27	0.003		i			7.2		2.2+		
28	0.004									
29	0.004			į						
30	0.005			:		7.2		2.2+		
31	0.003	!		į	1	7.2	×	2.2+		
LANT ST					<u> </u>					
Day Shift C			Class:	В	Certifi	cation No.:	12476	Name:	David Haring	
Evening Shift Operator		r	Class:	С	Certifi	cation No.:	9320	Name:	Ralph Marriot	<u>t </u>
Vight Shift	Operator		Class:		- Certifi	cation No.:		Name:		
_ead Oper	etor		Class:	A	- Certifi	ication No.:	4894	Name:	Paul Thomps	on
		al or Reclaim		euse:	-	•		•		
•		scharge Act			Not	Applicable:	П	If ves. cumul	ative days of we	et weather disch

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

PO Box 490310 LIMIT:

PERMIT NUMBER:

FLA011715

REPORT:

Monthly

Leesburg, FL 34749

hura El 24740

CLASS SIZE:

Final

GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

R-001

Lake Shore Drive Palatka, Florida

NO DISCHARGE FROM SITE:

COUNTY:

Putnam

MONITORING PERIOD

4.

From:

11/01/2006

To: 11/30/2005

Parameter		Quantity of Loading		Units		Quality or Co	No. Ex.	Frequency	Sample Type		
Flow	Sample Measurement	0.004		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd	. ,					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				 i.	250		mg/L	0	Monthly	Grab
PARM Code 80082 G Man.Site No.INF-1	Permit Requirement					Report Mo. Avg.	:	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					160		mg/L	0	Monthly	Grab _
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement				~····	Report Mo. Avg.		mg/L		Monthly	Grab

I carrify 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.

	 <u>~</u> `	<u> </u>		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	E OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMMADD)
Paul Thompson, Lead Operator			386-937-1143	06/12/20
COMMENTS AND EVOLANATION OF ANY MOLATIONS (DAMES	 -L-	1.		, , , , , , , , , , , , , , , , , , , ,

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U,

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 11/01/2006

To: 11/30/2005

Parameter		Quantity of Loading		Quality or Con	No. Ex.	Frequency	Sample Type			
BOD, Carbonaceous 5 day, 20C	Sample Measurement			·• ···	5.8		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				3.6	3.6	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			•	8.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement			·.	200 (Ап. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<u></u>	2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement			<u> </u>	Report (Ma.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2	At a state of the	7.3	S .U	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			····		4,4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (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

FLA011715 PermitNumber: Three-month Average Daily Flow: 0.004 Month / Year November-06 (TMSDF/Permitted Capacity)x100; 36% TRC (For Flow CBOD5 TSS CBOD5 ! Fecal TSS Nitrogen, (mg/L) Coliform Disinfect.) Nitrate, Total (mgd) (mg/L) (mg/L) (mg/L) (s.u.a) Bacteria (mg/L) (as N) (#/100ml): (mg/L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I EFA-I 250 0.005 160 2.00 7.2 4.4 2.2+ 1 3.6 2 0.006 7.2 2.2+ 7.2 2.2+ 3 0.002 4 0.004 0.005 7.2 2.2+ 6 0.005 7.2 0.005 2.2+ 8 2.2+ 0.004 7.2 9 0.003 7.2 2.2+ 10 7.2 2.2+: 0.005 0.005 11 12 0.005 0.005 13 7.2 2.2+ 0.004 7.2 2.2+ 15 0.007 7.2 2.2+ 2.2+! 16 0.002 7.2 17 0.004 7.2 2.2+ 18 0.005 0.005 19 2.2 7.2 20 0.005 21 7.2 2.2+ 0.005 7.2 22 0.004 2.2+ 23 7.2 2.2+: 0.005 24 0.004 7.2 2.2+ 25 0.006 26 0.007 27 0.007 2.2+ 7.2 28 0.003 7.3 2.2+ 29 0.010 7.3 2.2+: 30 0.003 7.3 2.2+ 31 PLANT STAFFING: **Day Shift Operator** Class: ₿ Certification No.: 12476 David Haring Name: С **Evening Shift Operator** 9320 Class: Certification No.: Name: Ralph Marriott Night Shift Operator Class: Certification No. Name: Lead Operator 4894 Class: Α Certification No.: Name: Paul Thompson Type of Effluent Disposal or Reclaimed Water Reuse:

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

Limited Wet Weather Discharge Activated: Yes

Not Applicable:

If yes, cumulative days of wet weather discharge

No:

PermitNumber: FLA011715 0.004 Three-month Average Daily Flow: Month / Year December-06 (TMSDF/Permitted Capacity)x100: 36% Flow CBOD5 TSS CBOD5 Fecal рH TSS TRC (For Nitrogen, Disinfect) Nitrate, Total (mgd) (mg/L) (mg/L) (mg/L) Coliform (s.u.) (mg/L)(as N) Bacteria (mg/L) (#/100ml) (mg\L) 80082 74055 00400 00530 50060 00820 00530 50050 80082 Code EFA-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I INF-I INF-I Mon.Site 0.005 7.3 2.2+ 1 2 0.005 3 0.006 7.3 2.2+: 4 0.006 7.3 2.2+ 0.007 5 6 130 74 2.1 10 7.3 10: 2.2+ 0.007: 7.3 2.2+ 7 0.005 7.3 2.2+ 8 0.010 0.004 9 10 0.005 7.3 2.2+ 0.005 11 7.3 2.2+ 12 0.005 7.3 2.2+ 0.005 13 7.3 2.2+ 14 0.005 2.2+ 7.3 15 0.005 16 0.006 0.006 17 18 0.006 7.2 2.2+ 7.2 2.2+ 19 0.004 20 0.005 7.2 2.2+; 2.2+ 21 0.004 7.2 2.2+ 22 0.004 7.2 23 0.00524 0.006 2.2+ 7.2 0.006 25 26 0.004 7.2 2.2+ 7.2 2.2+ 27 0.005 7.2 2.2 28 0.004 7.2 2.2 0.005 29 30 0.005 31 0.005 PLANT STAFFING: **Day Shift Operator** Class: ₿ Certification No.: 12476 Name: David Haring С 9320 Ralph Marriott Certification No.: Name: **Evening Shift Operator** Class: Night Shift Operator Class: Certification No. Name: 4894 Paul Thompson Certification No.: Lead Operator Class: Α Name: 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

PERMIT NUMBER:

PA FILE NUMBER:

ISSUANCE DATE:

EXPIRATION DATE:

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

Colleen Castille Secretary

FLA011715

January 6, 2006

January 5, 2011

FLA011715-004-DW3P

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

RESPONSIBLE AUTHORITY:

Mr. Glenn P. LeBrecque Vice President and Chief Operating Officer 6960 Professional Parkway East Suite 40 Sarasota, Florida 34240 (386) 329-1122

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF Lake Shore Drive Palatka, Florida 32177 Putnam County

Latitude: 29° 37' 27" N Longitude: 81° 42' 47" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

To operate an existing 0.012 million gallons per day (MGD) annual average daily flow (AADF) permitted capacity extended aeration wastewater treatment facility (WWTF) consisting of one influent lift station, two aeration tanks (6,000 gallons each), one aerobic digester (1,800 gallons), one clarifier (3,300 gallons), one chlorine contact chamber (700 gallons), one sand filter (12 square feet), and one effluent pump station. The residuals are transported to American Pipe & Tank RMFs, or a DEP-permitted residuals management facility (RMF) or a DEP-permitted WWTF for further treatment and final disposal.

REUSE:

Land Application: An existing 0.012 MGD AADF permitted capacity absorption field system (R-001). R-001 consists of an absorption field system located approximately at latitude 29° 37' 27" N, longitude 81° 42' 47" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 17 of this permit.

DOCUMENT NUMBER-CATE

FACILITY:

Silver Lake Oaks MHP WWTF

PERMIT NUMBER:

FLA011715

PERMITTEE: Mr. Glenn P. LeBrecque

EXPIRATION DATE: January 5, 2011

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

					Reclaimed Water Limitations				Monito	Monitoring Requirements		
Parameter	Units	Max/ Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes		
Total Residual Chlorine (For Disinfection)	mg/L	Min	*	•	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.4		
pH	s.u.	Range		•	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1			
Coliform, Fecal	#/100mL	Max		See Permit Condition I.A.3.				Grab	EFA-1			
Solids, Total Suspended	mg/L	Max	•	•	•	10.0	Monthly	Grab	EFA-1			
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	30.0	-	60.0	Monthly	Grab	EFA-1	······································		
Nitrogen, Nitrate, Total (as N)	mg/L	Max	-	•	-	12.0	Annually	Grab	EFA-1	See Cond. I.A.5, 6		

FACILITY: PERMITTEE: Silver Lake Oaks MHP WWTF

Mr. Glenn P, LeBrecque

PERMIT NUMBER:

FLA011715 **EXPIRATION DATE:** January 5, 2011

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Effluent, after chlorination prior to discharge
	to absorption field

- 3. 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)]
- 5. During the annual monitoring, if nitrate exceeds the limit, then monthly monitoring shall begin immediately for a period of 6 months. If nitrate does not exceed the limit during the 6month monitoring period, then the facility may request in writing a return to annual monitoring. If nitrate does exceed the limit during monthly monitoring, then the permittee must begin the requirements set forth in specific condition I.A.6. Nitrate plus nitrite nitrogen (NO3+NO2-N) analysis may be used as the sample parameter. [62-4.070(3) and 62-522.(9)(a), FAC1
- 6. If effluent nitrate exceeds the limit criteria set forth in specific condition I.A.1 and I.A.5 above, the permittee shall submit a groundwater monitoring proposal prepared by a professional geologist or professional engineer (registered in the State of Florida). The proposal shall be submitted within 90 days of the date of the reported monthly nitrate violation. The groundwater monitoring proposal shall provide proper location of a single groundwater monitoring well downgradient from the percolation ponds. At the same time, an application to revise the permit must be submitted in order to set forth conditions necessary to ensure adequate groundwater monitoring. [62-522.600.(3), FAC]

FACILITY:

Silver Lake Oaks MHP WWTF

PERMIT NUMBER:

FLA011715

PERMITTEE: Mr. Glenn P. LeBrecque

EXPIRATION DATE: January 5, 2011

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

			Limitations				Mo			
Parameter	Units	Max/ Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Max	0.012	•	•	•	5 Days/ Week	Elapsed time meters	INF-I	See Cond.I.B.3, 4
BOD, Carbonaceous 5 day, 20C	mg/L	Max	•	Report	٠	-	Monthly	Grab	INF-1	See Cond.I.B.3
Solids, Total Suspended	mg/L	Max	-	Report	-	*	Monthly	Grab	INF-1	See Cond.I.B.3
Percent Capacity	%	Max		Report			Monthly	Calculated	CAL-I	

FACILITY: Silver Lake Oaks MHP WWTF PERMIT NUMBER: FLA011715
PERMITTEE: Mr. Glenn P. LeBrecque EXPIRATION DATE: January 5, 2011

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

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Influent, prior to biological treatment
CAL-1	Calculated value

- 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 to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
- 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	first day of month - last day of month	28th day of following month
Quarterly	January 1 - March 31	April 28
-	April 1 – June 30	July 28
	July 1 - September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's 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.

FACILITY: Silver Lake Oaks MHP WWTF PERMIT NUMBER: FLA011715
PERMITTEE: Mr. Glenn P. LeBrecque EXPIRATION DATE: January 5, 2011

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

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 B200 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 American Pipe & Tank RMFs (412 Biosolids Processing and Central Process), or a DEP-permitted residuals management facility (RMF) or DEP-permitted WWTF or disposal in a Class I or II solid waste landfill. If the residual treatment facility is changed, a written agreement between the facility and the new residual treatment facility shall be submitted to the Department at least 30 days prior to the transfer of residuals. [62-640.880(3)(c)]
- 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:

FACILITY: PERMITTEE: Silver Lake Oaks MHP WWTF

Mr. Glenn P. LeBrecque

PERMIT NUMBER: FLA011715 EXPIRATION DATE: January 5, 2011

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
- 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
- Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640,880(4)]

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

III. GROUND WATER REQUIREMENTS

In accordance with Rules 62-601 and 62-522, F.A.C., groundwater monitoring is not required at this time. The Department reserves the right to require groundwater monitoring.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Absorption Field System(s) (R-001)

- 1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 2. The permittee may allow public access to the absorption field sites. [62-610.518]
- 3. The absorption field system shall be operated to preclude saturated conditions from developing at the ground surface. [62-610.500(2)]
- The annual average hydraulic loading rate to the Absorption field system shall be limited to a maximum of 2.65 inches per day (as applied to the entire bottom area of the absorption field trenches or spreading areas). [62-610.523(3)]
- 5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 and 62-610.514]
- 6. Overflows from absorption fields or from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Northeast District Office within

FACILITY:

Silver Lake Oaks MHP WWTF

Mr. Glenn P. LeBrecque PERMITTEE:

PERMIT NUMBER:

FLA011715 EXPIRATION DATE: January 5, 2011

24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. 162-610.800(9)1

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

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]

- 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, Total Residual Chlorine (For Disinfection), pH 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;
 - c. A copy of the current permit;

FACILITY: Silver Lake Oaks MHP WWTF PERMITTEE: Mr. Glenn P. LeBrecque

PERMIT NUMBER: EXPIRATION DATE: January 5, 2011

FLA011715

f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date
1	Verify pump outputs by an independent flow calibration service.	February 28, 2006
2	Establish process parameters, monitor, proactively trend, and adjust based on conventional food to microorganism (F:M) ratio, sludge volume index, and mean cell residence time. Begin monitoring sludge digestion and supernatant quality to ensure proper sludge age and to minimize recycled solids to the upstream biomass. Begin quantifying RAS flow to ensure proper clarifier sludge detention and aeration detention.	February 28, 2006
3	Label all equipment, piping, and chemicals storage for operational and safety purposes.	February 28, 2006
4	Provide secondary containment for the sodium hypochlorite containers to avoid environmental exposure, should a chemical spill occur.	February 28, 2006

[62-600.735(1)]

2. No later than 14 calendar days following a date identified in the above schedule(s) of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by an identified date, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

FACILITY: PERMITTEE: Silver Lake Oaks MHP WWTF

Mr. Glenn P. LeBrecque

PERMIT NUMBER:

FLA011715 EXPIRATION DATE: January 5, 2011

VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 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):
 - Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

FACILITY: Silver Lake Oaks MHP WWTF PERMIT NUMBER: FLA011715
PERMITTEE: Mr. Glenn P. LeBrecque EXPIRATION DATE: January 5, 2011

- 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 verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

FACILITY: PERMITTEE: Mr. Glenn P. LeBrecque

Silver Lake Oaks MHP WWTF

PERMIT NUMBER: EXPIRATION DATE: January 5, 2011

FLA011715

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]

- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

FACILITY: Silver Lake Oaks MHP WWTF PERMIT NUMBER: FLA011715
PERMITTEE: Mr. Glenn P. LeBrecque EXPIRATION DATE: January 5, 2011

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]

- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penaltics or revocation of this permit. The notice shall include the following information:

FACILITY: PERMITTEE:

Silver Lake Oaks MHP WWTF

Mr. Glenn P. LeBrecque

PERMIT NUMBER: EXPIRATION DATE:

FLA011715 January 5, 2011

a. A description of the anticipated noncompliance;

- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

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

FACILITY: PERMITTEE: Silver Lake Oaks MHP WWTF

Mr. Glenn P. LeBrecque

PERMIT NUMBER:

FLA011715 EXPIRATION DATE: January 5, 2011

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

- 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
- 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
- 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
- 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
 - 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - 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.

FACILITY: Silver Lake Oaks MHP WWTF
PERMITTEE: Mr. Glenn P. LeBrecque

PERMIT NUMBER: FLA011715 EXPIRATION DATE: January 5, 2011

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been 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

FACILITY: PERMITTEE: Silver Lake Oaks MHP WWTF

Mr. Glenn P. LeBrecque

PERMIT NUMBER:

FLA011715 EXPIRATION DATE: January 5, 2011

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate. through properly signed contemporaneous operating logs, or other relevant evidence that:

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

[62-620.610(23)]

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT OF **ENVIRONMENTAL PROTECTION**

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

Vencent A. Subold

DATE: <u>January 6, 2006</u>

FILING AND ACKNOWLEDGEMENT TRUCKER

STATEMENT OF BASIS FOR STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

FLA011715 (Not Applicable)

FACILITY NAME:

Silver Lake Oaks Mobile Home Park WWTF

FACILITY LOCATION:

Palatka, Putnam County

NAME OF PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT WRITER:

David A. Lee

1. BASIS FOR EFFLUENT AND RECLAIMED WATER LIMITS AND MONITORING REQUIREMENTS (INCLUDING EFFLUENT MONITORING REQUIREMENTS)

The following table provides the basis for Part I. A. provisions.

Land Application System R-001 (absorption field systems):

Parameter	Limit	Basis	Rationale
Total Residual Chlorine (For Disinfection) (mg/L)	0.5	Min	62-610.510 & 62-600.440(4)(b) FAC
pH (s.u.)	6.0 to 8.5	Min and Max	62-600.445 FAC
Solids, Total Suspended (mg/L)	10	Single Sample Max.	62-610.510(2) FAC
BOD, Carbonaccous	20	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
5 day, 20C (mg/L)	30	Monthly Average	62-600.740(1)(b)1.b. FAC
	_60	Single Sample Max.	62-600.740(1)(b)1.d. FAC
Nitrogen, Nitrate, Total (as N) (mg/L)	12	Single Sample Max.	62-610.510(1) FAC

The following table provides the basis for Part I. B. provisions.

Other Limitations and Monitoring Requirements:

Parameter	Limit	Basis	Rationale
Flow (MGD)	0.012 Report	Annual Average Monthly Average	62-600.400(3)(b)FAC 62-600
Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Report	Monthly Average	62-302.530(31) FAC

Parameter	Limit	Basis	Rationale
Percent Capacity	Report	Monthly Average	62-
BOD, Carbonaceous 5 day, 20C (mg/L)	Report	Monthly Average	62-601.300(1)FAC
Solids, Total Suspended (mg/L)	Report	Monthly Average	62-601.300(1)FAC

2. RESIDUALS MANAGEMENT

The method of residuals use or disposal by this facility is transport to DEP-permitted residuals management facility (RMF) or DEP-permitted WWTF, or disposal in a Class I or II solid waste landfill.

3. GROUND WATER MONITORING REQUIREMENTS

Ground water monitoring is not required in accordance with Rules 62-601 and 62-522, F.A.C.

4. SCHEDULES FOR IMPROVEMENT ACTIONS, CONSTRUCTION, AND ENGINEERING STUDIES

The following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date
1	Verify pump outputs by an independent flow calibration service.	February 28, 2006
2	Establish process parameters, monitor, proactively trend, and adjust based on conventional food to microorganism (F:M) ratio, sludge volume index, and mean cell residence time. Sludge digestion and supernatant quality should also be monitored to ensure proper sludge age and to minimize recycled solids to the upstream biomass. RAS flow should also be quantified to ensure proper clarifier sludge detention and aeration detention.	February 28, 2006
3	All equipment, piping, and chemicals storage shall be labeled for operational and safety purposes.	February 28, 2006
4	Secondary containment shall be provided for the sodium hypochlorite containers to avoid environmental exposure, should a chemical spill occur.	February 28, 2006

5. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

6. ADMINISTRIATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO, and there are no unresolved compliance issues for this facility.

7. EFFECTS OF SURFACE WATER DISCHARGE ON THREATENED OR ENDANGERED SPECIES

The Department does not anticipate adverse impacts on threatened or endangered species as a result of permit issuance.

8. APPLICABLE RULES

The following were used as the basis of the permit limitations/conditions:

a. FAC refers to various portions of the Florida Administrative Code.

The effective dates of FAC Rule Chapters cited in the table are as follows:

Chapter	Effective Date
62-4	05-01-03
62-160	04-09- 02
62-600	12-24-96
62-601	12-24-96
62-610	08-08-99
62-620	08-25-03
62-640	03-30-98
62- 699	07-05-01

- b. FS refers to various portions of the Florida Statutes
- c. CFR refers to various portions of the Code of Federal Regulations, Title 40
- d. BPJ refers to Best Professional Judgment

DEPARTMENT OF ENVIRONMENTAL PROTECT | DISCHARGE MONITORING REPORT - PART A

When Completed mail	this report to: Department of Environmental Protection,	Northeast District, 7825 Baymeadows W	ay, Suite B200, Jacksonville, Fl	L, 32256-7590	
PERMITTEE NAME:	Aqua Utilities Florida, Inc.	PERMIT NUMBER	FLA011715	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East, Suite 40	LIMIT:	Final	GROUP:	Domestic
	Sarasota, FL 34240	CLASS SIZE:	N/A		
FACILITY:	Silver Lake Oaks Mobile Home Park WWTF	MONITORING GROUP NU	MB <u>ER:</u> R-001		
LOCATION:	Lake Shore Drive	NO DISCHARGE FROM ST	re:		
•	Palatka, FL 32177	MONITORING PERIOD	From:	To:	
COUNTY:	Putnam				

Parameter		Quantity or Loading		Qu	Units	No. Ex.	Frequency of Analysis	Sample Type		
Total Residual Chlorine (For Disinfection)	Sample Measurement				,					
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
pH	Sample Measurement									, ,
PARM Code 00400 A Mon.Site No. EFA-I	Permit Requirement			6.0 (Min.)		8.5 (Max.)	5.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon.Site No. EFA-I	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Gnab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement		<u>.</u>			10 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon.Site No EFA-I	Permit Requirement				20 (An. Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	1	<u> </u>	<u> </u>

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

DISCHARGE MONITORING 'PORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: _______ To

PERMIT NUMBER: FLA011715

Parameter		Quantity or Loading Units Quality or Concentration				ition	Units	No. Ex.	1 4 1 1-	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				· · · · · · · · · · · · · · · · · · ·	30 (Mo.Ayg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						V(-				
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement					Report		*		Monthly	Calculated
Flow	Sample Measurement						····			, , , , , , , , , , , , , , , , , , ,	
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.012 (Ал.Avg.)		MGD						5 Days/Week	Pump logs
Flow	Sample Measurement				,						
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	Report (Mo,Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Weck	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement				······			_			
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		the/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							1			·
PARM Code 00530 G Mon.Site No. INF-I	Permit Requirement				, ·	Report (Mo.Avg.)	······································	mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECT Y DISCHARGE MONITORING REPORT - PART A

when Completed mail	this repor	t to: Department	of Environmental P	rotection, North	neast District, 7825 Bay	méadows Way, S	uite B200, Jackso	nville, FL, 32256	-7590		•	•
PERMITTEE NAME: MAILING ADDRESS: 6960 Professional Parkway East, Suite 40 Sarasota, FL 34240 FACILITY: LOCATION: Lake Oaks Mobile Home Park WWTF Lake Shore Drive Palntka, FL 32177 COUNTY: Putnam				PERMIT NUMBER FLA01 1715 LIMIT: Final CLASS SIZE: N/A MONITORING GROUP NUMBER: R-001 NO DISCHARGE FROM SITE:					PORT: Annually OUP: Domestic			
Parameter			Quantity (or Loading	Units	Quality	or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total	(as N)	Sample Measurement										
PARM Code 00620 Mon Site No. EFA-1	A	Permit Requirement	,					12 (Max.)	mg/L		Annually	Grab
I certify under penalty of evaluate the information best of my knowledge an violations.	submitted.	. Based on my inc	quiry of the person	or persons who	manage the system, or	those persons dire	ctly responsible fi	or gathering the it	nformation, t	he infort	nation submitt	ed is, to the
NAME/TITLE OF PRINCI	PAL EXECU	JTIVE OFFICER OF	R AUTHORIZED AG	ENT	SIGNATURE OF PRIN	CIPAL EXECUTIVE	OFFICER OR AUT	THORIZED AGEN	1	TELEPH	ONE NO D	ATE (YY/MM/DD)

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

DAILY SAMPLE RESULTS - PART B

1	Flow (MGD)	% Capacity,	TRC (For	pH (s.u.)	CBODS (mg/L)	Fecal Coliform	TSS (mg/L)	CBODS (mg/L)	TSS (mg/		
		(TMADF/ Permitted Capacity) x 100 (%)	Disinfect.) (mg/L)			Bacteria (#/100mL)	· •		. 35 (11/2)		
Code Mon. Site	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082 EFA-I	74055 EFA-1	00530 EFA-1	80082 INF-1	00510 INF-1		
. 1	# T T T T T T T T T T T T T T T T T T T	CALC	LIN-I	CI A-I	LIA	EIA-1	EFA-1	INF-1	INF-1		
2					1						
3									·		
4						-					
5											
6											
7											
8											
9											
10											
31											
12											
13											
14											
15											
16					<u></u>						
) 17				 							
18		<u> </u>		· · · · · · · · · · · · · · · · · · ·			- 	ļ			
20	<u></u>						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
21											
· 22		<u> </u>						<u> </u>			
23	.						· · · · · · · · ·				
24		<u> </u>		· · · · · · · · · · · · · · · · · · ·							
25									***		
26											
27					 						
28								 			
29	·			<u></u>							
30					-						
31									· · · · · · · · · · · · · · · · · · ·		
Total							· · · · · · · · · · · · · · · · · · ·				
Mo. Avg.					<u> </u>						
ANT STAFFING: y Shift Operator		955;	Certificate No:		Name:			1			
ning Shift Operat			Certificate No:								
Shift Operator					Name:						
d Operator			Certificate No:		Name:		·				

INSTRUCTIONS FOR COMPLETING THE WAST THE VAST THE DISCHARGE MONITORING REPORT

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

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

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

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

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

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

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

PART A -DISCHARGE MONITORING REPORT (DMR)

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

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

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

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

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

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

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

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

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

PART B - DAILY '1PLE RESULTS

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

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-

160. F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data

qualifier codes should be used and an explanation provided where appropriate.

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

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

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

PART D - GROUND WATER MONITORING REPORT

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

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

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

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

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

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

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

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

Signature: This report must be signed in accordance with Rule 62-620,305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

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

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

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

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

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

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

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

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

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

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

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

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



Department of Environmental Protection

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

Colleen M. Castille Secretary

RECEIVED
July 7, 2004 JUL 2 6 2004

Aqua Utilities Florida Inc.

ELECTRONIC CORRESPONDENCE

In the Matter of an Application for Permit by: Glenn LaBrecque Aqua Utilities Florida, Inc. 6960 Professional Parkway East, Suite 400 Sarasota, Florida 34240

DEP Permit No. FLA011715 Putnam County Silver Lake Oaks MHP WWTF

NOTICE OF PERMIT TRANSFER

This notice serves as a revision to Permit Number FLA011715 to transfer the permit from Craig J. Anderson, Florida Water Services Corporation to Glenn LaBrecque issued under section(s) 403.087 of the Florida Statutes.

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

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for mediation within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be

Permit Transfer Page 2

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;
- (c) 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).

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

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department 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 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.

Permit Transfer Page 3

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

James R. Makie

Jerry M. Owen, P.E.

Water Facilities Administrator

JMO/JSMI/bk

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT TRANSFER and all copies were mailed by certified mail before the close of business on July 22, 2004 to the listed persons.

Copies furnished to: Craig Anderson, Florida Water Services



Jeb Bush Governor

Department of Environmental Protection

Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

PA FILE NUMBER:

ISSUANCE DATE:

REVISION DATE:

EXPIRATION DATE:

FLA011715

July 7, 2004

FLA011715-000-0000

December 12, 2000

December 11, 2005

PERMITTEE:

Aqua Utilities Florida, Inc.

RESPONSIBLE AUTHORITY:

Glenn P. LaBrecque Vice President and Chief Operating Officer Aqua Utilities Florida, Inc. 6960 Professional Parkway East Suite 400 Sarasota, Florida 34240

(386) 329-1122

FACILITY:

Silver Lake Oaks MHP South Silver Lake Drive Palatka, Florida Putnam County

Latitude: 29° 37' 18" N Longitude: 81° 42' 47" 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 0.012 MGD AADF permitted capacity extended aeration wastewater treatment plant consisting of an influent lift station, two aeration tanks (6,000 gallons each), an aerobic sludge digester (1,800 gallons), one clarifier (3,300 gallons), chlorine contact chamber (700 gallons), a sand filter (12 square feet), and an effluent pump station with discharge to a drainfield. Domestic wastewater residuals are stored and thickened in the digester and transported to Mid Florida Environmental Services, Inc. RMF for further treatment and final disposal.

REUSE:

Land Application: An existing 0.012 mgd AADF permitted capacity absorption field system land application system (R-001). R-001 consists of an absorption field system having a capacity of 0.012 mgd located approximately at latitude 29° 37' 18" N, longitude 81° 42' 47" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 14 of this permit.

"More Protection, Less Process"

Printed on recycled paper,

PERMITTEE:

Aqua Utilities Florida, Inc.

FACILITY:

Silver Lake Oaks MHP WWTP

PERMIT NUMBER:

FLA011715

ISSUANCE DATE: EXPIRATION DATE:

December 12, 2000 December 11, 2005

REVISION DATE:

July 7, 2004

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

						claimed Water Limitations Monitoring Requirements					
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes	
Total Residual Chlorine (Por Disinfection)	mg/l	Minimum		-		0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.4	
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	20	30	45	60	Monthly	Grab	EFA-1		
Coliform, Fecal	··· ·····	·	See Permit Co	radition LA.4.			Monthly	Grab	EFA-1	<u> </u>	
Nitrogen, Nitrate, Total (as N)	mg/l	Maximum		.	•	12	Annual	Grab	EFA-1	See Cond. I.A.5 & I.A.6	
Solids, Total Suspended	mg/l	Maximum	•	•	-	10	Monthly	Grab	BFA-1		
рН	s.u.	Range	·		-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	<u> </u>	

PERMITTEE:
Aqua Utilities Florida, Inc.

FACILITY:

Silver Lake Oaks MHP WWTP

PERMIT NUMBER:

ISSUANCE DATE: EXPIRATION DATE:

REVISION DATE:

FLA011715

December 12, 2000 December 11, 2005

July 7, 2004

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Effluent, after chlorination prior to discharge to absorption field

- 3. 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, 1-9-96 and 62-600.440(4)(c), 12-24-96]
- 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, 1-9-96 and 62-600.440(4)(b), 12-24-96]
- 5. Should the limit for nitrate be exceeded during the annual monitoring event, the permittee shall immediately implement monthly monitoring for a period of six months. If the nitrate limit is not exceeded during this sixmonth period, the facility may request by letter a return to annual monitoring. Should the nitrate limit be exceeded during the monthly monitoring period, the permittee must initiate the requirements set forth in specific condition I.A.6.
- 6. If the facility's effluent does not meet the limit for nitrate based on the criteria set forth in specific condition I.A.5 above, the permittee shall submit a groundwater monitoring proposal prepared by a professional geologist or a professional engineer registered in the State of Florida within 90 days from the date of the reported effluent nitrate violation reported as part of the monthly monitoring. The groundwater monitoring proposal shall provide proper location of a single groundwater monitoring well down gradient of the percolation ponds. An application to revise the permit must be submitted at the same time in order to set forth conditions necessary to ensure adequate groundwater monitoring. Frequency of monitoring shall be semi-annual.

PERMITTEE:

Aqua Utilities Florida, Inc. FACILITY:

Silver Lake Oaks MHP WWTP

PERMIT NUMBER:

ISSUANCE DATE:

December 12, 2000

EXPIRATION DATE:

December 11, 2005

FLA011715

REVISION DATE: July 7, 2004

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:

,	Limitations				· · · · · · · · · · · · · · · · · · ·					
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	0.012	-	-	-	5 Days/Week	Elapsed time meters on pumps	INF-I	See Cond.I.B.3, 4
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	•	Report	•	-	Monthly	Grab	INF-1	See Cond.LB.3
Solids, Total Suspended	tu8\1	Maximum	٠	Report	-	-	Monthly	Grab	INF-1	See Cond.J.B.3

PERMITTEE:

Aqua Utilities Florida, Inc.

FACILITY:

Silver Lake Oaks MHP WWTP

PERMIT NUMBER:

MREK:

FLA011715

ISSUANCE DATE: EXPIRATION DATE:

December 12, 2000 December 11, 2005

REVISION DATE:

July 7, 2004

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Influent, prior to biological treatment

- 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), 12-24-96]
- 4. Elapsed time meters on pumps shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 12-24-96]
- 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), 3-2-00]
- 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), 12-24-96]
- 7. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified on the DMR forms attached to this permit. 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), 3-2-00][62-601.300(1), (2), and (3), 12-24-96]

8. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Northeast District Office at the address specified below:

Florida Department of Environmental Protection Northeast District Office 7825 Baymeadows Way Suite B200 Jacksonville, Florida 32256-7590

Phone Number - (904) 448-4330 FAX Number - (904) 448-4366 All FAX copies shall be followed by original copies.

II, RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is transport to Mid Florida Environmental Services, 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), 3-30-98]

PERMITTEE:
Aqua Utilities Florida, Inc.
FACILITY:
Silver Lake Oaks MHP WWTP

PERMIT NUMBER: FLA011715
ISSUANCE DATE: December 12, 2000
EXPIRATION DATE: December 11, 2005
REVISION DATE: July 7, 2004

- 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), 3-30-98]
- 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)] & 4, 3-30-98]
- 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), 3-30-98]
- 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

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
- Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4), 3-30-98]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. 162-640,300(4), 3-30-98)

III. GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Absorption Field System(s)

- 1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23), 12-9-96] [62-522.400 and 62-522.410, 12-9-96]
- 2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518, 1-9-96]
- 3. The permittee may allow public access to the absorption field sites. [62-610.518, 1-9-96]

PERMITTEE:
Aqua Utilities Florida, Inc.
FACILITY:
Silver Lake Oaks MHP WWTP

PERMIT NUMBER: ISSUANCE DATE: EXPIRATION DATE:

FLA011715 December 12, 2000 December 11, 2005

REVISION DATE:

July 7, 2004

4. The absorption field system shall be operated to preclude saturated conditions from developing at the ground surface. [62-610.500(2), 1-9-96]

- 5. The annual average hydraulic loading rate to the absorption field system shall be limited to a maximum of 2.5 inches per day (as applied to the entire bottom area of the absorption field trenches or spreading areas). [62-610.523(3), 1-9-96]
- 6. The absorption field system normally shall be loaded for 7 days and shall be rested for 7 days. Absorption fields shall be allowed to dry during the resting portion of the cycle. [62-610.523(4), 1-9-96]
- 7. Overflows from absorption fields or from emergency discharge facilities on storage ponds 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), I-9-96]

V. OPERATION AND MAINTENANCE REQUIREMENTS

 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), 3-2-00] [62-699.310, 5-20-92] [62-610.462, 1-9-96]

- 2. A certified operator shall be on call during periods the plant is unattended. 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, Total Residual Chlorine (For Disinfection), Plow, in conduit or thru treatment plant, pH are monitored in accordance with Part I of this permit. [62-699.311(1), 5-20-92]
- 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), 12-24-96]
- 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), 12-24-96]

VI. SCHEDULES

1. The following corrective actions shall be completed according to the following schedule:

	Corrective Action	Completion Date
1	Repair leaks at filter and effluent pump station. Install an elapsed time meter for each blower. Repair clarifier skimmer.	March 31, 2001

[62-600.735(1), 12-24-96]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500, 1-8-97]

PERMIT NUMBER: ISSUANCE DATE: EXPIRATION DATE: REVISION DATE:

FLA011715 December 12, 2000 December 11, 2005

VISION DATE: July 7, 2004

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), 3-2-00]

- 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), 1-9-96]
- 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), 12-24-96 and 62-640.400(6), 3-30-98]
- 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. [62-604.130(3), 12-26-96]
- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550, 12-26-96] [62-620.610(20), 3-2-00]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4), 12-26-96]

- 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), 1-9-96] [and 62-600.400(2)(b), 12-24-96]
- 8. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)8., 3-30-98 and 62-701.300(1)(a),4-23-97]

PERMIT NUMBER: ISSUANCE DATE: EXPIRATION DATE:

FLA011715 December 12, 2000 December 11, 2005

REVISION DATE:

July 7, 2004

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), 3-2-00]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1), 3-2-00]
- 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), 3-2-00]
- 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), 3-2-00]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4), 3-2-00]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5), 3-2-00]
- 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), 3-2-00]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions

PERMIT NUMBER: FLA011715
ISSUANCE DATE: December 12, 2000
EXPIRATION DATE: December 11, 2005
REVISION DATE: July 7, 2004

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), 3-2-00]

- 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), 3-2-00]
- 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), 3-2-00]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. 162-620.610(10), 3-2-00]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11), 3-2-00]
- 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), 3-2-00]
- 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), 3-2-00]
- 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), 3-2-00]

PERMIT NUMBER: ISSUANCE DATE: EXPIRATION DATE: REVISION DATE: FLA011715 December 12, 2000 December 11, 2005 July 7, 2004

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), 3-2-00]

- 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), 3-2-00]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - A-description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17), 3-2-00]

- 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.
 - 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 for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E1, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 3-2-00]

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), 3-2-00]

PERMIT NUMBER: ISSUANCE DATE: EXPIRATION DATE:

FLA011715 December 12,

December 12, 2000 December 11, 2005

REVISION DATE:

July 7, 2004

- 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:
 - Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation
 or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
 - b. 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), 3-2-00]

- 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), 3-2-00]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
 - b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

PERMITTEE:

Florida Water Services Corporation

FACILITY:

Silver Lake Oaks MHP WWTP

PERMIT NUMBER:

ISSUANCE DATE:

EXPIRATION DATE:

December 12, 2000 December 11, 2005

PROJECT NUMBER:

001

FLA011715

- 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), 3-2-00]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit;
 - 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), 3-2-00]

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

James R. Plahu

Jerry M. Owen, P.E.

Water Facilities Administrator

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

Ola 27, 700



Florida Department of Environmental Protection

Northeast District 7825 Baymaadows 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



June 22, 2007

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

RE: Putnam County- Domestic Wastewater Silver Lake Oaks MHP WWTF-FLA011715 Compliance Evaluation Inspection

Dear Mr. Farris:

Personnel from the Department of Environmental Protection conducted a Compliance Evaluation Inspection (CEI) of the Silver Lake Oaks Mobile Home Park Wastewater Treatment Facility on May 14, 2007. The inspection report is attached for your records. The following are comments for areas of special interests evaluated during the inspection and a file review:

PERMIT

The facility is permitted as a 0.012 MGD extended aeration wastewater treatment facility consisting of: an influent lift station, two 6,000 gallon aeration tanks, one 3,300 gallon clarifier, one 700 gallon chlorine contact unit, a sand filter, one 1,800 gallon aerobic digester, and an effluent pump station with chlorinated discharge to a drainfield.

Permit No. FLA011715 was issued on January 6, 2005 and expires January 5, 2011.

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.
- The operator's name and certification number.
- c. The operator in and out times.
- flow, pH results, and process control.
- e. Maintenance performed at the facility.

"More Protection, Less Process" www.dep.state.fl.us Mr. Patrick Farris June 22, 2007 Page 2 of 3

- 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.
- 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 facility was well operated and maintained.
- The drainfield area was mowed and was well maintained. There was no mounding or runoff observed on the field.
- The sand filter was taken out of service last year for renovation. Bids have been taken and the unit is expected to be put back into service after renovation is complete.
- 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).

OPERATION AND MAINTENANCE

- The facility appeared to be well operated.
- There was a good brown color of mixed liquor in the aeration units.
- The clarifier had adequate settling and depth to the sludge blanket.
- The chlorine contact unit was clean.
- The effluent was clear.
- The sand filter was taken out of service last year for renovation. Bids have been taken and the unit is expected to be put back into service after renovation is complete.

Mr. Patrick Farris June 22, 2007 Page 3 of 3

- The drainfield was clean and well maintained with no evidence of ponding or mounding.
- The average flow through the facility from February through April 2007 was 0.005 mgd.

EFFLUENT

A review of monitoring reports was performed for the months of May 2006 through April 2007. The facility is generally operating within permit limits with exception of the following exceedances:

Date	Parameter	Limit	Value	
March 2007	Total Suspended	10 mg/L	17.0	
	Solids	(Maximum)	mg/L	
January 2007 Total Suspended		10 mg/L	11.0	
	Solids	(Maximum)	mg/L	

In accordance with Permit Condition X 20, any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit, must be reported verbally 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. Please report all effluent exceedances as stated above.

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. David Haring for their cooperation and assistance during the inspection. If you have any questions, please contact me at (904) 807 - 3338.

Sincerely,

Marshille weltook

Kathleen H. Gerard
DW Compliance Coordinator

KHG:tk:kg

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

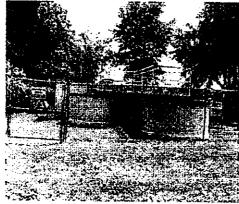
COMET	ENTRY	DATE
	3	1

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

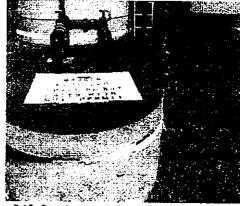
WASTEWATER COMPLIANCE INSPECTION REPORT

1.101	ri i	Y AND INSPECT	IUN	INFO	KMAIION		₩ =	Optional	
Name and Physical Location of Facilit	у	WAFR ID:			County		Entry	Date/Time	
Silver Loke Oaks MHP WWTF		FLA011715	Putnam				May 14, 2007		
Lake Shore Dr	Phor			Phone	@ Exit Date/Time				
Palatka, FL 32177	ka, FL 32177					May I	14. 2007		
Name(s) of field Representatives(s)		Title					Phone		
Duvid Haring		Operator					(386)	937-1091	
Paul Thompson		Senior Operator					73861	329-1122	
Name and Address of Permittre or De Representative	z i gnate				Phone			erator Certification #	
Mr. Patrick Forris		Environmen	ші Са	mpliance					
Aqua Utilities Florida, Inc.				•					
P.O. Box 490316									
Leesburg, Florida 34749									
Inspection Type C E I	Samp	les Taken(Y/N). N	•	Sample ID6	<u> </u>		Sample	s Split (Y/N):	
Domestic In	dustri	1 Were Photos Taken(Y	/NE Y	· · · · · · · · · · · · · · · · · · ·	€ Lug book Valu		<u> </u>	0 Page	
KA Domesia:	n matu	ra t						··	
		ompliance; SC = Significant or this Should be Reviewed when SELF MONHORING PROGRAM		of Complian			Утерз М		
IC. I. • Permit		3. Laboratory	ĸ	6. Facility	llity Site Review K		9. +Effluent Quality		
IC 2. • Compliance Schedules	fÇ	4. Sampling	<u> </u>	7. Flow Measurement		IC	10.+Effluent Disposal		
	IC	5. • Records & Reports	lC			11. Residuals/Studge			
13. Other:					inoondwater				
Facility and/or Order Compliance State	S	d b. Cumdiance	O-1-O	f-Compliance	П«	ilicant.	רויירטורו היירטורו	Compliance	
Recommended Actions:	- K	3 472-117	1001				-		
Name(s) and Signature(s) of Inspector	r(s)				District Office/Pho-	ne Nue	n ber	Date	
•					·			In - 22 2007	
Kathleen Gerard	لادحا	harak_			NED/ (904) 807-3338 June 22, 2007			June 22, 2007	
Max Schwartz					NED/ (904) 807-3337			June 22, 2007	
# Signature of Reviewer Date						Date			
Tom Kullemeyn NED/ (904) 807-3305					June 22, 2007				
Fill Out This Section For All Surface Water Discharger Inspections (CBI, CSI, CBI, PAI, XSI, RI)									
Transaction Code NPDES Number YR/MO/DA Insp Type Inspector Fac Type									
N 5 F L A C 7 0 5 1 4 1 C 2 5 3 2									
Inspection Type (Field 1) A=Finspection Code (Field 2): S=S		-CBJ, C=CEL S=CSJ, X=XS	iR=R	ង		راحرا	ocał Pr	ogram	

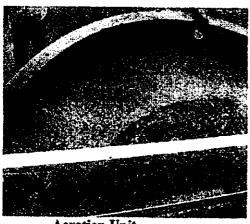
SILVER LAKE OAKS WWTF MAY 14, 2007



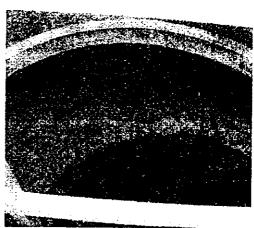
WWT



Lift Station and Backflow Prevention



Aeration Unit



Aeration Unit



Clarifier was very clean.



Digester/CCC

Icua Purc

			FOR LAB USE ONLY						
			ECEIVED BY		OCT 65				
Hena	Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30		AMPLE PRES			NOT ON IC	E _	// ·c	
J	Laboratory No. E83265	١ .	ISINFECTANT		O NOT DETECTED	ם_		mg/L	
	SAMPLE COLLECTION AND REPORT		THIS SAMPL	TE DOES NO	MEET THE FOLLOWING N	ELAC REQU	UREMEN	Π(S):	
	FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS	D	ATE/TIME PV	VS NOTIFIED	BY LAB OF POSITIVE RES	ante. M.	Car 7 /	2.26	
	Press Hard. (4) copies (Page 1 of 1)	ارا	HIOM MOCH	IED:	" Marina	ARTHER	D BYCT	2 Jepm	
		DA	ATE STATE N	OTIFIED BY	LAB OF E. COT POSITIVE RI	ESULTS:			
	NAME: SILVELAKE TAKE	0	PAID C	ECK OR RE	CEIPT +:				
SYSTEM	77 17 (1)		PWS I	D: 37/5	SYSTEM PH	HONE: 30	6-93	7-1191	
	ADDRESS / Silve the	1.		19/41	K4, FL		-		
	Agust Willities COLLECTOR	L.Y	id A	7:19	COLLECTOR P				
TYPE OF	SUPPLY (Check Box): Community Water System	Q None	community '	Water Syste					
	D Limited Use System Q o	ther:				·o. Continu	mily WAS	ter System	
REASON	FOR SAMPLING (Check Box): Routine Compliance	D Repe	at D Rej	placement	☐ Main Clearence	Well Sur			
	O Other:					A AAGIT 201	vey		
SAMPLE	COLLECTION DATE(S): 4 CC+CT		REMARKS:	411	Stanker	7			
					Stapped Cory	, C.A.			
	TO BE COMPLETED BY SAMPLE COLL	ECTOR		·	TO BE CON	ADI ETEN O	V LAG		
Sample No.	Sample Point	Collectio	n Sample	Disinfect	TO BE COMPLETED BY LAB Total coliform & F. coli analysis method: SM8223B Lab Sample Total December 1				
17.1	(Location or Specific Address)	Time	Type'	Res'd (mg/L)	Number Submission Municipal	Total coliform	E. coli	Deta Qualifier ²	
155	101/	0920	2 K		M0715898	P	A	1 1	
/25	<u> </u>	696	C[D]	1,5	MOT 15899	4			
[23]	6+26	(9/1	OD	10	173011	21			
		6 //		(,)	ME715900	A			
	DECEIVED			_					
	ULC/LIATE					 			
	OCA 1 n suns		-		ļ	 			
	Tolora					1 1		1	
	NORTHEAST DISTRICT DEPUIACKSONVILLE								
	of disinfectant residuals for routine and repeat samples. by and nontransient procommunity systems.		for	1 5	Time(s) Analyzed:				
	The system of plant samples in the systems.	ous nb to s	nd	1,2	1:44 p	L		1	
		Other:							
Öŝ	certified operator (#C14091) Empk upervised by a cert operator (#) © Empk	oyed by a copyed by DE	entified lab	M	ckal Man	0	10-2-	~-	
ili tests are	performed in accordance with NELAC Attached		, or born	The results are	TECHNICAL DIRECTOR		DA	NE .	
ICSUNS: A =	coliforms are absent; P = coliforms are present e Type Codes: D = Distribution (Routine Compliance); C = Repeat o lorida Administrative Code Rule 62-160, Table 1	v Check: R :	: Pau N - E	If you have are	r questions regarding this report, ple	ase call Lise S	i. aupo at (35	2) 625-28 <i>2</i> 2.	
				my to tasking	mion; P = Plant Tap; S = Spec	iai (clearanc	e, etc.)		
- IIII MI	MAILING ADDRESS OF PERSON/FIRM TO RECEIVE RE	PORT	D 500	istanton:		DEP/	DOH US	E ONLY	
249.V4 (14) His s				D Incomplete Collection Information					
	1100 Themas Ava		Repeat Samples Required Replacement Samples Required						
Date Re					DEP/DOH:1017	107	•		

HY UT Utilities 11CC Themas the Leesburg, FL 34748

	☐ Satisfactory DEP/DOH USE ON
L	O Incomplete Collection Information
7	Repeat Samples flequired
	3 Replacement Samples Required
	Date Reviewed by DEP/DOH:10117107
1	DEP/DOH Reviewing Official: Sulla

Unsatisfactory Bacteriological Results

System Name: SILVER LAKE OAKS	PWS ID#: 2544258					
The results of the bacteriological tests taken for this system on <u>October 04, 2007</u> , were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the requested samples for analysis within <u>24 hours</u> .						
Sample results were Submit one (1) sample from each of the	following locations:					
Mark the sample type <u>"replacement"</u> on the	iab form.					
Sample results were positive for raw water. Submit two (2) consecutions: WELL.	ve days of samples from the following					
Mark the sample type <u>"repeat"</u> on the lab	form.					
Sample results were positive. Please refer to the following instructions	s for repeat monitoring:					
immediately submit one (1) sample for each of the following locations	:					
A) .						
B) Also, one (1) sample from a site within five connections upstream	,					
C) Also, one (1) sample from a site within five connections downstr If the original positive location is at the end of a distribution line, take the downstr	 •					
vicinity. Mark the sample type <u>"repest"</u> on the lab	form					
ALL OF THESE 'REPEAT" SAMPLES MUST BE TAKE	N ON THE SAME DAY!!					
You are also required to submit a minimum of five (5) distribution same water samples); one each from five (5) different locations during the research from						
THESE SAMPLES ARE IN ADDITION TO THE REF	PEAT SAMPLES.					
NOTE: If you cannot take the five treated water samples from different locations, you will have to submit them on different days, so that the total is five distribution samples for the month.						
IF YOUR SYSTEM HAD MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MAY BE REQUIRED TO ISSUE A PUBLIC NOTICE. ADDITIONAL INFORMATION ENCLOSED.						
incorrect submittal of these samples will result in violations against your water system. If you have any questions, please call (904) 807-3300 and ask for the Potable Water Section, or contact your county inspector.						

Monthly Bactis Last Updated 5/2007