

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

04329 MAY 22 80

FPSC - COMMISSION CLERK

Aqua Utilities Florida, Inc.

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 38		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
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Silver Lake Oaks		Plant Telephone Number: (352) 787-0980	
Plant Address: 7017 Silver Lake Drive		City: Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32177	
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	

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

II. Certification by Lead/Chief Operator

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

Q _____ 2/7/07 _____ A7251
 Signature and Date Printed or Typed Name License Number

DOCUMENT NUMBER - DATE
 04329 MAY 22 8
 FPSC-COMMISSION CLERK

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Status of (X) Operator (Place)	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, on UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable						Minimum Operating UV Dose (UV Dose) mW-sec/cm ²	Minimum UV Dose Required in W-sec/cm ²	Disinfectant Residual Concentration at Remote Point in Distribution System mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfection Contact Time (T) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable				
1	X	24.0	5,100		1.4						0.9		
2	X	24.0	6,000		1.4						0.9		
3	X	24.0	4,400		1.7						1.4		
4	X	24.0	9,500		1.2						1.0		
5	X	24.0	3,000		1.3						1.0		
6		24.0	4,433										
7		24.0	4,433										
8	X	24.0	4,433		1.3						1.0		
9	X	24.0	3,200		1.2						1.0		
10	X	24.0	3,800		1.4						1.1		
11	X	24.0	4,300		1.3						1.0		
12	X	24.0	4,600		1.3						1.0		
13		24.0	4,667										
14		24.0	4,667										
15	X	24.0	4,667		1.3						1.0		
16	X	24.0	4,700		1.2						0.8		
17	X	24.0	6,100		1.2						1.0		
18	X	24.0	2,500		1.0						0.8		
19	X	24.0	3,400		1.1						0.8		
20		24.0	4,433										
21		24.0	4,433										
22	X	24.0	4,433		1.2						0.9		
23	X	24.0	4,400		1.1						0.8		
24	X	24.0	4,200		1.2						0.9		
25	X	24.0	3,800		1.2						0.9		
26	X	24.0	5,200		1.2						1.0		
27		24.0	4,433										
28		24.0	4,433										
29	X	24.0	4,433		1.2						0.9		
30	X	24.0	3,600		1.3						0.9		
31	X	24.0	4,200		1.2						0.8		
			139,900										
			4,513										
			9,500										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	38	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@aguaamerica.com		

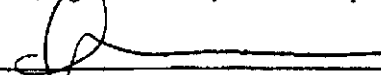
B. Water Treatment Plant Information

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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

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

II. Certification by Lead/Chief Operator

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

Signature and Date:  3/7/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair, or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm ²			Minimum UV Dose Required, mW·sec/cm ²
1	X	24.0	4,400		1.2								0.8	
2	X	24.0	4,000		0.8								0.4	
3		24.0	4,667											
4		24.0	4,667											
5	X	24.0	4,667		1.5								1.1	
6	X	24.0	3,700		1.5								1.2	
7	X	24.0	4,200		1.9								1.6	
8	X	24.0	4,100		1.6								1.3	
9	X	24.0	4,200		1.6								1.3	
10		24.0	4,667											
11		24.0	4,667											
12	X	24.0	4,667		1.5								1.1	
13	X	24.0	6,100		1.5								1.2	
14	X	24.0	5,700		1.6								1.2	
15	X	24.0	3,400		0.4								0.4	
16	X	24.0	4,600		1.5								1.2	
17		24.0	4,667											
18		24.0	4,667											
19	X	24.0	4,667		1.5								1.3	
20	X	24.0	5,000		1.5								1.2	
21	X	24.0	3,600		1.5								1.1	
22	X	24.0	4,400		1.6								1.3	
23	X	24.0	4,600		1.8								1.4	
24		24.0	4,233											
25		24.0	4,233											
26	X	24.0	4,233		1.5								1.1	
27	X	24.0	4,700		1.6								1.2	
28	X	24.0	4,000		1.5								1.1	
29		24.0												
30		24.0												
31		24.0												
Total			125,400											
Average			4,045											
Maximum			6,100											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

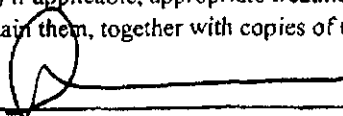
PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 38		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
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Silver Lake Oaks		Plant Telephone Number: (352) 787-0980		
Plant Address: 7017 Silver Lake Drive		City: Palatka	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  4/5/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	3,600		1.6									1.4	
2	X	24.0	5,800		1.6									1.3	
3		24.0	3,933												
4		24.0	3,933												
5	X	24.0	3,933		1.6									1.3	
6	X	24.0	4,300		1.6									1.3	
7	X	24.0	5,800		1.4									0.8	
8	X	24.0	3,900		1.4									0.8	
9	X	24.0	4,000		1.2									0.7	
10		24.0	4,233												
11		24.0	4,233												
12	X	24.0	4,233		1.2									0.8	
13	X	24.0	3,300		1.2									0.8	
14	X	24.0	5,000		1.2									0.7	
15	X	24.0	6,000		1.2									0.8	
16	X	24.0	2,400		1.2									0.8	
17		24.0	5,400												
18		24.0	5,400												
19	X	24.0	5,400		1.3									1.0	
20	X	24.0	3,600		1.2									0.9	
21	X	24.0	3,400		1.2									0.8	
22	X	24.0	4,400		1.2									0.8	
23	X	24.0	3,000		1.3									0.9	
24		24.0	3,733												
25		24.0	3,733												
26	X	24.0	3,733		1.3									0.9	
27	X	24.0	4,000		1.3									0.8	
28	X	24.0	3,000		1.2									0.8	
29	X	24.0	3,600		1.2									0.8	
30	X	24.0	3,300		1.3									0.9	
31		24.0	4,000												
Total			128,300												
Average			4,139												
Maximum			6,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 38		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@aquamerica.com			

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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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	

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

II. Certification by Lead/Chief Operator

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

5/3/07
Paul Thompson
A7251

Printed or Typed Name
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
		24.0	3,000												
	X	24.0	3,000		1.0									0.6	
	X	24.0	4,000		1.3									0.4	
	X	24.0	6,000		1.3									0.7	
	X	24.0	3,000		0.9									0.5	
	X	24.0	3,700		1.3									1.0	
		24.0	5,233												
		24.0	5,233												
	X	24.0	5,233		1.3									0.9	
	X	24.0	5,700		1.2									0.8	
	X	24.0	4,100		1.5									1.1	
	X	24.0	10,000		1.6									1.1	
	X	24.0	4,100		1.6									1.1	
		24.0	4,467												
		24.0	4,467												
	X	24.0	4,467		1.3									1.1	
	X	24.0	4,000		1.7									1.2	
	X	24.0	4,300		1.9									1.2	
	X	24.0	4,500		1.9									1.2	
	X	24.0	3,800		1.9									1.3	
		24.0	5,600												
		24.0	5,600												
	X	24.0	5,600		1.8									1.3	
	X	24.0	4,500		1.8									1.4	
	X	24.0	6,600		1.8									1.4	
	X	24.0	6,100		1.8									1.4	
	X	24.0	6,300		1.8									1.3	
		24.0	4,067												
		24.0	4,067												
	X	24.0	4,067		1.7									1.3	
		24.0													
Total			144,800												
Average			4,671												
Maximum			10,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	38	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@aquaaamerica.com		

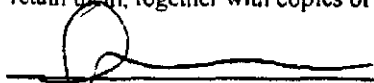
B. Water Treatment Plant Information

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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

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

II Certification by Lead/Chief Operator

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

 6/5/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2544238 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	4,300		1.8										1.3
2	X	24.0	6,200		1.8										1.0
3	X	24.0	4,500		1.7										1.1
4	X	24.0	6,700		1.0										0.6
5		24.0	6,233												
6		24.0	6,233												
7	X	24.0	6,233		1.3										0.8
8	X	24.0	4,800		1.3										0.8
9	X	24.0	6,400		1.5										0.8
10	X	24.0	4,600		1.5										1.1
11	X	24.0	5,000		0.9										0.4
12		24.0	6,000												
13		24.0	6,000												
14	X	24.0	6,000		1.3										0.9
15	X	24.0	5,000		1.6										0.9
16	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										0.5
23	X	24.0	2,500		1.0										0.6
24	X	24.0	4,200		1.0										0.6
25	X	24.0	6,100		0.9										0.5
26		24.0	4,067												
27		24.0	4,067												
28	X	24.0	4,067		0.9										0.5
29	X	24.0	6,400		0.9										0.6
30	X	24.0	4,000		0.8										0.4
31	X	24.0	4,500		0.7										0.3
Total			168,100												
Average			5,423												
Maximum			9,400												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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		Contact Person's Title: Area Manager	
Contact Person: Brian Heath		City: Leesburg	State: Florida
Contact Person's Mailing Address: PO Box 490310		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Silver Lake Oaks		City: Palatka	State: Florida	Plant Telephone Number: (352) 787-0980	Zip Code: 32177
Plant Address: 7017 Silver Lake Drive					
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,800		Plant Class (per subsection 62-699.310(4), F.A.C.): D			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Day(s)/Shift(s) Worked:			
Licensed Operators:		Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:		Paul Thompson	A	7251	Days 1st Shift
Other Operators:		David Haring	C	14091	Days 1st Shift
		Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

7/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	5,100		1.4										0.9	
2		24.0	6,667													
3		24.0	6,667													
4	X	24.0	6,667		1.5										1.0	
5	X	24.0	4,300		0.9										0.7	
6	X	24.0	7,000		1.3										0.9	
7	X	24.0	1,700		1.4										0.9	
8	X	24.0	4,000		0.6										0.2	
9		24.0	3,933													
10		24.0	3,933													
11	X	24.0	3,933		1.0										0.5	
12	X	24.0	5,300		0.6										0.4	
13	X	24.0	7,000		1.8										1.4	
14	X	24.0	5,000		1.6										1.2	
15	X	24.0	4,200		1.5										1.2	
16		24.0	4,800													
17		24.0	4,800													
18	X	24.0	4,800		1.4										1.1	
19	X	24.0	5,300		1.4										1.0	
20	X	24.0	5,000		1.4										1.0	
21	X	24.0	4,000		1.3										1.0	
22	X	24.0	3,400		1.4										1.0	
23		24.0	4,167													
24		24.0	4,167													
25	X	24.0	4,167		1.1										0.5	
26	X	24.0	4,200		1.4										0.9	
27	X	24.0	5,500		1.3										0.9	
28	X	24.0	6,000		1.4										0.9	
29	X	24.0	4,700		1.4										0.9	
30		24.0	4,200													
31		24.0														
Total			144,600													
Average			4,665													
Maximum			7,000													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information


PWS Name: <u>Silver Lake Oaks</u>		PWS Identification Number: <u>2544258</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>38</u>		Total Population Served at End of Month: <u>94</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Silver Lake Oaks</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>7017 Silver Lake Drive</u>		City: <u>Palatka</u>	State: <u>Florida</u> Zip Code: <u>32177</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>100,800</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other Operators:	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
	<u>Ralph Marriott</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

 8/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1		24.0	6,300													
2	X	24.0	6,300		1.4										1.0	
3	X	24.0	4,500		1.3										0.9	
4	X	24.0	8,300		1.4										1.0	
5	X	24.0	5,600		1.4										1.0	
6	X	24.0	2,400		1.4										1.0	
7		24.0	6,000													
8		24.0	6,000													
9	X	24.0	6,000		1.4										0.9	
10	X	24.0	4,000		1.2										0.5	
11	X	24.0	7,000		1.3										0.7	
12	X	24.0	3,300		0.8										0.4	
13	X	24.0	3,100		1.0										0.4	
14		24.0	4,500													
15		24.0	4,500													
16	X	24.0	4,500		0.8										0.4	
17	X	24.0	5,800		1.2										0.7	
18	X	24.0	3,300		1.4										1.2	
19	X	24.0	4,600		1.5										1.2	
20	X	24.0	6,100		1.5										1.2	
21		24.0	4,800													
22		24.0	4,800													
23	X	24.0	4,800		1.1										0.5	
24	X	24.0	6,200		1.2										0.5	
25	X	24.0	5,000		0.9										0.4	
26	X	24.0	5,000		1.0										0.5	
27	X	24.0	4,200		0.5										0.2	
28		24.0	4,333													
29		24.0	4,333													
30	X	24.0	4,333		0.5										0.2	
31	X	24.0	3,600		0.8										0.4	
Total			153,500													
Average			4,952													
Maximum			8,300													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	38	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:	Loebsburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aguaamerica.com		

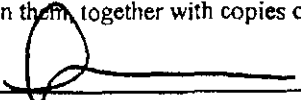
B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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

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

II. Certification by Lead/Chief Operator

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

 8/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X" in Circle)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, 3 minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm ²	Minimum UV Dose Required, mW·sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	4,000		0.6									0.2	
2	X	24.0	4,200		0.9									0.5	
3	X	24.0	4,500		0.9									0.6	
4		24.0	4,433												
5		24.0	4,433												
6	X	24.0	4,433		1.7									1.0	
7	X	24.0	4,400		1.6									1.0	
8	X	24.0	4,900		2.1									1.1	
9	X	24.0	2,800		2.0									1.7	
10	X	24.0	3,000		1.5									1.2	
11		24.0	4,367												
12		24.0	4,367												
13	X	24.0	4,367		1.2									0.8	
14	X	24.0	4,300		1.2									0.8	
15	X	24.0	4,100		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		24.0	4,000												
19		24.0	4,000												
20	X	24.0	4,000		1.4									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	4,000		1.4									1.0	
24	X	24.0	5,300		1.0									0.8	
25		24.0	4,933												
26		24.0	4,933												
27	X	24.0	4,933		1.2									0.8	
28	X	24.0	5,000		1.2									0.8	
29	X	24.0	4,300		1.2									0.8	
30	X	24.0	4,200		0.8									0.4	
31	X	24.0	4,000		1.1									0.6	
Total			141,100												
Average			4,552												
Maximum			7,400												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information


PWS Name: Silver Lake Oaks	PWS Identification Number: 2544258		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 38	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@aquaaamerica.com			

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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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	
Licensed Operators:	Name	License Class	License Number
Lead/Chief Operator:	Paul Thompson	A	7251
Other Operators:	David Haring	C	14091
	Ralph Marriott	C	7527
Day(s) / Shift(s) Worked			
			Days 1st Shift
			Days 1st Shift
			Days 1st Shift

II. Certification by Lead/Chief Operator

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

 10/19/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	4,533										
2		24.0	4,533										
3	X	24.0	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	X	24.0	5,600		1.2							0.8	
7	X	24.0	2,100		1.0							0.5	
8		24.0	3,800										
9		24.0	3,800										
10	X	24.0	3,800		1.2							0.6	
11	X	24.0	5,000		1.2							0.6	
12	X	24.0	5,300		1.2							0.6	
13	X	24.0	4,100		1.2							0.7	
14	X	24.0	3,300		1.2							0.7	
15		24.0	4,033										
16		24.0	4,033										
17	X	24.0	4,033		1.2							0.6	
18	X	24.0	4,000		1.2							0.8	
19	X	24.0	4,200		1.2							0.7	
20	X	24.0	4,000		1.2							0.8	
21	X	24.0	4,500		1.2							0.8	
22		24.0	5,667										
23		24.0	5,667										
24	X	24.0	5,667		1.2							0.8	
25	X	24.0	13,400		1.0							0.5	
26	X	24.0	4,100		0.8							0.4	
27	X	24.0	6,200		1.3							0.5	
28	X	24.0	6,200		4.0							2.2	
29		24.0	4,667										
30		24.0	4,667										
31		24.0											
Total			145,733										
Average			4,701										
Maximum			13,400										

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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: 34789
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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.):	Type IV				
Licensed Operators:	Name		License Class	License Number	Days/Shifts Worked
Lead/Chief Operator:	Paul Thompson		A	7251	Days 1st Shift
Other Operators:	David Haring		C	14091	Days 1st Shift
	Ralph Marriott		C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 11/08/07

Paul Thompson
Printed or Typed Name

7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Notes for Abnormal Operating Conditions or Other Maintenance Work that may affect the Water System's Performance or Out of Operation	
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C (L) (mg-min/L)	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration in Distribution System, mg/L		
1	X	24.0	7,000		1.0										
2	X	24.0	5,200		0.4										
3	X	24.0	3,600		1.4										
4	X	24.0	5,000		2.0										
5	X	24.0	5,700		0.6										
6		24.0	5,000												
7		24.0	5,000												
8	X	24.0	5,000		0.4										
9	X	24.0	5,000		0.7										
10	X	24.0	5,200		0.7										
11	X	24.0	5,400		0.4										
12	X	24.0	7,000		0.4										
13		24.0	6,333												
14		24.0	6,333												
15	X	24.0	6,333		0.7										
16	X	24.0	3,700		1.0										
17	X	24.0	6,600		0.9										
18	X	24.0	4,800		0.8										
19	X	24.0	5,500		0.9										
20		24.0	6,067												
21		24.0	6,067												
22	X	24.0	6,067		0.8										
23	X	24.0	5,000		0.4										
24	X	24.0	3,200		0.9										
25	X	24.0	5,100		0.7										
26	X	24.0	3,300		0.4										
27		24.0	7,433												
28		24.0	7,433												
29	X	24.0	7,433		1.0										
30	X	24.0	7,000		1.0										
31	X	24.0	9,000		1.0										
Total			176,800												
Average			5,703												
Maximum			9,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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@aquaaamerica.com		

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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
Licensed Operators:	Name	License Class	License Number
Lead/Chief Operator:	Paul Thompson	A	7251
			Day(s)/Shift(s) Worked
Other Operators:	David Haring	C	14091
	Ralph Marriott	C	7527

II. Certification by Lead/Chief Operator

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

12/7/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	5,100		1.0							1.0	
2	X	24.0	8,500		0.7							0.5	
3		24.0	6,800										
4		24.0	6,800										
5	X	24.0	6,800		0.8							0.5	
6	X	24.0	10,200		0.8							0.5	
7	X	24.0	8,000		0.8							0.5	
8	X	24.0	7,500		0.9							0.6	
9	X	24.0	4,100		0.8							0.5	
10		24.0	9,000										
11		24.0	9,000										
12	X	24.0	9,000		0.9							0.6	
13	X	24.0	5,600		0.9							0.6	
14	X	24.0	6,600		0.9							0.5	
15	X	24.0	7,100		0.8							0.5	
16	X	24.0	3,400		0.8							0.5	
17		24.0	8,367										
18		24.0	8,367										
19	X	24.0	8,367		0.6							0.3	
20	X	24.0	12,300		0.8							0.5	
21	X	24.0	11,400		0.8							0.5	
22	X	24.0	15,000		0.9							0.5	
23	X	24.0	8,000		0.9							0.5	
24		24.0	10,667										
25		24.0	10,667										
26	X	24.0	10,667		1.5							1.0	
27	X	24.0	10,000		1.5							1.0	
28	X	24.0	5,300		1.4							1.0	
29	X	24.0	6,300		1.4							0.8	
30	X	24.0	4,700		1.6							1.0	
31		24.0											
Total			243,600										
Average			7,858										
Maximum			15,000										

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Silver Lake Oaks	Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive	City:	Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800	Zip Code:	32177
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

II. Certification by Lead/Chief Operator

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

Signature and Date  01/09/08

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24.0	5,833											
2		24.0	5,833											
3	X	24.0	5,833		1.4								1.0	
4	X	24.0	6,000		1.2								1.0	
5	X	24.0	6,000		1.1								0.7	
6	X	24.0	5,200		1.4								0.7	
7	X	24.0	5,100		1.4								0.9	
8		24.0	4,900											
9		24.0	4,900											
10	X	24.0	4,900		1.5								0.8	
11	X	24.0	5,400		1.4								0.8	
12	X	24.0	4,600		1.4								0.7	
13	X	24.0	4,600		1.4								0.8	
14	X	24.0	4,700		1.3								0.8	
15		24.0	4,600											
16		24.0	4,600											
17	X	24.0	4,600		1.6								1.2	
18	X	24.0	4,900		1.6								1.2	
19	X	24.0	4,400		1.3								1.0	
20	X	24.0	4,500		1.4								1.0	
21	X	24.0	5,000		1.4								1.0	
22		24.0	4,333											
23		24.0	4,333											
24	X	24.0	4,333		0.5								0.2	
25	X	24.0	4,000		0.9								0.5	
26	X	24.0	3,100		0.4								0.2	
27	X	24.0	5,000		0.7								0.3	
28	X	24.0	3,600		0.9								0.5	
29		24.0	4,333											
30		24.0	4,333											
31	X	24.0	4,333		0.9								0.5	
Total			148,100											
Average			4,777											
Maximum			6,000											

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

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

PWS ID: 2544258 Plant Name: Silver Lake Oaks

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

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

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

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

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

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

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

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

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Silver Lake Oaks</u>		PWS Identification Number: <u>2544258</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>38</u>		Total Population Served at End of Month: <u>94</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Deesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Silver Lake Oaks</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>7017 Silver Lake Drive</u>		City: <u>Palatka</u>	State: <u>Florida</u> Zip Code: <u>32177</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>100,800</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	
Licensed Operator		Days Shift(s) Worked	
Lead/Chief Operator: <u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other Operators: <u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 2/7/06 DOCUMENT NUMBER-DATE: 04329 MAY 22 08
 Printed or Typed Name: Paul Thompson License Number: A7251

FPSC-COMMISSION CLERK

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

PWS Identification Number: **2544258** Plant Name: **Silver Lake Oaks**

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

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

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

Day of the Month	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Notes
1	X	24.0	7,800				
2	X	24.0	7,800				1.2
3	X	24.0	5,600				1.3
4	X	24.0	3,000				1.2
5	X	24.0	4,000				1.3
6	X	24.0	4,800				1.2
7		24.0	4,667				
8		24.0	4,667				
9	X	24.0	4,667				1.2
10	X	24.0	4,800				1.2
11	X	24.0	5,100				1.4
12	X	24.0	4,500				1.2
13	X	24.0	4,100				1.2
14		24.0	5,667				
15		24.0	5,667				
16	X	24.0	5,667				1.5
17	X	24.0	4,700				1.3
18	X	24.0	4,700				1.5
19	X	24.0	3,300				1.8
20	X	24.0	10,800				1.4
21		24.0	4,467				
22		24.0	4,467				
23	X	24.0	4,467				1.4
24	X	24.0	4,400				1.2
25	X	24.0	3,700				1.6
26	X	24.0	4,000				1.0
27	X	24.0	2,800				1.4
28		24.0	4,000				
29		24.0	4,000				
30	X	24.0	4,000				1.6
31	X	24.0	6,300				1.6
Total			152,600				
Average			4,923				
Maximum			10,800				

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

Form section A containing PWS Name (Silver Lake Oaks), PWS Type (Community), Number of Service Connections (38), PWS Owner (Aqua Utilities Florida), Contact Person (Brian Heath), and Contact Information.

B. Water Treatment Plant Information

Form section B containing Plant Name (Silver Lake Oaks), Plant Address (7017 Silver Lake Drive), Type of Water Treatment (Raw Ground Water), Permitted Maximum Day Operating Capacity (100,800), Plant Category (IV), and Plant Class (D). Includes a table for Operator Information with columns for Name, License Number, and 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: [Signature] 3/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Disinfectant Applied	Flow (MGD)	Residual (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Notes
1	X	24.0	3,500	2.4					1.8
2	X	24.0	5,300	2.0					1.5
3	X	24.0	1,900	1.8					1.5
4		24.0	5,000						
5		24.0	5,000						
6	X	24.0	5,000	1.5					1.0
7	X	24.0	4,800	1.3					1.0
8	X	24.0	6,800	1.2					0.8
9	X	24.0	9,100	1.2					1.0
10	X	24.0	5,200	1.2					0.8
11		24.0	5,733						
12		24.0	5,733						
13	X	24.0	5,733	1.5					1.3
14	X	24.0	5,000	1.5					1.2
15	X	24.0	4,300	1.4					1.0
16	X	24.0	2,700	1.5					1.2
17	X	24.0	4,800	1.5					1.0
18		24.0	4,300						
19		24.0	4,300						
20	X	24.0	4,300	1.3					0.8
21	X	24.0	3,500	1.4					1.2
22	X	24.0	4,200	1.4					1.0
23	X	24.0	5,000	1.5					1.0
24	X	24.0	3,000	1.3					1.0
25		24.0	5,000						
26		24.0	5,000						
27	X	24.0	5,000	1.3					1.0
28	X	24.0	5,800	1.3					1.0
29		24.0							
30		24.0							
31		24.0							
Total			135,000						
Avg			4,355						
Maximum			9,100						

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	38	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:	bheath@aquaaamerica.com		

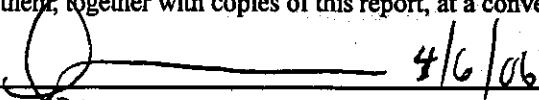
B. Water Treatment Plant Information

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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

Licensed Operators	License Class	License Number	Days Shifts Worked
Lead/Chief Operator: Paul Thompson	A	7251	Days 1st Shift
Other Operators: David Haring	C	14091	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 4/6/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2544258 Plant Name: Silver-Lake Oaks

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

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

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

Day of the Month	Days Plant Operated	Flow (mgd)	Chlorine (lb)	Chlorine Dioxide (lb)	Ozone (lb)	Combined Chlorine (lb)	Ultraviolet Radiation (hr)	Other (Describe)	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Ultraviolet Radiation (hr)	Other (Describe)
1	X	24.0	5,100						1.4					
2	X	24.0	4,300						1.2					
3	X	24.0	4,400						1.3					
4		24.0	4,267											
5		24.0	4,267											
6	X	24.0	4,267						1.3					
7	X	24.0	4,400						1.2					
8	X	24.0	6,500						1.3					
9	X	24.0	4,300						1.3					
10	X	24.0	3,500						1.4					
11		24.0	4,500											
12		24.0	4,500											
13	X	24.0	4,500						1.7					
14	X	24.0	4,400						1.7					
15	X	24.0	3,500						1.7					
16	X	24.0	4,100						1.6					
17	X	24.0	7,700						1.6					
18		24.0	4,000											
19		24.0	4,000											
20	X	24.0	4,000						1.5					
21	X	24.0	4,800						1.6					
22	X	24.0	2,700						1.5					
23	X	24.0	5,400						1.5					
24	X	24.0	4,500						1.5					
25		24.0	4,867											
26		24.0	4,867											
27	X	24.0	4,867						1.5					
28	X	24.0	4,100						1.3					
29	X	24.0	7,200						1.3					
30	X	24.0	2,800						1.4					
31	X	24.0	4,000						1.5					
Total			140,600											
Average			4,535											
Maximum			7,700											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	<u>Silver Lake Oaks</u>	PWS Identification Number:	<u>2544258</u>
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	<u>38</u>	Total Population Served at End of Month:	<u>94</u>
PWS Owner:	<u>Aqua Utilities Florida</u>		
Contact Person:	<u>Brian Heath</u>	Contact Person's Title:	<u>Area Manager</u>
Contact Person's Mailing Address:	<u>PO Box 490310</u>	City:	<u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number:	<u>(352) 787-0980</u>	Contact Person's Fax Number:	<u>(352) 787-6333</u>
Contact Person's E-Mail Address:	<u>beheath@aquaaamerica.com</u>		

B. Water Treatment Plant Information

Plant Name:	<u>Silver Lake Oaks</u>	Plant Telephone Number:	<u>(352) 787-0980</u>
Plant Address:	<u>7017 Silver Lake Drive</u>	City:	<u>Palatka</u> State: <u>Florida</u> Zip Code: <u>32177</u>
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	<u>100,800</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	<u>IV</u>		
		Plant Class (per subsection 62-699.310(4), F.A.C.):	<u>D</u>

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

II. Certification by Lead/Chief Operator

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

[Signature] 5/4/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of Month	Day of Year	Chlorine Residual (mg/L)	Total Chlorine (mg/L)	Concentration of Disinfectant Residual (mg/L)										Concentration of Disinfectant Residual (mg/L)	Notes		
				0.1-0.2	0.2-0.3	0.3-0.4	0.4-0.5	0.5-0.6	0.6-0.7	0.7-0.8	0.8-0.9	0.9-1.0	1.0-1.1			1.1-1.2	
1		24.0	5,000														
2		24.0	5,000														
3	X	24.0	5,000														1.1
4	X	24.0	5,500														1.0
5	X	24.0	5,800														1.0
6	X	24.0	4,400														0.9
7	X	24.0	4,600														0.9
8		24.0	7,367														
9		24.0	7,367														
10	X	24.0	7,367														0.9
11	X	24.0	5,500														1.0
12	X	24.0	3,400														1.4
13	X	24.0	4,800														1.4
14	X	24.0	4,100														1.3
15		24.0	4,833														
16		24.0	4,833														
17	X	24.0	4,833														0.5
18	X	24.0	6,200														0.8
19	X	24.0	4,400														0.8
20	X	24.0	6,100														0.8
21	X	24.0	4,500														0.6
22		24.0	5,000														
23		24.0	5,000														
24	X	24.0	5,000														3.5
25	X	24.0	6,000														0.4
26	X	24.0	4,300														0.7
27	X	24.0	4,000														0.8
28	X	24.0	3,800														0.6
29		24.0	5,267														
30		24.0	5,267														
31		24.0															
Total			154,533														
Average			4,985														
Maximum			7,367														

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	38	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@aquamerica.com		

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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																																								
<table border="1"> <tr> <td>Paul Thompson</td> <td>A</td> <td>7251</td> <td>Days 1st Shift</td> </tr> <tr> <td>David Haring</td> <td>C</td> <td>14098</td> <td>Days 1st Shift</td> </tr> <tr> <td>Ralph Marriott</td> <td>C</td> <td>1327</td> <td>Days 1st Shift</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				Paul Thompson	A	7251	Days 1st Shift	David Haring	C	14098	Days 1st Shift	Ralph Marriott	C	1327	Days 1st Shift																												
Paul Thompson	A	7251	Days 1st Shift																																								
David Haring	C	14098	Days 1st Shift																																								
Ralph Marriott	C	1327	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 <u>6/6/06</u>	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day	Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Other (mg/L)	Residual (mg/L)
X	24.0	5,200					1.0
X	24.0	5,500					1.0
X	24.0	5,800					2.6
X	24.0	4,600					0.8
X	24.0	6,100					0.8
	24.0	3,700					0.7
X	24.0	3,700					2.4
X	24.0	5,700					2.0
X	24.0	3,100					0.2
X	24.0	5,400					1.1
X	24.0	3,900					1.2
X	24.0	2,800					1.1
	24.0	5,000					
	24.0	5,000					
X	24.0	5,000					0.6
X	24.0	5,300					0.6
X	24.0	4,300					1.0
X	24.0	6,100					0.3
X	24.0	4,500					0.3
	24.0	4,000					
	24.0	4,000					
X	24.0	4,000					1.3
X	24.0	4,800					1.3
X	24.0	3,600					1.2
X	24.0	4,000					1.4
X	24.0	4,600					1.4
	24.0	4,200					
	24.0	4,200					
X	24.0	4,200					1.4
X	24.0	4,000					1.4
X	24.0	4,400					1.4
	24.0	140,667					
	24.0	4,538					
	24.0	6,100					

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

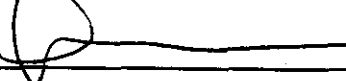
PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 38		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
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: (352) 787-6333	

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	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32177		
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		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  7/6/06 Paul Thompson A7251
 Printed or Typed Name License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	3,900		1.4										1.2
2	X	24.0	4,000		1.3										1.0
3		24.0	4,333												
4		24.0	4,333												
5	X	24.0	4,333		1.3										0.8
6	X	24.0	6,000		1.1										0.8
7	X	24.0	4,100		1.0										0.5
8	X	24.0	3,200		1.2										0.9
9	X	24.0	6,000		1.2										0.7
10		24.0	4,033												
11		24.0	4,033												
12	X	24.0	4,033		1.2										0.8
13	X	24.0	5,200		1.2										1.0
14	X	24.0	4,500		1.3										0.9
15	X	24.0	5,000		1.5										1.0
16	X	24.0	3,200		1.3										0.8
17		24.0	5,000												
18		24.0	5,000												
19	X	24.0	5,000		1.3										1.0
20	X	24.0	4,700		1.3										0.9
21	X	24.0	5,700		1.2										0.8
22	X	24.0	3,600		1.2										0.8
23	X	24.0	4,800		1.3										0.8
24		24.0	4,800												
25		24.0	4,800												
26	X	24.0	4,800		1.3										0.9
27	X	24.0	4,900		1.2										0.7
28	X	24.0	4,400		1.3										1.0
29	X	24.0	3,700		1.3										1.0
30	X	24.0	4,700		1.3										0.9
31		24.0													
Total:			136,100												
Average:			4,390												
Maximum:			6,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 38		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
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Silver Lake Oaks		Plant Telephone Number: (352) 787-0980	
Plant Address: 7017 Silver Lake Drive		City: Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32177	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,800		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

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

II. Certification by Lead/Chief Operator

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

8/8/06
Paul Thompson
A7251

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Day Plant Started/Operator (Place Operations)	Flow (mgd)	Net Volume (MG)	Concentration of Residual Disinfectant (mg/L) for Virus Inactivation, if applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chloramines	Ultraviolet Radiation	Other	Free Chlorine	Chlorine Dioxide	Ozone		Combined Chlorine	Chloramines	
1		24.0	4,633														
2		24.0	4,633														
3	X	24.0	4,633			1.3										0.9	
4	X	24.0	10,000			1.4										1.1	
5	X	24.0	5,500			1.4										1.1	
6	X	24.0	5,800			1.4										1.0	
7	X	24.0	7,400			1.4										0.9	
8		24.0	4,667														
9		24.0	4,667														
10	X	24.0	4,667			1.4										0.9	
11	X	24.0	5,400			1.3										0.9	
12	X	24.0	5,500			1.4										0.8	
13	X	24.0	8,000			1.4										1.0	
14	X	24.0	6,700			2.5										0.5	
15	X	24.0	8,200			0.6										0.4	
16		24.0	5,000														
17	X	24.0	5,000			1.6										1.2	
18	X	24.0	5,200			1.6										1.3	
19	X	24.0	7,200			1.7										1.3	
20	X	24.0	3,600			1.7										1.3	
21	X	24.0	6,200			1.7										1.3	
22		24.0	6,667														
23		24.0	6,667														
24	X	24.0	6,667			0.8										0.4	
25	X	24.0	5,000			1.5										1.4	
26	X	24.0	4,600			1.7										1.4	
27	X	24.0	4,000			1.7										1.6	
28	X	24.0	5,500			1.7										1.5	
29		24.0	5,400														
30		24.0	5,400														
31	X	24.0	5,400			1.7										1.4	
Total			177,900														
Average			5,739														
Maximum			10,000														

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	38	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@aquamerica.com		

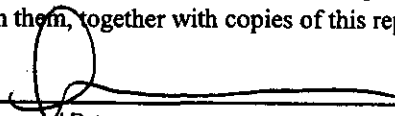
B. Water Treatment Plant Information

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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

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

II. Certification by Lead/Chief Operator

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

Signature and Date:  9/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of Month	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Emergency or Abnormal Operating Condition, Repair or Maintenance Work that Involves Water System Components Out of Operation
X	24.0	5,100		1.6		1.3
X	24.0	5,100		1.3		0.9
X	24.0	3,600		1.6		1.3
X	24.0	3,500		1.6		1.2
	24.0	4,667				
	24.0	4,667				
X	24.0	4,667		2.2		1.8
X	24.0	4,000		2.0		1.8
X	24.0	4,300		2.0		1.7
X	24.0	5,100		2.0		1.7
X	24.0	5,100		2.0		1.6
	24.0	5,667				
	24.0	5,667				
X	24.0	5,667		2.0		1.7
X	24.0	5,400		1.9		1.6
X	24.0	4,800		2.0		1.6
X	24.0	4,200		2.3		1.2
X	24.0	3,700		2.3		1.2
	24.0	4,333				
	24.0	4,333				
X	24.0	4,333		1.8		1.2
X	24.0	4,700		1.8		1.2
X	24.0	3,600		1.9		1.5
X	24.0	4,800		1.8		1.5
X	24.0	3,700		1.8		1.3
	24.0	4,400				
	24.0	4,400				
X	24.0	4,400		1.7		1.0
X	24.0	5,300		1.8		1.2
X	24.0	4,000		1.8		1.2
X	24.0	3,400		1.3		1.3
		140,600				
		4,535				
		5,667				

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	38	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:	bheath@aguaamerica.com		

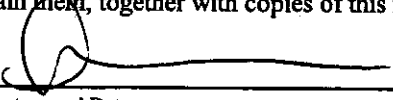
B. Water Treatment Plant Information

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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

Operator Name	License No.	Shift(s) Worked
Paul Thompson	A 7251	Days 1st Shift
David Haring	C 14091	Days 1st Shift
Ralph Marriott	C 7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  10/4/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day	Time	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Abnormal Operating Conditions or Maintenance Work that Impacts Drinking Water System Components or its Operation
X	24.0	4,000					0.8	
	24.0	3,933						
	24.0	5,358						
X	24.0	3,933	1.6				1.1	
X	24.0	5,400	1.7				1.1	
X	24.0	3,500	1.9				1.0	
X	24.0	5,000	2.0				1.3	
X	24.0	2,700	2.0				1.6	
	24.0	5,033						
	24.0	5,033						
X	24.0	5,033	2.0				1.6	
X	24.0	3,000	2.1				1.8	
X	24.0	4,400	2.0				1.6	
X	24.0	9,300	2.0				1.4	
X	24.0	4,400	1.8				1.4	
	24.0	4,767						
	24.0	4,767						
X	24.0	4,767	1.5				1.0	
X	24.0	6,600	1.8				1.0	
X	24.0	5,200	1.8				1.2	
X	24.0	3,500	1.8				1.1	
X	24.0	2,100	1.8				1.2	
	24.0	4,500						
	24.0	4,500						
X	24.0	4,500	1.8				1.1	
X	24.0	5,300	1.8				1.2	
X	24.0	4,000	1.0				0.4	
X	24.0	4,400	1.4				0.7	
X	24.0	3,700	1.8				1.0	
	24.0	3,633						
	24.0							
		133,333						
		4,301						
		9,800						

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	<u>Silver Lake Oaks</u>	PWS Identification Number:	<u>2544258</u>
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	<u>38</u>	Total Population Served at End of Month:	<u>94</u>
PWS Owner:	<u>Aqua Utilities Florida</u>		
Contact Person:	<u>Brian Heath</u>	Contact Person's Title:	<u>Area Manager</u>
Contact Person's Mailing Address:	<u>PO Box 490310</u>	City:	<u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number:	<u>(352) 787-0980</u>	Contact Person's Fax Number:	<u>(352) 787-6333</u>
Contact Person's E-Mail Address:	<u>bheath@aquaaamerica.com</u>		

B. Water Treatment Plant Information

Plant Name:	<u>Silver Lake Oaks</u>	Plant Telephone Number:	<u>(352) 787-0980</u>
Plant Address:	<u>7017 Silver Lake Drive</u>	City:	<u>Palatka</u> State: <u>Florida</u> Zip Code: <u>32177</u>
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	<u>100,800</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	<u>IV</u>	Plant Class (per subsection 62-699.310(4), F.A.C.):	<u>D</u>

Operator Name	License No.	Days 1st Shift	Days 2nd Shift	Days 3rd Shift	Days 4th Shift	Days 5th Shift	Days 6th Shift	Days 7th Shift	Days 8th Shift	Days 9th Shift	Days 10th Shift	Days 11th Shift	Days 12th Shift
<u>Paul Thompson</u>	<u>A</u>	<u>1251</u>											
<u>David Haring</u>	<u>C</u>	<u>14091</u>											
<u>Ralph Mannon</u>	<u>C</u>	<u>2527</u>											

II. Certification by Lead/Chief Operator

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

10/3/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Plant	Flow (MGD)	Chlorine (lbs)	Chlorine Dioxide (lbs)	Ozone (lbs)	Combined Chlorine (lbs)	Ultraviolet Radiation (hrs)	Other (Describe)	Free Chlorine Residual (mg/L)	Combined Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Operating Hours	Maintenance Work that Affects Water System Components and Operation
X	24.0	5,450										
X	24.0	3,800									0.8	
X	24.0	4,500									1.2	
X	24.0	3,700									1.8	
X	24.0	4,600									1.4	
X	24.0	4,600									1.4	
X	24.0	4,600									1.4	
X	24.0	5,300									1.4	
X	24.0	4,100									1.1	
X	24.0	5,700									1.2	
X	24.0	4,400									1.2	
X	24.0	4,867										
X	24.0	4,867									1.5	
X	24.0	5,300									1.5	
X	24.0	5,200									1.4	
X	24.0	6,700									1.5	
X	24.0	3,000									1.6	
X	24.0	6,833										
X	24.0	6,833									1.3	
X	24.0	3,800									1.5	
X	24.0	4,500									1.3	
X	24.0	3,800									1.4	
X	24.0	4,000									1.4	
X	24.0	4,267										
X	24.0	4,267									1.2	
X	24.0	4,267									1.2	
X	24.0	4,500									1.2	
		149,500										
		4,823										
		6,833										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	<u>Silver Lake Oaks</u>	PWS Identification Number:	<u>2544258</u>
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	<u>38</u>	Total Population Served at End of Month:	<u>94</u>
PWS Owner:	<u>Aqua Utilities Florida</u>		
Contact Person:	<u>Brian Heath</u>	Contact Person's Title:	<u>Area Manager</u>
Contact Person's Mailing Address:	<u>PO Box 490310</u>	City:	<u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number:	<u>(352) 787-0980</u>	Contact Person's Fax Number:	<u>(352) 787-6333</u>
Contact Person's E-Mail Address:	<u>beheath@aquaaamerica.com</u>		

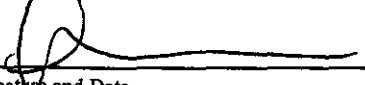
B. Water Treatment Plant Information

Plant Name:	<u>Silver Lake Oaks</u>	Plant Telephone Number:	<u>(352) 787-0980</u>
Plant Address:	<u>7017 Silver Lake Drive</u>	City:	<u>Palatka</u> State: <u>Florida</u> Zip Code: <u>32177</u>
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	<u>100,800</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	<u>IV</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	

Name	License Class	License Number	Days 1st Shift
<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
<u>Ralph Marriott</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

Signature and Date  12/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

Ultraviolet Radiation Other (Describe): _____

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

Day of the Month	Time of Day	Flow (MGD)	Chlorine Applied (LBS)	Residual (MG/L)	Chlorine Dioxide (MG/L)	Ozone (MG/L)	Combined Chlorine (MG/L)	Free Chlorine (MG/L)	Chlorine Dioxide (MG/L)	Ozone (MG/L)	Combined Chlorine (MG/L)	Free Chlorine (MG/L)	Chlorine Dioxide (MG/L)	Ozone (MG/L)	Combined Chlorine (MG/L)	Free Chlorine (MG/L)
X		24.0	5,100	1.6												1.0
X		24.0	5,600	1.6												1.0
X		24.0	2,600	1.8												1.1
		24.0	4,567													
		24.0	4,567													
X		24.0	4,567	1.8												1.3
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													
		24.0	4,900													
X		24.0	4,900	0.8												0.4
X		24.0	4,500	0.8												0.5
X		24.0	6,000	0.8												0.6
X		24.0	2,600	1.1												0.8
X		24.0	5,100	1.1												0.7
		24.0	5,533													
		24.0	5,533													
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	4,900	0.9												0.6
		24.0	6,933													
		24.0	6,933													
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
X		24.0	3,900	1.2												0.8
		24.0														
			153,500													
			4,952													
			9,000													

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Silver Lake Oaks	PWS Identification Number: 2544258
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 38	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@aquaamerica.com	

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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			
Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

	1/8/07	Paul Thompson	A7251
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

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

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

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

Day of the Month	Chlorine Residual (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Calculation of UV Dose for Demolition of Virus Inactivation		Applicable		Minimum UV Dose (mJ/cm ²)	Actual UV Dose (mJ/cm ²)	Minimum Chlorine Residual (mg/L)	Actual Chlorine Residual (mg/L)	Condition Report or Remarks (Operator)
					UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)					
	X	24.0	4,400			1.2						0.7	
		24.0	5,600										
		24.0	5,600										
	X	24.0	5,600			1.4						0.9	
	X	24.0	6,000			1.4						0.9	
	X	24.0	5,400			1.5						1.2	
	X	24.0	6,000			1.6						1.4	
	X	24.0	9,600			1.8						1.4	
		24.0	4,667										
		24.0	4,667										
	X	24.0	4,667			1.8						1.4	
	X	24.0	6,200			1.6						1.1	
	X	24.0	4,100			1.7						1.3	
	X	24.0	4,800			1.7						1.3	
	X	24.0	4,400			1.7						1.3	
		24.0	6,033										
		24.0	6,033										
	X	24.0	6,033			1.6						1.2	
	X	24.0	2,700			1.6						1.3	
	X	24.0	6,700			1.6						1.3	
	X	24.0	2,700			1.8						1.3	
	X	24.0	4,600			1.5						1.1	
		24.0	5,500										
		24.0	5,500										
	X	24.0	5,500			1.4						1.1	
	X	24.0	4,000			1.6						1.2	
	X	24.0	3,800			1.6						1.2	
	X	24.0	4,600			1.5						1.1	
	X	24.0	5,000			1.6						1.1	
		24.0	5,100										
		24.0	5,100										
			160,600										
			5,181										
			9,600										

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

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

PWS ID:	2544258	Plant Name:	Silver Lake Oaks
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

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

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

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

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

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

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

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E98080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

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

HBEL Report Number: 2130075 Sub-Contract Lab ID: _____

Analysis Method Requested:

Coliform Membrane Filtration PWS I.D. 2544258

System Name: Silver Lake Oaks
 System Address: 7017 Silver Lake Dr

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

Received for Laboratory By: PAJ

Analysis Date and Time: 12/4/07 1655

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

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

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

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

Date/Time: 4 Dec 07 1410 Date/Time: 12-4-07 1400 Date/Time: 12-4-07 1600

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

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

Sample Collection Date(s): 4 Dec 07

LABORATORY CERTIFICATE OF ANALYSIS

TO BE COMPLETED BY COLLECTOR OF SAMPLE				
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L pH
101	well	0935	R	/ /
102	Lot 6	0918	D	1.0 /
103	Lot 26	0926	D	1.0 /

LABORATORY CERTIFICATE OF ANALYSIS				
Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B				
Fecal (MF) SM9221E		E. coli (MF) EC-MUG		(Coliform) SM9223B
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130075001
	A			002
	A			2130075003

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

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

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

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

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities
1100 Thomas Ave
Leesburg FL 34748



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

¹ DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; H-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)
² Defined in Florida Administrative Code Rule 62-160
 Top Form - ORIGINAL FORM # 1976 - PRINTING BY HEARN Middle Form - LABORATORY Bottom Form - CLIENT

DOCUMENT NUMBER - DA
 04329 MAY 22 80
 FPSC - COMMISSION CLERK

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

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 [2129925]
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.

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 12/4/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

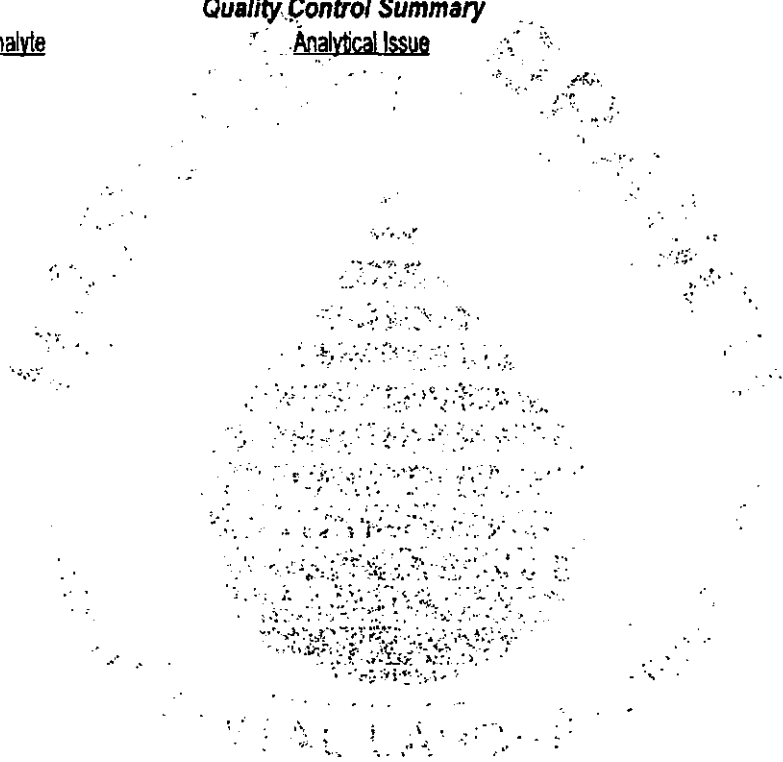
Client: Aqua Utilities Florida, Inc.
Workorder ID: Silver Lake Oaks THM
Received: 11/14/07 12:25

[2129925]

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

<u>HBEL Sample</u>	<u>Method Narratives (If Applicable)</u>		
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83609

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 12/4/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 233 Fax: (772) 467-684

CERTIFICATE OF ANALYSIS

[2129925]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks THM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2129925001						Sampled: 11/14/07 8:40		Received: 11/14/07 12:25			
Sample ID: Lot 9 Grab						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		5.6	ug/L	0.25	EPA 524.2	VOC2860		11/20/07 18:47	WR	E96080	
Bromoform		34	ug/L	0.41	EPA 524.2	VOC2860		11/20/07 16:47	WR	E96080	
Chloroform		1.4	ug/L	0.25	EPA 524.2	VOC2860		11/20/07 16:47	WR	E96080	
Dibromochloromethane		16	ug/L	0.30	EPA 524.2	VOC2860		11/20/07 16:47	WR	E96080	
Total THMs		56	ug/L	0.25	EPA 524.2	VOC2860		11/20/07 16:47	WR	E96080	
Laboratory ID: 2129925002						Sampled:		Received: 11/14/07 12:25			
Sample ID: Trip Blank						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2860		11/20/07 17:21	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2860		11/20/07 17:21	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2860		11/20/07 17:21	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2860		11/20/07 17:21	WR	E96080	
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2860		11/20/07 17:21	WR	E96080	

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

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

4156 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 12/4/07





**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-5584

Chain of Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information
 FDOH # E98080
 5600 U.S. 1 North
 Fort Pierce, FL 34948
 FDOH # E85370
 307 Coolidge Avenue
 Lehigh Acres, FL 33938



FDOH # E83509
 4155 St. Johns Pkwy.
 Suite 1300
 Sanford, FL 32771
 FDOH # E84418
 16331 Cortez Blvd.
 Brooksville, FL 34801

Company: Aqua Utilities

Method(s) of Shipment: _____

Address: 1100 Thomas Ave

Leesburg FL Zip: 34748

Phone: 386-937-1091 Fax: 386-329-9977

e-mail: _____
 Standard Laboratory
 Turn Around Time

Client Contact: David Haring

Or
 Rush in _____ Business Days
 Requires Laboratory Approval

Project Name: Silver Lake Oaks

Sampled By: David Haring

PRESERVATIVE

--	--	--	--	--	--

ANALYSES REQUESTED

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Preservation Key
 H-Hydrochloric Acid P-Phosphoric Acid
 N-Nitric Acid ST-Sodium
 S-Sulfuric Acid Thiocyanate
 SH-Sodium Hydroxide U-Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	THANKS	TRIP BLANK										COMMENTS	
	DATE	TIME																	
001	14 Nov	0840	G	DA	3	Lot 9	3												Cl ₂ 0.5 pH < 2.0
002						Trip Blank		2											All samples on Ice

Sample Type: G-Grab C-Composite M-Metal S-Solid L-Liquid DW-Distilled Water GW-ground Water SW-Surface Water WW-Wastewater ME-Membrane

RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>Heather to Fedex</u>
DATE/TIME <u>14 Nov 07 1000</u>	DATE/TIME <u>11/14/07 12:35</u>	DATE/TIME <u>11-14-07 16:00</u>
RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR <u>[Signature]</u>
DATE/TIME <u>11/14/07</u>	DATE/TIME <u>11-14-07 12:35</u>	DATE/TIME <u>[Signature]</u>

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

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

System Name: SILVER LAKE OAKS PWS I.D. #: 2544258

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 7017 SILVER LAKE DR.

City: PALATKA State: FL ZIP Code: 32177

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if 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): 0.5 mg/L Field pH: 2.0

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly (which Qtr? <u>4th</u>) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

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

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

Sampler's Name: DAVID HARBIG
Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977
Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL TITON PGIN (FOR DAVID HARBIG) FIELD COORDINATOR
Print Name Print Title

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

Signature: _____ Date: 12/17/07

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 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):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 04-Dec-07

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2884

**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 Residual (mg/L) _____
 Sample Number: 2129925001 PWS ID _____
 Sampling Date: 11/14/07 8:40
 Date Received: 11/14/07 12:25

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2941	Chloroform	[NA]	ug/L	1.4		EPA 524.2	0.25	11/20/07	4:47 PM	E96080
2942	Bromoform	[NA]	ug/L	34		EPA 524.2	0.41	11/20/07	4:47 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	5.6		EPA 524.2	0.25	11/20/07	4:47 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	16		EPA 524.2	0.30	11/20/07	4:47 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	57		EPA 524.2	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 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 12/4/07
 4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 34601 FDOH # E84418



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

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

System Name: SILVER LAKE OAKS PWS I.D. #:

2	5	4	4	2	5	8
---	---	---	---	---	---	---

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 7017 SILVER LAKE DRIVE

City: PALATKA State: FL ZIP Code: 32177

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 11/14/07 Sample Time: 8:00 AM

Sample Location (be specific): Trip Blank

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

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

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

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

Sampler's Name: DAN HARNO

Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON (FOR DAN HARNO) FIELD COORDINATOR
Print Name Print Title

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

Signature: [Signature] Date: 12/17/07

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

Public Water System Information (to be completed by sampler)

System Name: Silver Lake Oaks PWS ID #: 2544258

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 7017 Silver Lake Dr.

City: Dalalaha State: FL ZIP Code: 32107
Phone #: 352-787-0980 Fax #: 352-787-0333
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47360DW1 Location Code (if known): Lot 9
Sample Date: 8/30/07 Sample Time: 15:10 AM PM (circle one)
Sample Location (be specific): lot 9
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 7.5

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

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

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

Sampler's Name: David Haring
Sampler's Phone #: 352-787-0480 Sampler's Fax #: 352-787-0333
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

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

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

Signature: [Signature] Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: EB3018
Certification Expiration Date: 8/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 47360DW1

Report Number: 47360
Date Sample Received: 08/31/07

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

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics

- All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries

- All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Were any analyses subcontracted? Yes No

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

Certification

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

Signature:



Date: 09/11/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____
Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Public Water System Information (to be completed by sampler)

System Name: Silver Lake Oaks PWS ID #: 2544258

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 7017 Silver Lake Dr.

City: Panacea State: FL ZIP Code: 32077

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

Sample Information (to be completed by sampler)

Sample Number: 47360DW2 Location Code (if known): POE Tap

Sample Date: 8/30/07 Sample Time: 15:30 AM PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

* See 62-550.500(6) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrate MCL exceedances.

attach a results page for each site.

Sampler's Name: David Haring

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: NA

Certification (to be completed by sampler)

Paul Thompson for David Haring field Coordinator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/18/07

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 11/14/07

PWS ID (From Page 1): _____

Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2129925002

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 04-Dec-07

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-1584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Silver Lake Oaks THM
 Sample Location: Trip Blank Disinfectant Residual (mg/L) _____
 Sample Number: 2129925002 PWS ID _____
 Sampling Date: _____
 Date Received: 11/14/07 12:25

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert #
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 524.2	0.25	11/20/07	5:21 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	11/20/07	5:21 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 524.2	0.25	11/20/07	5:21 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	11/20/07	5:21 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.25 U		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 acceptable results from samples collected during the same monitoring period.

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 12/14/07



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

Public Water System Information (to be completed by sampler)

System Name: Silver Lake Oaks PWS ID #: 2544258

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 7017 Silver Lake Dr.

City: Palatka State: FL ZIP Code: 32177

Phone #: 352-787-0980 Fax #: 352-787-0333

E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 47360DW1 Location Code (if known): Lot 9

Sample Date: 8/30/07 Sample Time: 15:10 AM (circle one)

Sample Location (be specific): lot 9

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: 7.5

Sample Type (check only one)

- Distribution
- Entry Point (for Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Avg Residence Time
- Near First Customer

Sample Reason(s) (check all that apply)

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance *
- Composite of Multiple Sites **
- Clearance (permitting)
- Other: _____
- Quarterly (which quarter?) _____
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of invalidated sample)

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements

attach a results page for each site.

for nitrate or nitrate MCL exceedances.

Sampler's Name: David Haring

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-0333

Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Paul Thompson for David Haring field coordinator

(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)
Sample Number: 47360DW1

Report Number: 47360
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)

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

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

Certification

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

Signature: 

Date: 09/11/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA562.2	2.00	09/05/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	2.14		EPA552.2	2.00	09/05/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	1.48		EPA552.2	0.500	09/05/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/05/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	20.5		EPA562.2	0.500	09/05/07		E83018
2456	HAA5	60	ug/L	24.1		EPA562.2	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	Bromodichloromethane	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 Trihalomethanes	80	ug/L	113		EPA502.2	0.500	09/04/07		E83018

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 8/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 47360DW2

Report Number: 47380
Date Sample Received: 08/31/07

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


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

Were any analyses subcontracted? Yes No

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

Certification

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



Signature:

Date: 08/11/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____
Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

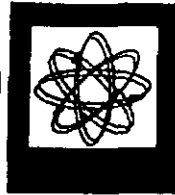
Florida Department of Environmental Protection
 Safe Drinking Water Program Laboratory Reporting Form

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

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

FLOWERS

CHEMICAL LABORATORIES INCORPORATED



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878

www.flowerslabs.com

Client: A.U.F. - Putnam County
 Address: P.O. Box 490310
Leesburg FL 34748
 Phone: 386-329-1122

Public Water System Name: Silver Lake Oaks
 PWS ID#: 2544258
 FCL Lab Coordinator: SC

Public Water System Type: Limited Use Commercial / Public
 Community Non-Community Non-transient / Non-Community

Sampled By (PRINT): David Haring
 Sampler Signature: David Haring
 Date Sampled: 8-30-07

PICK UP

COMMENTS:

DRINKING WATER - Chain of Custody F.A.C. 62 - 550					PRESERVATIVES															Field				
ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₅	NH ₄ Cl	Primary Inorg.	Secondary	VOCs	SO ₄	NO ₂ /NO ₃	THM	THM	Pb/Cu	GA / PAZB / PAZB	Asbestos	pH	Cl ₂ Res	
1	Lot 9	8-30-07	1510	47360	2				X	X							X						7.5	0.4
2	Lot 9	8-30-07	1510		1					X								X					7.5	0.4
3	Point of Entry	8-30-07	1530	47360	1	X									X								7.5	0.8
4																								
5																								
6																								
7																								
8																								
9																								
10																								
Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time	Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time			Date	Time	
David Haring		8-30-07	11:00	[Signature]		8-31	12:11	[Signature]		8-31	3:46	[Signature]		8-31	15:46	[Signature]		8-31	15:46			8-31	15:46	

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

PDW 02-04

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: 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 [2128732]
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
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 6/8/07



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Silver Lake Oaks 6448 THM
Received: 5/23/07 11:50

[2128732]

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

HBEL Sample

Method Narratives (If Applicable)

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

Quality Control Summary

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 6/8/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 233 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2128732]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks 6448 THM

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128732001						Sampled: 05/22/07 18:15				
Sample ID: TTHM Lot 9 Grab						Received: 05/23/07 11:50				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Bromodichloromethane		4.0	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96080
Bromoform		26	ug/L	0.41	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96080
Chloroform		1.2	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96080
Dibromochloromethane		12	ug/L	0.30	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96080
Total THMs		43	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 3:32	WR	E96080

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 6/8/07





**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Chain of Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

FDOH # E96080
5600 U.S. 1 North
Fort Pierce, FL 34948

___ FDOH # E85370
307 Coolidge Avenue
Lahigh Acres, FL 33936

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

___ FDOH # E84418
18331 Cortez Blvd.
Brooksville, FL 34601



Company: Aqua Utilities
Address: 930 South SR 19 Suite 3
Palatka FL Zip: 32177
Phone: 386-329-1122 Fax: 386-329-9977
Client Contact: Paul Thompson
Project Name: Silver Lake Oaks #6448
Sampled By: David Haring

Method(s) of Shipment: _____

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

LAB # 2121712

PRESERVATIVE	
ST	
H	
ANALYSES REQUESTED	
PRESERVATION KEY	
H-Hydrochloric Acid	P-Phosphoric Acid
N-Nitric Acid	ST-Sodium
S-Sulfuric Acid	Thioacetate
SH-Sodium Hydroxide	U-Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	TTHM							COMMENTS	
	DATE	TIME													
001	22 May 07	1815	G	DW	3	TTHM Lot 9	X								Cl 0.5 pH 7.4 All samples Iced During Transport.
	Not received				3	Trip Blank									

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

Report Page 4 of 4	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>Joe Long</u>	RELINQUISHED BY <u>George to Endry</u>
	DATE/TIME <u>23 May 07 1000</u>	DATE/TIME <u>5/23/07 11:50</u>	DATE/TIME <u>5/23/07 1600</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>
	DATE/TIME <u>5/23/07</u>	DATE/TIME <u>5/23/07 1100</u>	DATE/TIME <u>5-23-07 1079</u>

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

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

System Name: SILVER LAKE CAYES PWS I.D. #: 2544258

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 7017 SILVER LAKE DRIVE

City: PALATKA State: FL ZIP Code: 32177

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 05/22/07 Sample Time: 6:15 PM

Sample Location (be specific): TTHM 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)

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

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

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

Sampler's Name: DAVID HARLOW

Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON (for DAVID HARLOW) FIELD COMPLIANCE
Print Name Print Title

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

Signature: [Signature] Date: 6/20/07

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 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 with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 08-Jun-07

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Silver Lake Oaks 6448 THM
Sample Location: TTHM Lot 9 Grab Disinfectant Residual (mg/L) _____
Sample Number: 2128732001 PWS ID _____
Sampling Date: 5/22/07 18:15
Date Received: 5/23/07 11:50

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert #
2941	Chloroform	[NA]	ug/L	1.2		EPA 524.2	0.25	5/31/07	3:32 AM	E96080
2942	Bromoform	[NA]	ug/L	26		EPA 524.2	0.41	5/31/07	3:32 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	4.0		EPA 524.2	0.25	5/31/07	3:32 AM	E96080
2944	Dibromochloromethane	[NA]	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 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 acceptable results from samples collected during the same monitoring period.

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 6/8/07





AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

SYSTEM NAME: Silver Lake Oaks

SYSTEM PWS ID #: 2544258

REPORT DATE: 3/19/07

SUBMISSION #: 072712

Dear Customer,

Please 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.

This page does not constitute a portion of the NELAC report.
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you !

We appreciate your business !



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 2544258 System Name: Silver Lake Oaks Sample Number: 1003 (Lot 9)
Sample Date: 3/1/07 Sample Time: 0555 Sample Location: Lot 9
Laboratory Assigned Submission Number: 072712 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Disinfection Byproducts, Trihalomethanes

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, 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).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: *Lisa K. Saupp*

Date: March 19, 2007

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No

Sample Analysis Info Satisfactory: Yes No

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

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

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

Reason(s): MCL(s) Exceeded

Detection(s)

Incomplete Report

Missing Analyte Sheet(s)

Location Unsatisfactory

Analysis Unsatisfactory

Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP / DOH Reviewing Official: _____

Reporting Format 62-550.730

Effective January 1995, Revised January 2004



AQUA PURE WATER & SEWAGE SERVICE, INC.

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 ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	3.1		E524.2	0.31	3/5/07		E83079
2942	Bromoform	N/A	µg/L	28		E524.2	0.22	3/5/07		E83079
2943	Bromodichloromethane	N/A	µg/L	11		E524.2	0.23	3/5/07		E83079
2944	Dibromochloromethane	N/A	µg/L	26		E524.2	0.14	3/5/07		E83079
2950	Total Trihalomethanes	80	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 BY 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.

Client Name: Aqua Utilities
Mailing Address: 930 South SR 19 Suite 3
Palatka FL 32177
Telephone: 386-329-1122

PUBLIC WATER SYSTEM INFORMATION:

System Name: Silver Lake Oaks PWS ID No. 2544258
Physical Address: 7017 Silver Lake Dr Phone No. 386-329-1122
Palatka FL
Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 1 MAR 07 1055
Sample Location (be specific): Lot 9
Sampler Name and Phone (please print): David Haring 386-329-1122
Signature: David Haring Title: Senior Facility Operator
Type (check box): Distribution THM Max Res. Time
 Recheck of MCL Composite of Multiple Sites
 Resample — Lab Invalidated Distribution Entry Point
 Clearance Raw Plant Tap

SAMPLE CUSTODY: Signature David Haring Date 1 MAR 07 Time 0930 Condition OK
Sampler Relinquished: _____
Transporter Relinquished: _____

PARAMETERS REQUESTED (check box):

Radiochemicals:
 Gross Alpha Others: _____
 Group I Unregulateds:
 All 13 Partial: _____
 Group II Unregulateds:
 All 23 Partial: _____
 Group III Unregulateds:
 All 11 Partial: _____
 Inorganics:
 All 17 Partial: _____
 Pesticides and PCBs:
 All 30 Partial: _____
 Secondaries:
 All 14 Partial: _____
 Trihalomethanes:
 All 4 Partial: _____
 t-THM Potential
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: _____

FIELD TEST RESULTS (if applicable):

Chlorine Residual: 1.4 pH: 7.4
Dissolved Oxygen: _____ Temperature: _____
Performed By: David Haring Date: 1 MAR 07

FOR LABORATORY USE ONLY

Received By: C. [Signature] Date 3-1-07 Time 9:35 AM Condition 100
Lab Number: 072712
Comments: _____
Temp: 6C

Subcontracted To: _____
Date Out: _____
Parameters: _____
Preservative: _____

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

072712

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

System Name: Silver Lake Oaks #6448 PWS I.D. #: 2544258

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 7017 Silver Lake Dr

City: Palatka State: FL ZIP Code: 32177

Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1003 (Lot 9) Location Code (if known): _____

Sample Date: 1 Mar 07 Sample Time: 0555 AM PM (Circle One)

Sample Location (be specific): Lot 9

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: 7.4

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Quarterly (Which Quarter? 1st)
- Confirmation of MCL Exceedance*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, David Haring (Print Name), Senior Facility Operator (Print Title)

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

Signature: David Haring Date: 1 Mar 07



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 2544268 System Name: Silver Lake Oaks Sample Number: Not Provided
Sample Date: 3/1/07 Sample Time: 0555 Sample Location: **Tap** Date Sample(s) Received: 3/1/07
Laboratory Assigned Submission Number: 072713

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Disinfection Byproducts, Trihalomethanes

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, 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).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: *Lisa K Saupp*

Date: March 19, 2007

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Sample Analysis Info Satisfactory: Yes No

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

(352) 625-2822
FAX (352) 625-6838

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	Chloroform	N/A	µg/L	0.31	U	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	I	E524.2	0.14	3/9/07		E83079
2950	Total Trihalomethanes	80	µg/L	0.50	U	E524.2				E83079

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 BY 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.

Client Name: Aqua Utilities
Mailing Address: 930 South SR 19 Suite J
Palatka FL 32177
Telephone: 386-329-1122

PUBLIC WATER SYSTEM INFORMATION:

System Name: Silver Lake Oaks PWS ID No. 2544259
Physical Address: 7017 Silver Lake Dr Phone No. 386-329-1122
Palatka FL

Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 1 Mar 07 1055
Sample Location (be specific): Trip Blank
Sampler Name and Phone (please print): David Harlow 386-329-1122
Signature: David Harlow Title: Senior Facility Operator

Type (check box): Distribution THM Max Res. Time
 Recheck of MCL Composite of Multiple Sites
 Resample - Lab Invalidated Distribution Entry Point
 Clearance Raw Plant Tap

SAMPLE CUSTODY: Signature David Harlow Date 1 Mar 07 Time 0930 Condition OK
Sampler Relinquished: _____
Transporter Relinquished: _____

PARAMETERS REQUESTED (check box):

Radiochemicals:
 Gross Alpha Others: _____
 Group I Unregulated:
 All 13 Partial: _____
 Group II Unregulated:
 All 23 Partial: _____
 Group III Unregulated:
 All 11 Partial: _____
 Inorganics:
 All 17 Partial: _____
 Pesticides and PCBs:
 All 30 Partial: _____
 Secondaries:
 All 14 Partial: _____
 Trihalomethanes:
 All 4 Partial: _____
 (T-THM Potential)
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: _____

FIELD TEST RESULTS (if applicable):

Chlorine Residual: _____ pH: _____
Dissolved Oxygen: _____ Temperature: _____
Performed By: _____ Date: _____

FOR LABORATORY USE ONLY

Received By: Cooper Date 5-1-07 Time 9:35 AM Condition ice
Lab Number: 072713
Comments: _____

Subcontracted To: _____
Date Out: _____
Parameters: _____
Preservative: _____

Temp = 6C

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

Date issued: November 22, 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 TTHM [2127272]
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,



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 4155 St Johns Pkwy Suite 1300
Fort Pierce, FL 34946 Sanford, FL 32771
FDOH # E96080 FDOH # E83509

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

Printed: 11/22/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-5584

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

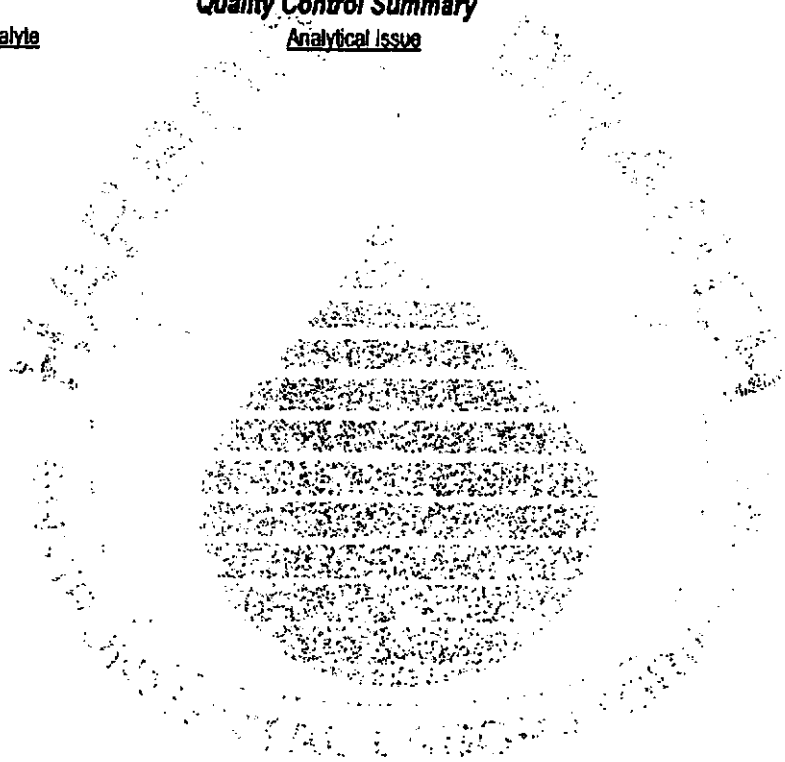
HBEL Sample Number	Sample ID	Analytical Method	Description
--------------------	-----------	-------------------	-------------

Method Narratives (if Applicable)

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue



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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/22/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2127272]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127272001					Sampled: 11/08/06 11:15					
Sample ID: Lot 9 Grab					Received: 11/08/06 15:18					
					Matrix: Water					
Results reported on Wet Weight Basis										
Bromodichloromethane		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
Dibromochloromethane		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: 2127272002					Sampled:					
Sample ID: Trip Blank					Received: 11/08/06 15:18					
					Matrix: Water					
Results reported on Wet Weight Basis										
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2726		11/17/06 0:54	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2726		11/17/06 0:54	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2726		11/17/06 0:54	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2726		11/17/06 0:54	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2726		11/17/06 0:54	WR	E96080

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



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

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

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

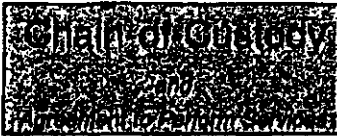


Printed: 11/22/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584



Laboratory not responsible for omitted information

___ FDOH # E96080	___ FDOH # E85370
5600 U.S. 1 North	307 Coolidge Avenue
Fort Pierce, FL 34948	Lehigh Acres, FL 33938
___ FDOH # E83509	___ FDOH # E84418
4155 St. Johns Pkwy.	18331 Cortez Blvd.
Suite 1300	Brooksville, FL 34601
Sanford, FL 32771	

Company: AQUALITIES
 Address: 930 South SR 19 Suite 3
Palatka FL Zip: 32177
 Phone: 386-329-1122 Fax: 386-329-9977
 Client Contact: Paul Thompson
 Project Name: Silver Lake Oaks #6448
 Sampled By: David Haring

Method(s) of Shipment: _____
 e-mail: _____
 Standard Laboratory Turn Around Time _____
 Or _____
 Rush in _____ Business Days
 Requires Laboratory Approval



PRESERVATIVE										Preservation Key	
										H-Hydrochloric Acid	P-Phosphoric Acid
										N-Nitric Acid	ST-Sodium
										S-Sulfuric Acid	Th-thiosulfate
										SH-Sodium Hydroxide	U-Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED										COMMENTS						
	DATE	TIME					1	2	3	4	5	6	7	8	9	10		11	12				
81006	8 Nov 06	1115	G	OW	3	Lot 9	X															Cl ₂ 0.3	
81007					3	Trip Blank	X																

Sample Type: G-Grab C-Composite M-Medium S-Solid B-Bioaerobic DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater

RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY _____
DATE/TIME <u>8 Nov 06 / 1515</u>	DATE/TIME <u>11/8/06 1600</u>	DATE/TIME _____
RECEIVED BY <u>[Signature]</u>	RECEIVED BY _____	RECEIVED BY _____
DATE/TIME <u>11/8/06 1518</u>	DATE/TIME _____	DATE/TIME _____

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

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

System Name: SILVER LAKE OAKS PWS I.D. #: 2544258

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: SILVER LAKE DR.

City: PALATKA State: FL ZIP Code: 32177

Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 11/08/06 Sample Time: 11:15 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)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>4A</u>) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: DAVID HARRIS

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR DAVID HARRIS FIELD COORDINATOR
Print Name Print Title

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

Signature: [Signature] Date: 12/6/06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/8/06

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

Lab Assigned Report Number or Job ID: 2127272001

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: None

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB:

CERTIFICATION

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

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

Signature Cindy Cromer Date: 22-Nov-06

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

3600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Silver Lk Oaks 6448 TTHM
 Sample Location: Lot 9 Grab Disinfectant Residual (mg/L _____
 Sample Number: 2127272001 PWS ID _____
 Sampling Date: 11/08/06 11:15
 Date Received: 11/08/06 15:18

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	1.4		EPA 524.2	0.25	11/17/06	12:20 AM	E96080
2942	Bromoform	[NA]	ug/L	39		EPA 524.2	0.41	11/17/06	12:20 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	5.3		EPA 524.2	0.25	11/17/06	12:20 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	17		EPA 524.2	0.30	11/17/06	12:20 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
 Effective January 1996, Revised January 2004

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

600 US 1 North
 Fort Pierce, FL 34946
 DOH # E96080
 Printed: 11/22/06

4155 St Johns Pkwy Suite 1300
 Sanford, FL 32777
 FDOH # E83609



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Bradenton, FL 34207
 FDOH # E84418

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

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

System Name: _____ PWS I.D. #:

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ Sample Time: _____

Sample Location (be specific): Trip Blank

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 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 for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: None

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

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

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

Signature Cindy Cromer Date: 22-Nov-06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-8884

DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Silver Lk Oaks 6448 TTHM
 Sample Location: Trip Blank Disinfectant Residual (mg/L) _____
 Sample Number: 2127272002 PWS ID _____
 Sampling Date: _____
 Date Received: 11/08/06 15:18

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 524.2	0.25	11/17/06	12:54 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	11/17/06	12:54 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 524.2	0.25	11/17/06	12:54 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	11/17/06	12:54 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, 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

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E06080
 Printed: 11/22/06

4155 St Johns Pkwy Suite 1300
 Sanford, FL 32777
 FDOH # E83509



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Bradenton, FL 34907
 FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

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 [2126923]
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,


Cindy Cromer

Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/23/2006



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126923]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Oaks 6448 THM/HAA5

Parameter	Qualifier	Result	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126923001						Sampled: 09/27/06 7:50		Received: 09/27/06 12:00			
Sample ID: Lot 9 Grab						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		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
Dibromochloromethane		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	VOC2705		10/9/06 21:04	WR	E96080

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/23/2006



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

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

System Name: Silver Lake Oaks PWS I.D. #: 2544258

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 7017 Silver Lake Ln

City: Palatka State: FL ZIP Code: 32177

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 09/27/06 Sample Time: 7:50 AM

Sample Location (be specific): Lot 9 Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: _____

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

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

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

Sampler's Name: DAVID HARJO

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: NA

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON for DAVID HARJO FIELD COORDINATOR

Print Name Print Title

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

Signature: [Signature] Date: 11/3/06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET*

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 9/27/2006

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

Lab Assigned Report Number or Job ID: 2126923001

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

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

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

Signature Cindy Cromer Date: 23-Oct-06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID: Silver Lk Oaks 6448 THM/HAA5
Sample Location: Lot 9 Grab Disinfectant Residual (mg/L) _____
Sample Number: 2126923001 PWS ID _____
Sampling Date: 9/27/06 7:50
Date Received: 9/27/06 12:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	2.3		EPA 524.2	0.25	10/09/06	9:04 PM	E96080
2942	Bromoform	[NA]	ug/L	58		EPA 524.2	0.41	10/09/06	9:04 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	8.4		EPA 524.2	0.25	10/09/06	9:04 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	28		EPA 524.2	0.30	10/09/06	9:04 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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

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

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 10/23/2006

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory
 Drinking Water Analyses
 Sample ID: 2126923001B

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		Analytical Method	Lab MDL	Analysis		DOH Lab Certification #
				Result	Qualifier*			Date	Analysis Time	
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/13/06	07:19	E84129
2451	Dichloroacetic Acid	N/A	µg/L	1.3	I	EPA 552.2	1	10/13/06	07:19	E84129
2452	Trichloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/13/06	07:19	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1.9	I	EPA 552.2	1	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:

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

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

63937
Subcontracting Form 001A
REV 001
Effective Date: 12/03/2002

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEx to arrive on 9/29/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED			COLLECTION REMARKS	
PROJECT NAME: <u>HAA5</u>							PRESERVATIVE				
SAMPLE TYPE: Composite = C, Grab = G,				Preservative: HCl = F, HNO ₃ = N, Na ₂ SO ₃ = ST, H ₂ SO ₄ = S, NaOH = BH, Unpreserved = U			HAA5				
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Wags = W, Oil = O											
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HWEL SAMPLE ID	#		Q	Q	Q	SAMPLE COMMENTS
01	DW	9-26-06	1310	G	2126 918001B	1		✓			9x 50ml lab NH ₄ Cl
02		9-26-06	1330		2126 919001B	1		✓			
03		9-26-06	1515		2126 920001B	1		✓			
04		9-26-06	1630		2126 921001B	1		✓			
05		9-27-06	08:15		2126 922001B	1		✓			
06		9-27-06	07:30		2126 923001B	1		✓			
07	DW	9-27-06	1230		2126 935001	1		✓			
08	DW	9-27-06	1310	G	2126 935002	1	✓				
09	DW	9-28-06	0900	G	2126 941001	1	✓				
RELINQUISHED BY: <u>Quake to FedEx</u>				DATE <u>9-28-06</u>	TIME <u>16:00</u>	RECEIVED BY: <u>FedEx</u>				DATE <u>9/29/06</u>	TIME <u>08:50</u>
RELINQUISHED BY: <u>FedEx</u>				DATE <u>9-28-06</u>	TIME <u>16:00</u>	LABORATORY NAME AND RECEIVED BY: <u>X-Nadman</u>				DATE <u>9/29/06</u>	TIME <u>08:50</u>

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-6884

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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

<u>HBEL Sample</u>		<u>Method Narratives (If Applicable)</u>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2126794001	POE Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
<u>EPA 504.1</u>			
	PEST4792		
2126794001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
<u>EPA 505</u>			
	PEST4791		
2126794001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-5884

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: 09/13/06 7:40		Received: 09/13/06 12:45			
Sample ID: POE Grab					Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15128		09/13/06 15:15	PA	E83509
pH	Q	7.54	SU	0.200	EPA 150.1	WCDE15129		09/13/06 16:20	PA	E83509
Total Dissolved Solids		540	mg/L	5.0	EPA 160.1	WCDE15143		09/15/06 15:30	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Barium		0.010	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Copper		0.0043	mg/L	0.0014	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 14:03	DM	E96080
Silver		0.0010 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	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 11:48	DM	E96080
Lead		0.00080	mg/L	0.00061	EPA 200.9	META8155		10/2/06 18:26	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8135		09/19/06 12:18	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8162		10/5/06 11:13	DM	E96080
Mercury		0.000080 U	mg/L	0.000060	EPA 245.1	META8152	09/28/06 9:54	09/29/06 12:20	DM	E96080
Chloride		180	mg/L	5.0	EPA 300.0	IC6947		09/15/06 3:55	JL	E96080
Fluoride		0.15	mg/L	0.011	EPA 300.0	IC6942		09/14/06 13:07	JL	E96080
Nitrate as N		0.12	mg/L	0.0030	EPA 300.0	IC6942		09/14/06 13:07	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6942		09/14/06 13:07	JL	E96080
Sulfate		54	mg/L	1.4	EPA 300.0	IC6947		09/15/06 3:55	JL	E96080
Surfactants as LAS, Mol.wt.340		0.042 U	mg/L	0.042	EPA 425.1	WCDE15131	09/13/06 15:00	09/13/06 15:45	RM	E83509
1,2-Dibromo-3-chloropropane		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 3:38	JL	E96080
1,2-Dibromoethane		0.0024 U	ug/L	0.0024	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 3:38	JL	E96080
Chlordane		0.14 U	ug/L	0.14	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
Endrin		0.11 U	ug/L	0.11	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
gamma-BHC (Lindane)		0.021 U	ug/L	0.021	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
Heptachlor		0.038 U	ug/L	0.038	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
Heptachlor epoxide		0.029 U	ug/L	0.029	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
Methoxychlor		0.046 U	ug/L	0.046	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
PCB		0.15 U	ug/L	0.15	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
Toxaphene		0.64 U	ug/L	0.64	EPA 505	PEST4791	09/19/06 14:54	09/19/06 4:25	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4793	09/20/06 14:08	09/21/06 0:10	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4793	09/20/06 14:08	09/21/06 0:10	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4793	09/20/06 14:08	09/21/06 0:10	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/21/06 0:10	JL	E96080

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 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418



Printed: 10/13/06

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
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4793	09/20/06 14:08	09/21/06 0:10	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/21/06 0:10	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
1,1-Dichloroethane		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	EPA 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 U	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	ug/L	0.23	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		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	VOC2696		09/26/06 0:20	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2696		09/26/06 0:20	WR	E96080
Alachlor		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	ug/L	0.48	EPA 525.2	SVOC2441	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	SVOC2441	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)adipate		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	SVOC2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 5:00	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2441	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	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2333		09/18/06 18:34	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2335		09/20/06 15:13	JJM	E96080
Endothal		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	JJM	E96080
Gross Alpha		1.9 U +/- 1.5	pCi/L		EPA 900.0	KNL1360		10/3/06 8:00	KNL	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	SAL1031		09/26/06 9:48	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26277		09/14/06 16:20	TCL	E96080

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 FDOH # E84418



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**
5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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	SMA500CN E	WCGE26317	09/21/06 11:00	09/21/06 15:41	GG	E96080
Laboratory ID: 2126794002 Sample ID: TRIP BLANK						Sampled: Matrix: Water		Received: 09/13/06 12:45 Results reported on Wet Weight Basis		
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 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 U	ug/L	0.41	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
1,2-Dichloroethane		0.29 U	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 U	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	VOC2696		09/26/06 0:54	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
Styrene		0.21 U	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		09/26/06 0:54	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2696		09/26/06 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	VOC2696		09/26/06 0:54	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2696		09/26/06 0:54	WR	E96080

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

5600 US 1 North
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FDOH # E96080

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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 5 of 6

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

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

System Name: Silver Lake Oaks PWS I.D. #: 2544258

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 707 Silver Lake Ln.

City: Palatka State: FL ZIP Code: 32177

Phone #: 352-787-0980 Fax #: 352-787-6233

E-Mail Address: NA

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 09/13/06 Sample Time: 7:40 AM

Sample Location (be specific): POE Grab

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

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

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

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

Sampler's Name: DAVID HARVEY

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: NA

CERTIFICATION (to be completed by sampler)

I, DAVID HARVEY SR. FACILITY OPERATOR
Print Name Print Title

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

Signature: David Harvey Date: 10/19/06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 9/13/06

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

Lab Assigned Report Number or Job ID: 2126794001

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129, E84025

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 13-Oct-06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and
Agreement to Perform Services

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

Laboratory not responsible for omitted information:
 ___ FDOH # E9680 307 Coolidge Avenue
 5600 U.S. 1 North Fort Pierce, FL 34946
 ___ FDOH # E8537C
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607
 X FDOH # E83509
 ___ FDOH # E84418

Company: AQUA Utilities

Address: 930 South SR 19 Suite 3

Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977 e-mail: _____

Client Contact: Paul Thompson

Project Name: Silver Lake Oaks #448

Sampled By: David Haring

Method(s) of Shipment: _____

Standard Laboratory Turn Around Time _____
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval



7.44°C Temperature Checked N
 For Lab Use Only
 Custody Seals Intact Y NA
 pH Checked Y N
 LAB # 2126724

PRESERVATIVE									
HNO3	H2O4							HNO3	HCl
ANALYSES REQUESTED									
A	D								H

Preservation Key

H=Hydrochloric Acid	P=Phosphoric Acid
N=Nitric Acid	ST=Stadium
S=Sulfuric Acid	Thio=Thio
SH=Sodium Hydroxide	U=Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED										COMMENTS
	DATE	TIME					1972	Cyanide	Manganese	Chloride	Sulfide	Phosphate	TDS	Odor	Copper	Aluminum	
001	13 Sep 06	0740	G	DW	11	POE	1	1	1	1	1	1	2	3	Collection Time is when Last Bottle Filled		
002						Trip Blank											

* Sample Type: G=Grab C=Composites ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 6 of 6	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>Paul To Fed Ex</u>
	DATE/TIME <u>13 Sep 06 / 0000</u>	DATE/TIME <u>9/13/06 1245</u>	DATE/TIME <u>9/13/06 1600</u>
	RECEIVED BY <u>Paul Thompson</u>	RECEIVED BY <u>Paul Thompson</u>	RECEIVED FOR HBEL CUSTODY BY <u>Paul Thompson</u>
	DATE/TIME <u>9/13/06</u>	DATE/TIME <u>9/13/06 1245</u>	DATE/TIME <u>9/14/06 1030</u>

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



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information
FDOH # E96080 FDOH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lehigh Acres, FL 33936
X FDOH # E83509 FDOH # E84418
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
Deltona, FL 32725 Spring Hill, FL 34607

Company: AQUA Utilities
Address: 930 SOUTH SR 19 Suite 3
PALATKA FL Zip: 32177
Phone: 386-329-1122 Fax: 386-329-9977
Client Contact: PAUL THOMPSON
Project Name: Silver Lake Oaks #6448
Sampled By: DAVID HARRING

Method(s) of Shipment: _____
Standard Laboratory Turn Around Time _____
Or _____
Rush In _____ Business Days
Requires Laboratory Approval



For Lab Use Only
Temperature: 74.0°C
Checked: Y N
Custody Seals Intact: Y N
pH Checked: Y N

LAB # 2126794

PRESERVATIVE							
ST	ST	ST	ST	ST	ST	ST	ST

ANALYSES REQUESTED							
<u>504</u>	<u>515.1</u>	<u>525.2</u>	<u>531.1</u>	<u>547</u>	<u>549</u>	<u>549</u>	<u>505</u>
(E DIB/DIB)		(Composite)	(Composite)	(Endo/Ph)	(Org/Ph)	(Org/Ph)	

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST= Sodium
S=Sulfuric Acid Thio sulfate
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED								COMMENTS
	DATE	TIME					ST	ST	ST	ST	ST	ST	ST	ST	
001	13 Sep 06	0740	G	DW	14	POE	3	1	1	1	1	3	1	3	Collection Time is when last Bottle Filled

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

RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>Paul</u>
DATE/TIME <u>13 Sep 06 1000</u>	DATE/TIME <u>9/13/06 12:25</u>	DATE/TIME <u>9/13/06 1600</u>
RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>Paul</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
DATE/TIME <u>9/13/06</u>	DATE/TIME <u>9/13/06 1245</u>	DATE/TIME <u>9.14.06 1030</u>

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64.6
Report Page

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory

DW Compliance

Sample ID: 2126 794 001

September 29, 2006

Sample No.: 63443.06

PWS ID: _____

Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01 mg/L	0.001	U	SM 3113 B	0.001	09/26/06	09:48	E84128

* Qualifiers:

U 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 Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/15/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>DW Compliance A.s + HAA5</u>							PRESERVATIVE					
SAMPLE TYPE: Composite = C, Grab = G, Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₃ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = U												
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O											SAMPLE COMMENTS	
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HBL SAMPLE ID	# Bottles						
	DW	9-12-06	1050	G	2126750001	1	✓					6x100ml P+NO ₃
		9/11/06	1415	G	2126757001	1	✓					4x50ml aG Nitro C
		9/11/06	1515	G	2126752001	1	✓					
	DW	9/11/06	1730	G	2126753001	1	✓					
	DW	9-12-06	1630	G	2126793001	1	✓					
	DW	9-12-06	0740	G	2126794001	1	✓					
	DW	9-12-06	1010	G	2126769002	1		✓				
			1010		2126770001B	1		✓				
			1145		2126771002	1		✓				
	DW	9-12-06	1840	G	2126772001B	1		✓				
RELINQUISHED BY:		DATE		TIME		RECEIVED BY:		DATE		TIME		
<u>Jordan to FedEx</u>		<u>9-14-06</u>		<u>1600</u>		<u>Fed Ex</u>		<u>9/15/06</u>		<u>0520</u>		
RELINQUISHED BY:		DATE		TIME		LABORATORY NAME AND RECEIVED BY:		DATE		TIME		
<u>Fed Ex</u>						<u>K. Nurdman</u>		<u>9/15/06</u>		<u>0520</u>		

**HARBOR BRANCH
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5600 U.S. 1 North, Fort Pierce, FL 34946
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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: 9/13/06 12:45

ID	Parameter	MCL	Units	Result	Qual.*	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.11	U	EPA 505	0.11	0.44	9/19/06	9/19/06 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	0.048	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	U	EPA 549.2	4.8	19	9/15/06	9/20/06 14:22	E98080
2033	Endothal	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	9/15/06	9/20/06 3:09	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		9/20/06 15:13	E96080
2035	D(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	9/22/06	10/03/06 5:00	E96080
2036	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	Picloram	[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	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	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	9/22/06	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]	ug/L	0.038	U	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	U	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	U	EPA 504.1	0.0010	0.0040	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	U	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 compliance work with 62-550.310(4)(b)

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

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FDOH # E85309

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FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06



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Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-5884

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	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	SM 3113 B	0.0010	9/26/06 9:48	E84129
1010	Barium	[2]	mg/L	0.010		EPA 200.7	0.0018	9/28/06 14:03	E96080
1015	Cadmium	[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	U	EPA 200.7	0.0018	9/28/06 14:03	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	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	I	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	9/29/06 12:20	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	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

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LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 255 Fax (772) 467-584

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Silver Lk Oaks 8448 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	I	EPA 200.7	0.0014	9/28/06 14:03	E96080
1025	Fluoride	[2]	mg/L	0.15		EPA 300.0	0.011	9/14/06 9/14/06	E96080
1028	Iron	[0.3]	mg/L	0.025	U	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	9/15/06 3:55	E96080
1095	Zinc	[5]	mg/L	0.015	I	EPA 200.7	0.010	9/28/06 14:03	E96080
1905	Color	[15]	CU	4.0	I	SM2120 B	1.8	9/14/06 16:20	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	EPA 140.1	1.0	9/13/06 15:15	E83509
1925	pH	[6.5-8.5]	SU	7.54	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

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 5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: 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-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.8	9/26/06 0:20	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	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	0.46	1.8	9/26/06 0:20	E96080
2984	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/26/06 0:20	E96080
2988	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	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	9/26/06 0:20	E96080
2976	Vinyl 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	9/26/06 0:20	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	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	9/26/06 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	U	EPA 524.2	0.21	0.84	9/26/06 0:20	E96080

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

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Printed: 10/13/06



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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):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.9	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**

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 9/13/06

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

Lab Assigned Report Number or Job ID: 2126794002

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129, E84025

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 13-Oct-06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 205 Fax (772) 467-584

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

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/26/06 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	9/26/06 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	U	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	U	EPA 524.2	0.20	0.80	9/26/06 0:54	E96080
2991	Toluene	[1000]	ug/L	0.22	U	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]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/26/06 0:54	E96080

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

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06





Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castillo
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 HAA5s), 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,

Amber Otto
Environmental Specialist

BRR:AMO:ao

cc: Paul Thompson, Operator (via mail)

DOCUMENT NUMBER - DATE

04329 MAY 22 06

FPSC-COMMISSION CLERK

**State of Florida
Department of Environmental Protection**

PUBLIC WATER SYSTEM INSPECTION REPORT

System Name: Silver Lake Oaks Inspection Date: 7/14/2006
 Location: Silver Lake Dr. at Lake Shore Dr. PWS ID: 2544258
 Owner: Candice McClure (CMMCCURE@AQUAAMERICA.COM) Phone No.: (352)732-6027
 Address P.O. Box 490310 Zip Code: 34749 County: Putnam
 Certified Operator: Mr. Paul Thompson Level & No.: A-7251
 Type of System: Community Type of Inspection: Compliance

INSPECTION RESULTS

Selections marked with an X are unsatisfactory. Selections marked with an I are in need of improvement.

Referenced sections are from Title 62, Florida Administrative Code

<u>OK</u>	Aeration	555.350	Screens secure, Clean
<u>OK</u>	Auxiliary Power	555.320(14)	
<u>OK</u>	Check Valve	555.330(3)	
<u>OK</u>	Cross Connection	555.360	None Seen
<u>OK</u>	Chlorination (Disinfection)	555.320(12)(d) & 350(6)	Cl2 injection point was unclogged and fixed during inspection
	Plant <u>0.66</u> mg/l Remote <u>0.35</u> mg/l		Remote from WWTP
<u>N/A</u>	Chlorination, Gas	555.320(13)(a)	
<u>OK</u>	Chlorine Test Kit - DPD	555.330(3)	On-site and with operator
<u>OK</u>	Flow Meter	555.320(16)	Master Meter
<u>OK</u>	Logs, on-site	555.350(12)	Current, 5 visits per week
<u>OK</u>	Maintenance of Facilities	555.350	Very good
<u>OK</u>	Monitoring: Bacteriological	550.518	Due MONTHLY; Current
<u>OK</u>	Monitoring: Chemical	550.500-521	DUE in 2006: Inorganics, SOCs, VOCs, Secondaries & DBPs
<u>N/A</u>	Monitoring: Well Clearance	555.315(6)(b)	
<u>OK</u>	Monthly Operation Reports	550.730(1)(d)	Due MONTHLY; Current
<u>OK</u>	Operator, Certified	555.350(8)	Paul Thompson; A-7251
<u>OK</u>	Plant Design	555.330	
<u>OK</u>	Security of Water System	555.315(1) & 320(5)	Locked fence
<u>OK</u>	System Pressure	555.320(15)(a)2	40psi, gauge on hydrotank
<u>OK</u>	Well, Concrete Apron	532.500(3)(c)	
<u>I</u>	Wells, Number of	555.315(2)	AAC1924
<u>OK</u>	Well, Raw Sample Tap	555.320(8)(b)2	
<u>OK</u>	Well Set Backs	555.312	None seen

Comments:

It is required that a written response be provided to this office within ten days of receipt of this report regarding any unsatisfactory results listed above.

Inspector:

Amber Otto

Date: July 18, 2006

Amber Otto, (904) 807-3321

or e-mail address:

Amber.Otto@DEP.STATE.FL.US



Job Bush
Governor

Department of Environmental Protection

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

David A. Struhs
Secretary

March 5, 2004

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

Received

MAR 10 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 courteous 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 (FS), 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

AMS
EDQ:BRR:AMS:ams
Correspondence File

Enclosure: Sanitary Survey Dated 3/3/04

"More Protection, Less Process"

Printed on recycled paper.

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

Plant Name SILVER LAKE OAKS WTP County Putnam PWS ID # 2544258
 Plant Location Silver Lake Drive @ Lake Shore Drive Palatka Florida Phone 386-329-1122
 Owner Name Florida Water Services (Attn: Mr. Craig Anderson) Phone 407-880-0058
 Owner Address Post Office Box 609520, Orlando, Florida 32860
 Contact Person Mr. Paul Thompson Title Lead Operator, FWS Phone 386-329-1122
 This Survey Date 3/3/04 Last Survey Date 6/18/01 Last C.I. Date 8/1/02

PWS TYPE & CLASS: Community - (5D).

SERVICE AREA CHARACTERISTICS

Mobile Home Park

Food Service: Yes No N/A

GENERAL INFORMATION

Number of Service Connections 35
 Population Served 88 Basis estimate
 Plant Design Capacity 57,600 gpd
 Basis well pump capacity
 Average Day (from MORs) 4,097 gpd
 Max. Day (from MORs) 10,100 gpd
 Total Storage Capacity 18,500 gallons
 Comments data based on December 2003 MOR

LOCATION

Latitude 29° 37' 23" North
 Longitude 81° 42' 53" West
 GPS: No Date: _____
 Directions US 17 south to Palatka, right on Hwy 19, right on Silver Lake Dr., plant is on left at Lake Shore Drive.

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Paul Thompson, A-7251
Donald Holcomb, A-5091
 O & M Log: Yes No Not required
 Operator Visitation Frequency
 Hrs/day: Required N/A Actual N/A
 Days/wk: Required 5 Actual 5
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A
complete operations, maintenance, & equipment logs and sampling plans on site.

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required
 Source _____
 Capacity of Standby (kW) _____
 Switchover: Automatic Manual
 Standby Plan: Yes No
 Hrs Operated Under Load _____
 What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
 Satisfy 1/2 max-day demand? Yes No Unk
 Comments _____

TREATMENT PROCESSES IN USE

Hypo-chlorination, Aeration

What additional treatment is needed?

None

For control of what deficiencies?

N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type 2" Master Meter
 Backflow Prevention Devices: Yes No
 Cross-connections none observed
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments Satisfactory

PWS ID # 2544258
 Survey Date 3/3/04

GROUND WATER SOURCE

Well Number (PWS Identification)	2544258		
Well Name (System Identification)	1		
Year Drilled	2000		
Depth Drilled	260'		
Latitude	29:37:23 N		
Longitude	81:42:53 W		
GPS (Y or N) / Date (# applicable)	No		
Florida Well ID	AAC1924		
Static Water Level	Unknown		
Actual Yield (# different than rated capacity)			
Strainer	Unknown		
Length (outside casing)	187'		
Diameter (outside casing)	4"		
Material (outside casing)	steel		
Well Contamination History	None		
Is inundation of well possible?	No		
6' X 6' X 4" Concrete Pad	OK		
SET BACKS	Septic Tank		
	Reuse Water		
	WW Plumbing		
	Other Sanitary Hazard		
PUMP	Type	Submersible	
	Manufacturer Name	Unknown	
	Model Number	Unknown	
	Rated Capacity (gpm)	75	
	Motor Horsepower	5	
Well casing 12" above grade?	OK		
Well Casing Sanitary Seal	OK		
Raw Water Sampling Tap	OK - smooth		
Above Ground Check Valve	OK		
Fence/Housing	Secure		
Well Vent Protection	Not required		

COMMENTS Well appears to be in good operating condition.

PWS ID # 2544258
 Survey Date 3-Mar-04

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Make Stenner Capacity 10 gpd
 Chlorine Feed Rate 30%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 2.1 Remote 2.1
 Remote tap location _____
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points upstream of aerator
 Booster Pump Info N/A
 Comments Satisfactory chlorination

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type Cascade Capacity 40 gpm
 Aerator Condition Clean
 Bloodworm Presence No
 Visible Algae Growth None
 Protective Screen Condition Secure, clean
 Comments Aerator is in good operating condition

STORAGE FACILITIES

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

Tank Type/Number	H	G	AG
Capacity (gal)	1,000	6,000	6,000
Material	Steel	Conc.	Conc.
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	Yes	N/A	N/A
Sight Glass or Level Indicator	No	No	Yes
Fittings for Sight Glass	N/A	N/A	N/A
Protected Openings	Yes	Yes	Yes
PRV/ARV	PRV	N/A	N/A
On/Off Pressure	45/55	N/A	N/A
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank	N/A	N/A	N/A
Height to Max. Water Level	N/A	N/A	N/A

Comments Storage tanks appear to be clean and in good operating condition.

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Cent.	Cent.
Make	Peerless	Peerless
Model	C610A	C610A
Capacity (gpm)	20	20
Motor HP	5	5
Date Installed	unk	unk
Maintenance	Good	Good

Comments Pumps appear to be in good condition.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011716
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

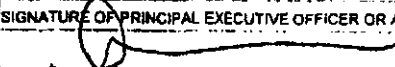
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			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		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/02/27

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.

DOCUMENT NUMBER-DATE

04329 MAY 22 08

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 01/01/2007

To: 01/31/2007

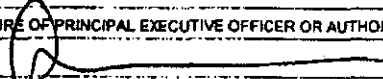
Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample 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		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U		#/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				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (No.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.1	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					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: 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 Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 01/01/2007	To: 01/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration				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 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	07/02/27

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year January-07

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)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	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+	1.0
4	0.009					7.3		2.2+	
5	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					7.1		2.2+	
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	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Evening Shift Operator	Class: <u> C </u>	Certification No.: <u> 9320 </u>	Name: <u> Ralph Marriott </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

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 _____

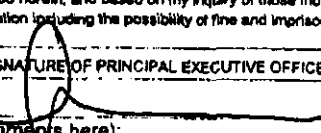
* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Monthly
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: III D	
COUNTY: Putnam	NO DISCHARGE FROM SITE: []	
	MONITORING PERIOD From: 02/01/2007 To: 02/28/2007	

Parameter		Quantity of Loading		Units	Quality or Concentration			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	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				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 including the possibility of fine and imprisonment.

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

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 Concentration			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 I 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
pH	Sample Measurement			7.2		7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			8.0 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		5 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 (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	00820
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.004					7.2		2.2+	
2	0.005					7.2		2.2+	
3	0.005								
4	0.006								
5	0.006					7.2		2.2+	
6	0.005					7.2		2.2+	
7	0.005	310	280	7.2	2.00	7.2	8.6	2.2+	
8	0.005					7.2		2.2+	
9	0.005					7.2		2.2+	
10	0.006								
11	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	0.004								
25	0.004								
26	0.005					7.3		2.2	
27	0.006					7.2		2.2+	
28	0.005					7.2		2.2+	
29									
30									
31									

PLANT STAFFING:

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

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

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

COUNTY: Putnam

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/09/19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 TSS sample taken on the 7th was 17.0 and then we resampled and the result was 7.6.

DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			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 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 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
pH	Sample Measurement				7.2	7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
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

Month / Year March-07

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)x100: 42%

Code	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, Total (as N) (mg/L)
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.004					7.2		2.2+	
2	0.005					7.2		2.2+	
3	0.005								
4	0.005								
5	0.005					7.3		2.2+	
6	0.005					7.3		2.2+	
7	0.003	170	78	29.0	40.00	7.4	17.0	2.0	
8	0.008					7.4		2.2+	
9	0.006					7.4		2.2+	
10	0.004								
11	0.004								
12	0.005					7.4		2.2+	
13	0.004					7.4		2.2+	
14	0.006					7.5	7.6	2.2+	
15	0.007					7.5		2.2+	
16	0.005					7.5		2.2+	
17	0.005								
18	0.005								
19	0.005					7.5		2.2+	
20	0.004					7.4		2.2+	
21	0.004					7.4		2.2+	
22	0.005					7.4		2.2+	
23	0.004					7.4		2.2+	
24	0.004								
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+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: I11D
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

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	0.005	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			470		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	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 fine and imprisonment.

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	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				6.7	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 Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (No. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					5.9	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				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

PermitNumber: FLA011715

Month / Year April-07

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)x100: 42%

Code	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)
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					7.3		2.2+	
3	0.004					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								
15	0.005								
16	0.005					7.3		2.2+	
17	0.005					7.3		2.2+	
18	0.004					7.3		2.2+	
19	0.005					7.3		2.2+	
20	0.004					7.3		2.2+	
21	0.005								
22	0.005								
23	0.005					7.3		2.2+	
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									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida


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

COUNTY: Putnam

MONITORING PERIOD From: 06/01/2007 To: 05/31/2007

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: 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 Concentration			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				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 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year May-07

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)x100: 42%

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
	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)
1	0.004					7.3		2.2+	
2	0.005	110	150	10.0	3.00	7.3	16.0	2.2+	
3	0.006					7.3		2.2+	
4	0.007					7.4		2.2+	
5	0.005								
6	0.006								
7	0.006					7.4		2.2+	
8	0.008					7.4		2.2+	
9	0.006					7.3		2.2+	
10	0.006					7.3		2.2+	
11	0.005					7.2		2.2+	
12	0.005								
13	0.006								
14	0.006					7.2		2.2+	
15	0.006					7.2		2.2+	
16	0.006					7.2		2.2+	
17	0.005					7.2		2.2+	
18	0.010					7.2		2.2+	
19	0.006								
20	0.006								
21	0.007					7.2		2.2+	
22	0.004					7.2		2.2+	
23	0.002					7.2		2.2+	
24	0.004					7.2		2.2+	
25	0.007					7.2		2.2+	
26	0.003								
27	0.003								
28	0.004					7.2		2.2+	
29	0.006					7.2		2.2+	
30	0.004					7.2		2.2+	
31	0.005					7.2		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

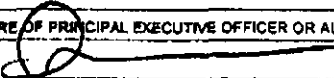
* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Monthly
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	CLASS SIZE:	
LOCATION: Lake Shore Drive Palatka, Florida	MONITORING GROUP NUMBER: R-001	
COUNTY: Putnam	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
	MONITORING PERIOD From: 06/01/2007 To: 06/30/2007	

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	0.005		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	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 fine and imprisonment.

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 08/01/2007

To: 08/30/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	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 I 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				3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (No. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

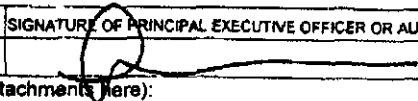
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Nitrates, as N	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 penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year June-07

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)x100: 42%

	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					7.3		2.2+	
2	0.006								
3	0.007								
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+	
14	0.006					7.2		2.2+	
15	0.005	390	360	11.0	3.00	7.2	6.9	2.2+	0.53
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	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

* Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011716
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

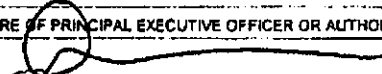
R-001
 IIID
 []

COUNTY: Putnam

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

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

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

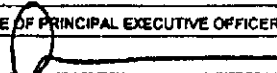
Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 80082 I 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	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.1	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					19.0	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				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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	CLASS SIZE:	
LOCATION: Lake Shore Drive Palatka, Florida	MONITORING GROUP NUMBER: R-001	
	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 07/01/2007	To: 07/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	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, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year July-07

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)x100: 42%

Code	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)
Mon. Site	50050	80082	00530	80082	74055	00400	00530	50060	00620
	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.004								
2	0.004					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+	
6	0.004					7.2		2.2+	
7	0.004								
8	0.005								
9	0.005					7.1		2.2+	
10	0.005	320	340	2.5	<1.0	7.2	19.0	2.2+	15.0
11	0.007					7.2		2.2+	
12	0.004					7.2		2.2	
13	0.002					7.2		2.2	
14	0.004								
15	0.004								
16	0.005					7.2		2.2+	
17	0.006					7.2		2.2+	
18	0.003					7.2	4.4	2.2+	0.2
19	0.004					7.2		2.2+	
20	0.006					7.2		2.2+	
21	0.004								
22	0.004								
23	0.005					7.4		2.0	
24	0.006					7.4		2.2+	
25	0.004					7.3		2.2+	
26	0.005					7.3		2.2+	
27	0.004					7.4		0.7	
28	0.004								
29	0.004								
30	0.004					7.4		2.2+	
31	0.005					7.4		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

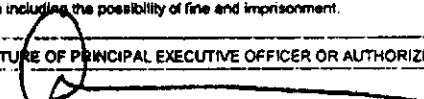
* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	LIMIT: Final	GROUP: Domestic
Leesburg, FL 34749	CLASS SIZE:	
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive	PLANT SIZE/TREATMENT TYPE: IIID	
Palatka, Florida	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 08/01/2007	To: 08/31/2007

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	0.005		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	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				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 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	07/09/18

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 MONITORING 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: 08/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				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 I 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	0	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
pH	Sample Measurement				7.2	7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year August-07

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)x100: 42%

Code	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)
Mon. Site	50050	80082	00530	80082	74055	00400	00530	50060	00620
	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.004					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		2.2+	
10	0.002					7.3		2.2+	
11	0.004								
12	0.004								
13	0.004					7.2		2.2+	
14	0.004					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					7.4		2.2+	
18	0.004								
19	0.004								
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					7.5		0.8	
25	0.004								
26	0.004								
27	0.005					7.4		2.2+	
28	0.006					7.4		2.2+	
29	0.004					7.3		2.2+	
30	0.005					7.3		2.2+	
31	0.004					7.4		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

R-001
 III D
 []

COUNTY: Putnam

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

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	0.005	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		315	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		124	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 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

388-937-1143

07/10/25

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

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 Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.9		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		1671.3		#/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		1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement		Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		7.4	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			7.6	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		5 Days/Week	Grab


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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA011715	REPORT:	Annual
MAILING ADDRESS:	1343 NE 17th Road	LIMIT:	Final	GROUP:	Domestic
	Ocala, FL 34470	CLASS SIZE:			
FACILITY:	Silver Lake Oaks MHP	MONITORING GROUP NUMBER:	R-001		
LOCATION:	Lake Shore Drive	PLANT SIZE/TREATMENT TYPE:	IID		
	Palatka, Florida	NO DISCHARGE FROM SITE:	[]		
COUNTY:	Putnam	MONITORING PERIOD	From: 09/01/2007	To: 09/30/2007	

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Nitrates, 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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead operator		386-937-1143	07/10/05
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year September-07

Three-month Average Daily Flow: 0.005
 (TMSDF/Permitted Capacity)x100: 42%

Code	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)
Mon.Site	50050	80082	00530	80082	74055	00400	00530	50060	00620
	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					7.4		2.2+	
4	0.005					7.4		2.2+	
5	0.005					7.4		2.2+	
6	0.011					7.4		2.2+	
7	0.002	315	124	2.5	10	7.4	7.6	2.2+	
8	0.003								
9	0.003								
10	0.004					7.4		2.2+	
11	0.004					7.4		2.2+	
12	0.006					7.4		2.2+	
13	0.004					7.4		2.2+	
14	0.004					7.4		2.2+	
15	0.003								
16	0.004								
17	0.004					7.4		2.2+	
18	0.004					7.4		2.2+	
19	0.005					7.4		2.2+	
20	0.004					7.4		2.2+	
21	0.006					7.5		2.2+	
22	0.006								
23	0.006								
24	0.007					7.4		2.2+	
25	0.004					7.4		2.2+	
26	0.005					7.4		2.2+	
27	0.006					7.4		2.2+	
28	0.007					7.4		2.2+	
29	0.004								
30	0.004					7.4		2.2+	
31									

PLANT STAFFING:

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

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

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

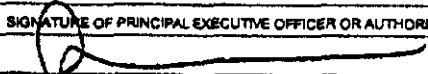
R-001
 IID
 []

COUNTY: Putnam

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

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 (Ar. Avg.)	mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.008	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			324		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			458		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 fine and imprisonment.

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: 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 Loading		Units	Quality or Concentration			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 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	80.0 (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				9.0	9.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.4	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					20	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				0.8		mg/L	0	5 Days/Week	Grab
PARM Code 50080 A Mon.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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida


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

COUNTY: Putnam

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

Parameter	Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, 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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead operator		386-837-1143	07/11/15

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year October-07

Three-month Average Daily Flow: 0.006
(TMSDF/Permitted Capacity)x100: 50%

	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	0.013					7.4		2.2			
2	0.008					7.4		2.2			
3	0.006					7.4		2.2			
4	0.008	324	456	5.8	9.00	7.5	2.0	2.2			
5	0.005					7.5		2.2			
6	0.007										
7	0.007										
8	0.006					7.5		2.2			
9	0.008					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			
18	0.004					7.5		2.2			
19	0.005					7.5		2.2			
20	0.007										
21	0.007										
22	0.006					7.5		2.2			
23	0.005					7.4		2.2			
24	0.004					7.4		2.2			
25	0.005					7.4		2.2			
26	0.004					7.4		2.2			
27	0.009										
28	0.009										
29	0.008					7.4		2.2			
30	0.006					7.4		2.2			
31	0.009					7.4		2.2			

PLANT STAFFING:

Day Shift Operator	Class:	B	Certification No.:	12476	Name:	David Haring
Evening Shift Operator	Class:	C	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 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

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

COUNTY: Putnam

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

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	0.007		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				68		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 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	07/12/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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 Loading		Units	Quality or Concentration			No. Ex.	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 I 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				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (No.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.3		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			8.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					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 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

PermitNumber: FLA011715

Month / Year November-07

Three-month Average Daily Flow: 0.007
(TMSDF/Permitted Capacity)x100: 56%

	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					7.4		2.2+			
2	0.007					7.4		2.2+			
3	0.007										
4	0.007										
5	0.006					7.4		2.2+			
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										
18	0.007										
19	0.008					7.4		2.2+			
20	0.008					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										
26	0.011					7.3		2.2+			
27	0.009					7.3		2.2+			
28	0.004					7.3		2.2+			
29	0.006					7.4		2.2+			
30	0.004					7.3		2.2+			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

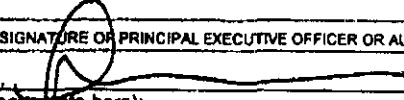
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: 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 Concentration			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 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1872.0		#/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 (No. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.3	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			8.0 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 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			0.6 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 (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-J	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
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								
9	0.004								
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	0.005	230	100	4.2	2.00	7.3	13.0	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+	
29	0.003								
30	0.004								
31	0.004					7.3		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011716	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
	CLASS SIZE:	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IIIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 01/01/2006	To: 01/31/2006

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.002								
Flow	Sample Measurement	0.002		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				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				250		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 fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Paul Thompson, Lead Operator		386-937-1143	06/02/08

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.

DOCUMENT NUMBER-DATE

04329 MAY 22 8

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011718

Discharge Point No.: R-001

MONITORING PERIOD From: 01/01/2006

To: 01/31/2006

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		mg/L	0	Monthly	Grab
PARM Code: 80082, Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.0	12.0	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			1.7		#/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			3.6	13.0	#/100mL	0	Monthly	Grab
PARM Code: 74055, I Mon. Site No. EFA-1	Permit Requirement			Report (No. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	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	S.U.		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				13.0	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			1.2		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
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011716
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

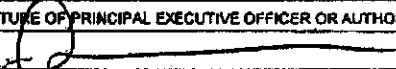
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: III D
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 01/01/2006 To: 01/31/2008

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement				0.1	mg/L	0	Annual	Grab	
PARM Code 00620 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, 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 (YYMMDD)
Paul Thompson, Lead Operator		386-937-1143	06/02/23

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year January-06

Three-month Average Daily Flow: 0.003
(TMSDF/Permitted Capacity)x100: 22%

Code	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)
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					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								
8	0.005								
9	0.005					7.1		2.2+	
10	0.005					7.1		2.0	
11	0.004				1U	7.2	7.2	2.2+	0.1
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+	
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					7.2		2.0	

PLANT STAFFING:

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

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

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

R-001
 IIID
 []

COUNTY: Putnam

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

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	0.005		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				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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
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 MONITORING REPORT - PART A (Continued)

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 Concentration			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 I 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 Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.1	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					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				1.8		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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year February-06

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)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	0.004	260	120	2.3	1U	7.2	1.5	2.2+	
2	0.004					7.2		2.2+	
3	0.003					7.2		2.2+	
4	0.006								
5	0.007								
6	0.007					7.2		2.2+	
7	0.006					7.2		2.2+	
8	0.004					7.2		2.2+	
9	0.009					7.2		2.2+	
10	0.003					7.2		1.8	
11	0.006								
12	0.007								
13	0.007					7.2		2.2+	
14	0.006					7.2		2.2+	
15	0.006					7.2		2.2+	
16	0.003					7.2		2.2+	
17	0.003					7.2		2.2+	
18	0.005								
19	0.006								
20	0.006					7.2		2.2+	
21	0.003					7.2		2.2+	
22	0.003					7.2		2.2+	
23	0.005					7.2		2.2+	
24	0.004					7.2		2.2+	
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: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

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

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

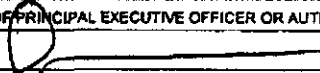
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.008		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				62		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 fine and imprisonment.

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

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

DISCHARGE MONITORING 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 of Loading	Units	Quality or Concentration			No. Ex.	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		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.0	7.0	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			9.4		#/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			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Ar. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min		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				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.8		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year March-06

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)x100: 39%

Code	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)		
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	1U	7.2	4.8	2.2+			
9	0.004					7.2		2.2+			
10	0.004					7.2		2.2+			
11	0.004										
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	0.003										
19	0.003										
20	0.004					7.2		2.2+			
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 STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

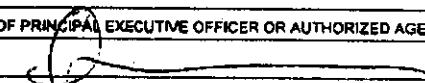
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: I/ID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.006		mgd				0	5 Day/Week	EIapse 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	EIapse 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				480	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				350	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 fine and imprisonment.

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			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			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 I Mon. Site No. EFA-1	Permit Requirement			30.0 (No. 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			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (No. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min		S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				6.1	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			1.2		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

PermitNumber: FLA011715

Month / Year April-06

Three-month Average Daily Flow: 0.005
(TMSDF/Permitted Capacity)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	0.004										
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	6.1	2.2+			
13	0.005					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+			
21	0.004					7.3		2.2+			
22	0.004										
23	0.004										
24	0.004					7.3		2.2+			
25	0.004					7.4		2.2+			
26	0.003					7.4		1.2			
27	0.003					7.4		2.2+			
28	0.003					7.3		2.2+			
29	0.004										
30	0.004										
31											

PLANT STAFFING:

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

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

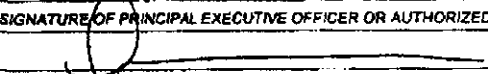
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	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	0.042 (An. Avg.)		mgd					Continuous	Flowmeter/ 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	Flowmeter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				190		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				52		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 fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
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.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011716

Discharge Point No.: R-001

MONITORING PERIOD From: 05/01/2006

To: 05/31/2006

Parameter		Quantity of Loading		Units	Quality or Concentration			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				8.0	8.0	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				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				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					8.1	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				2.0		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

Permit Number: FLA011715

Month / Year May-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 36%

Code	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)	
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					7.3		2.0		
3	0.006					7.3		2.2+		
4	0.005					7.3		2.2+		
5	0.004					7.2		2.2+		
6	0.003									
7	0.003									
8	0.003					7.2		2.2+		
9	0.003					7.3		2.2+		
10	0.005					7.3		2.2+		
11	0.003					7.2		2.2+		
12	0.003					7.2		2.2+		
13	0.004									
14	0.004									
15	0.004					7.3		2.2+		
16	0.005					7.3		2.2+		
17	0.004	190V	52	8V	1U	7.3	8.1	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	0.004					7.3		2.2+		
24	0.003					7.3		2.2+		
25	0.003					7.3		2.2		
26	0.003					7.3		2.2		
27	0.003									
28	0.004									
29	0.004					7.3		2.2+		
30	0.004					7.3		2.2+		
31	0.003					7.3		2.2+		

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida


MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: I11D
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter	Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	EIapse 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	EIapse 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 law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

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 MONITORING REPORT - PART A (Continued)

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	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			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. 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				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					2.2	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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year June-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 33%

Code	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)
Mon. Site	50050	80082	00530	80082	74055	00400	00530	50060	00620
	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.003					7.4		2.2+	
2	0.004					7.3		2.2+	
3	0.004								
4	0.004								
5	0.004					7.2		2.2+	
6	0.004					7.3		2.2+	
7	0.003	290	110	2.5	1U	7.3	2.2	2.2+	
8	0.003					7.4		2.2+	
9	0.005					7.4		2.2+	
10	0.003								
11	0.003								
12	0.003					7.4		2.2+	
13	0.004					7.3		2.2+	
14	0.004					7.3		2.2+	
15	0.005					7.4		2.2+	
16	0.003					7.4		2.2+	
17	0.004								
18	0.004								
19	0.005					7.3		2.2+	
20	0.003					7.3		2.2+	
21	0.005					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		2.2+	
27	0.003					7.4		2.2+	
28	0.004					7.4		2.2+	
29	0.003					7.4		2.2+	
30	0.003					7.4		2.2+	
31									

PLANT STAFFING:

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

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

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

COUNTY: Putnam

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

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	0.005		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	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 fine and imprisonment.

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			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 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		#/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				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (No.Gec.Mean)	800 Max	#/100mL		Monthly	Grab
pH	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					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	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement				0.5 Mirr		mg/L		5 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year July-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 36%

Code	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, Total (as N) (mg/L)
Mon. Site	50050	80082	00530	80082	74056	00400	00530	50060	00620
	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.003								
2	0.003								
3	0.004					7.4		2.2+	
4	0.011					7.3		2.2+	
5	0.004			3.6	1U	7.3	2.5	2.2+	
6	0.005					7.3		2.2+	
7	0.004	260	72	3.8	1U	7.3	3.7	2.2+	
8	0.005								
9	0.005								
10	0.005					7.3		2.2	
11	0.005					7.3		2.2+	
12	0.003					7.3		2.2+	
13	0.005					7.3		2.2+	
14	0.007					7.3		2.2+	
15	0.005								
16	0.005								
17	0.005					7.3		2.2+	
18	0.004					7.3		2.2+	
19	0.005					7.3		2.2+	
20	0.003					7.4		2.2+	
21	0.004					7.3		2.2+	
22	0.006								
23	0.005								
24	0.005					7.3		2.2+	
25	0.004					7.3		2.2+	
26	0.004					7.3		2.2+	
27	0.003					7.4		2.2+	
28	0.006					7.4		2.2+	
29	0.005								
30	0.005								
31	0.005					7.4		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

* Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

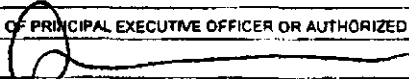
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IHD
 NO DISCHARGE FROM SITE: []

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	EIapse 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	EIapse 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	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				250		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 fine and imprisonment.

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

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 MONITORING REPORT - PART A (Continued)

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 Concentration			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		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5	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				8.6		#/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				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	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					3.4	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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

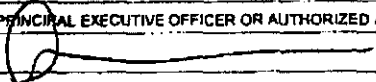
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Nitrates, as N					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 submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead operator		386-937-1143	06/09/19
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011715

Month / Year August-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)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	0.003					7.4		2.2+	
2	0.005	380	260	3.6	1U	7.3	3.4	2.2+	0.2
3	0.003					7.3		2.2+	
4	0.003					7.3		2.2+	
5	0.004								
6	0.004								
7	0.005					7.3		2.2+	
8	0.003					7.3		2.2+	
9	0.004					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	0.004					7.3		2.2+	
17	0.003					7.3		2.2	
18	0.003					7.3		2.2	
19	0.004								
20	0.004								
21	0.004					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: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: I11D
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	EIapse time meter
PARM Code 5005D - 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	EIapse 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			270		mg/L	0	Monthly	Grab
PARM Code 80082 - G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			140		mg/L	0	Monthly	Grab
PARM Code 00530 - G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
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.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

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

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			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				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		#/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				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	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					3.6	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		5 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year September-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)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	00520		
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										
4	0.004					7.3		2.2+			
5	0.004					7.3		2.2+			
6	0.003					7.3		2.2+			
7	0.006					7.3		2.2+			
8	0.002					7.4		2.2+			
9	0.005										
10	0.005										
11	0.005					7.4		2.2+			
12	0.003					7.4		2.2+			
13	0.006	270	140	7.8	1U	7.4	3.6	2.2+			
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					7.4		2.2+			
28	0.005					7.4		2.2+			
29	0.003					7.4		2.2+			
30	0.005										
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011718
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

COUNTY: Putnam

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

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.004								
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	0.004		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				370		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

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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 of Loading		Units	Quality or Concentration			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				4.8	4.6	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				8.4		#/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				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
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		5 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year October-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 33%

Code	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)
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					7.3		2.2+	
7	0.004								
8	0.004								
9	0.005					7.3		2.2+	
10	0.004					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								
15	0.004								
16	0.005					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					7.2		2.2+	
28	0.004								
29	0.004								
30	0.005					7.2		2.2+	
31	0.003					7.2		2.2+	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida


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

COUNTY: Putnam

MONITORING PERIOD From: 11/01/2006 To: 11/30/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004		mgd				0	5 Day/Week	EIapse 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	EIapse 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				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				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 certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011716

Discharge Point No.: R-001

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

Parameter		Quantity of Loading		Units	Quality or Concentration			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 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 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement				8.0 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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year November-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)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-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.005	250	160	3.6	2.00	7.2	4.4	2.2+	
2	0.006					7.2		2.2+	
3	0.002					7.2		2.2+	
4	0.004								
5	0.005								
6	0.005					7.2		2.2+	
7	0.005					7.2		2.2+	
8	0.004					7.2		2.2+	
9	0.003					7.2		2.2+	
10	0.005					7.2		2.2+	
11	0.005								
12	0.005								
13	0.005					7.2		2.2+	
14	0.004					7.2		2.2+	
15	0.007					7.2		2.2+	
16	0.002					7.2		2.2+	
17	0.004					7.2		2.2+	
18	0.005								
19	0.005								
20	0.005					7.2		2.2	
21	0.005					7.2		2.2+	
22	0.004					7.2		2.2+	
23	0.005					7.2		2.2+	
24	0.004					7.2		2.2+	
25	0.006								
26	0.007								
27	0.007					7.2		2.2+	
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: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011716
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

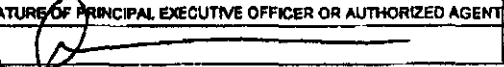
MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

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

Parameter		Quantity of Loading	Units	Quality or Concentration			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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		388-937-1143	07/01/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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		Quantity of Loading		Units	Quality or Concentration			No. Ex.	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		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	80.0 (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.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					1U	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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 09/01/2006

To: 09/30/2006

Parameter		Quantity of Loading	Units	Quality or Concentration			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			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		#/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			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	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				3.6	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		5 Days/Week	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year September-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 36%

Code	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)		
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										
4	0.004					7.3		2.2+			
5	0.004					7.3		2.2+			
6	0.003					7.3		2.2+			
7	0.006					7.3		2.2+			
8	0.002					7.4		2.2+			
9	0.005										
10	0.005										
11	0.005					7.4		2.2+			
12	0.003					7.4		2.2+			
13	0.006	270	140	7.8	1U	7.4	3.6	2.2+			
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					7.4		2.2+			
28	0.005					7.4		2.2+			
29	0.003					7.4		2.2+			
30	0.005										
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida


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

COUNTY: Putnam

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

Parameter		Quantity of Loading		Units	Quality or Concentration			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	0.004		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				370		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

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year October-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 33%

	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										
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					7.3		2.2+			
7	0.004										
8	0.004										
9	0.005					7.3		2.2+			
10	0.004					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										
15	0.004										
16	0.005					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					7.2		2.2+			
28	0.004										
29	0.004										
30	0.005					7.2		2.2+			
31	0.003					7.2		2.2+			

PLANT STAFFING:

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

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: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

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

COUNTY: Putnam

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

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004		mgd				0	5 Day/Week	EIapse 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	EIapse 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				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				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 certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Paul Thompson, Lead Operator		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 1.1U.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

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

Parameter		Quantity of Loading	Units	Quality or Concentration			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 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 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min		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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year November-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)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	00820
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.005	250	160	3.6	2.00	7.2	4.4	2.2+	
2	0.006					7.2		2.2+	
3	0.002					7.2		2.2+	
4	0.004								
5	0.005								
6	0.005					7.2		2.2+	
7	0.005					7.2		2.2+	
8	0.004					7.2		2.2+	
9	0.003					7.2		2.2+	
10	0.005					7.2		2.2+	
11	0.005								
12	0.005								
13	0.005					7.2		2.2+	
14	0.004					7.2		2.2+	
15	0.007					7.2		2.2+	
16	0.002					7.2		2.2+	
17	0.004					7.2		2.2+	
18	0.005								
19	0.005								
20	0.005					7.2		2.2	
21	0.005					7.2		2.2+	
22	0.004					7.2		2.2+	
23	0.005					7.2		2.2+	
24	0.004					7.2		2.2+	
25	0.006								
26	0.007								
27	0.007					7.2		2.2+	
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: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Evening Shift Operator	Class: <u> C </u>	Certification No.: <u> 9320 </u>	Name: <u> Ralph Marriott </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

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.

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year December-06

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 36%

Code	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, Total (as N) (mg/L)
Mon. Site	50050	80082	00530	80082	74055	00400	00530	50060	00620
	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.005					7.3		2.2+	
2	0.005								
3	0.006								
4	0.006					7.3		2.2+	
5	0.007					7.3		2.2+	
6	0.007	130	74	2.1	1U	7.3	1U	2.2+	
7	0.005					7.3		2.2+	
8	0.010					7.3		2.2+	
9	0.004								
10	0.005								
11	0.005					7.3		2.2+	
12	0.005					7.3		2.2+	
13	0.005					7.3		2.2+	
14	0.005					7.3		2.2+	
15	0.005					7.3		2.2+	
16	0.006								
17	0.006								
18	0.006					7.2		2.2+	
19	0.004					7.2		2.2+	
20	0.005					7.2		2.2+	
21	0.004					7.2		2.2+	
22	0.004					7.2		2.2+	
23	0.005								
24	0.006								
25	0.006					7.2		2.2+	
26	0.004					7.2		2.2+	
27	0.005					7.2		2.2+	
28	0.004					7.2		2.2	
29	0.005					7.2		2.2	
30	0.005								
31	0.005								

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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



Department of Environmental Protection

Jeb Bush
Governor

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

Colleen Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:
Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011715
PA FILE NUMBER: FLA011715-004-DW3P
ISSUANCE DATE: January 6, 2006
EXPIRATION DATE: January 5, 2011

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 - DATE

04329 MAY 22 08

FPSC-COMMISSION CLERK

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

PERMIT NUMBER: FLA011715
 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:

Parameter	Units	Max/ Min	Reclaimed Water Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
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.				Monthly	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: Silver Lake Oaks MHP WWTF
PERMITTEE: 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 6-month 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), FAC]
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]

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B. Other Limitations and Monitoring and Reporting Requirements

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

Parameter	Units	Max/ Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Flow	MGD	Max	0.012	-	-	-	5 Days/ Week	Elapsed time meters	INF-1	See Cond.I.B.3, 4
BOD, Carbonaceous 5 day, 20C	mg/L	Max	-	Report	-	-	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-1	

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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
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	28 th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

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

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[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:

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Source Facility

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

Residuals Management Facility or Treatment Facility

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

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

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

III. GROUND WATER REQUIREMENTS

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)]
4. 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

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

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

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

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;
 - e. A copy of the current permit;

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- 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]

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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):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

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7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1)] [and 62-600.400(2)(b)]*
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*
10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

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

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4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

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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 penalties or revocation of this permit. The notice shall include the following information:

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- 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, eliminate, and prevent recurrence of the noncompliance.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

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: Silver Lake Oaks MHP WWTF
PERMITTEE: 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. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Vincent A. Seibold

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

DATE: January 6, 2006

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

**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, Carbonaceous 5 day, 20C (mg/L)	20 30 60	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Monthly Average	62-600.740(1)(b)1.b. FAC
		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, (TMADE/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. ADMINISTRATIVE 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:

<u>Chapter</u>	<u>Effective Date</u>
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 PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF
 LOCATION: Lake Shore Drive
 Palatka, FL 32177
 COUNTY: Putnam

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

REPORT: Monthly
 GROUP: Domestic

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

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

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

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

DISCHARGE MONITORING REPORT - 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		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement									
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 (An.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/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION \ DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida, Inc.	PERMIT NUMBER:	FLA011715	REPORT:	Annually
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 NUMBER:	R-001		
LOCATION:	Lake Shore Drive	NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
	Palatka, FL 32177	MONITORING PERIOD	From: _____	To: _____	
COUNTY:	Putnam				

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12 (Max.)	mg/L		Annually	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011715
 Monitoring Period: From: _____ To: _____

 Facility: Silver Lake Oaks Mobile Home Park WWTF

Code	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082 EFA-1	74055 EFA-1	00530 EFA-1	80082 INF-1	00530 INF-1
1									
2									
3									
4									
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26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____	
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____	
1 Shift Operator	Class: _____	Certificate No: _____	Name: _____	
Lead Operator	Class: _____	Certificate No: _____	Name: _____	

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data. When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

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

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

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

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

PART A -DISCHARGE MONITORING REPORT (DMR)

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

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

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

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

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

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

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

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

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

PART B - DAILY MONITORING RESULTS

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

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

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

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

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

PART D - GROUND WATER MONITORING REPORT

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

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

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

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

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

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

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

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

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

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

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

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

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

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

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

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

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

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

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

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

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



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 26 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

only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

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

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

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

for James R. Marku

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

JMO/JSML/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



Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

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

PERMIT NUMBER:

FLA011715

PA FILE NUMBER:

FLA011715-000-0000

ISSUANCE DATE:

December 12, 2000

EXPIRATION DATE:

December 11, 2005

REVISION DATE:

July 7, 2004

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: December 12, 2000
 EXPIRATION DATE: 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:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Total Residual Chlorine (For 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 Condition LA.4.						Monthly	Grab	EFA-1	
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	EFA-1	
pH	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	

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2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 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 six-month 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.

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B. Other Limitations and Monitoring and Reporting Requirements

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

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

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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]*

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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)3 & 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
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

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

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

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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), 1-9-96]

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

[62-620.630(3), 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), Flow, 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]

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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]*

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9. The permittee shall provide adequate notice to the Department of the following:
- a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

{62-620.625(2), 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}*
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), 3-2-00}*
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

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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. [62-620.610(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]

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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. 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.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit 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]

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

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

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

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

b. 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: FLA011715
ISSUANCE DATE: December 12, 2000
EXPIRATION DATE: December 11, 2005
PROJECT NUMBER: 001

- 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;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23), 3-2-00]

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jerry M. Owen

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

FILING AND ACKNOWLEDGEMENT
FILED, on this date, pursuant to S120.52 Florida
Statutes with the designated Department Clerk,
receipt of which is hereby acknowledged
[Signature] *July 22, 2000*
Clerk



Florida Department of Environmental Protection

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

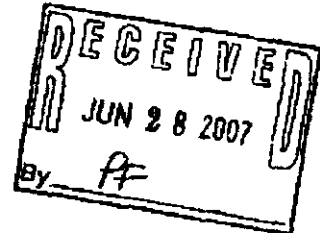
Charlie Crist
Governor

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:

- The name of the facility, day, month and year.
- The operator's name and certification number.
- The operator in and out times.
- Flow, pH results, and process control.
- Maintenance performed at the facility.

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 Solids	10 mg/L (Maximum)	17.0 mg/L
January 2007	Total Suspended Solids	10 mg/L (Maximum)	11.0 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,



Kathleen H. Gerard
DW Compliance Coordinator

KHG:tk:kg

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

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility <i>Silver Lake Oaks MIIP WWTF Lake Shore Dr Palatka, FL 32177</i>	WAPR ID: <i>FLA011715</i>	County <i>Putnam</i>	Entry Date/Time <i>May 14, 2007</i>
		Phone	@ Exit Date/Time <i>May 14, 2007</i>
Name(s) of Field Representative(s) <i>David Haring</i>	Title <i>Operator</i>		Phone <i>(386) 937-1091</i>
<i>Paul Thompson</i>	<i>Senior Operator</i>		<i>(386) 329-1122</i>
Name and Address of Permittee or Designated Representative <i>Mr. Patrick Farris Aqua Utilities Florida, Inc. P.O. Box 490316 Leesburg, Florida 34749</i>	Title <i>Environmental Compliance</i>	Phone	@ Operator Certification #

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

FACILITY COMPLIANCE AREAS EVALUATED

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

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

Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance

Recommended Actions:

Name(s) and Signature(s) of Inspector(s) <i>Kathleen Gerard</i>	District Office/Phone Number <i>NED/ (904) 807-3338</i>	Date <i>June 22, 2007</i>
<i>Max Schwartz</i>	<i>NED/ (904) 807-3337</i>	<i>June 22, 2007</i>
@ Signature of Reviewer <i>Tam Kallemev</i>	District Office/Phone Number <i>NED/ (904) 807-3305</i>	Date <i>June 22, 2007</i>

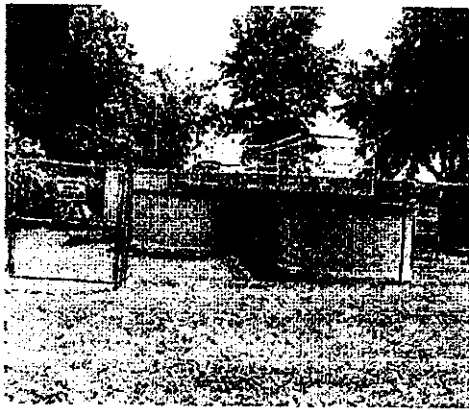
Fill Out This Section For All Surface Water Discharges Inspections (CBI, CSI, CBI, PAI, XSI, RI)

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

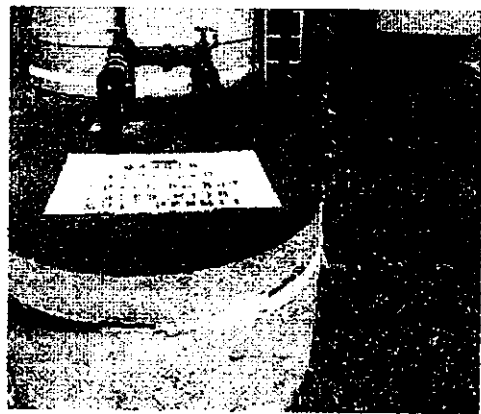
ADDITIONAL NPDES COMMENTS

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

SILVER LAKE OAKS WWTF
MAY 14, 2007



WWTF



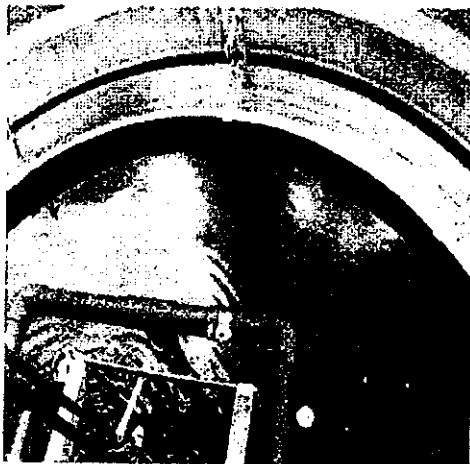
Lift Station and Backflow Prevention



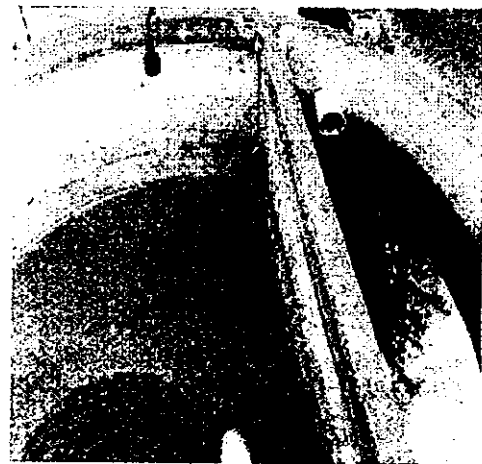
Aeration Unit



Aeration Unit



Clarifier was very clean.



Digester/CCC



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

CH# 1011710+8C

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED: OCT 10 2007

RECEIVED BY: DP

SAMPLE PRESERVATION: ON ICE NOT ON ICE 11 °C

DISINFECTANT CHECK: NOT DETECTED _____ mg/L

THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: 10-5-07/3:36pm

PERSON NOTIFIED: D. Haring NOTIFIED BY: DP

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

PAID CHECK OR RECEIPT #:

SYSTEM NAME: Silver Lake Lakes PWS ID: 2914258 SYSTEM PHONE: 386-937-1091

SYSTEM ADDRESS: 7617 Silver Lake Dr. Palatka, FL COUNTY: Volusia

CLIENT: Aqua Utilities COLLECTOR: David Haring COLLECTOR PHONE: 386-937-1091

TYPE OF SUPPLY (Check Box): Community Water System Noncommunity Water System Nontransient Noncommunity Water System

Limited Use System Other:

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

Other:

SAMPLE COLLECTION DATE(S): 4 Oct 07 REMARKS: All samples on ice

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Date Qualifier
121	Well	0920	K	/	MO715898	P	A	
122	Lot 6	0900	D	1.5	MO715899	A		
123	Lot 26	0910	D	1.5	MO715900	A		
RECEIVED								
OCT 10 2007								
NORTHEAST DISTRICT DEP-JACKSONVILLE								
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)					1.5	Time(s) Analyzed: <u>1:44pm</u>		

Disinfectant Residual Analysis Method: DPD Colorimetric Other:

Person performing analysis is:

A certified operator (# 214091) Employed by a certified lab

Supervised by a cert operator (# _____) Employed by DEP or DOH

Michael Morse 10-8-07
TECHNICAL DIRECTOR DATE

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Aqua Utilities
1100 Thomas Ave
Leesburg, FL 34748

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: 10/17/07

DEP/DOH Reviewing Official: Sheerack

Unsatisfactory Bacteriological Results

System Name: SILVER LAKE OAKS

PWS ID#: 2544258

The results of the bacteriological tests taken for this system on October 04, 2007, were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the requested samples for analysis within 24 hours.

Sample results were _____. Submit one (1) sample from each of the following locations:

Mark the sample type "replacement" on the lab form.

Sample results were positive for raw water. Submit two (2) consecutive days of samples from the following locations: WELL.

Mark the sample type "repeat" on the lab form.

Sample results were positive. Please refer to the following instructions 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 from each original positive location.

C) Also, one (1) sample from a site within five connections downstream from each original location.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Mark the sample type "repeat" on the lab form.

ALL OF THESE "REPEAT" SAMPLES MUST BE TAKEN ON THE SAME DAY!!

You are also required to submit a minimum of five (5) distribution samples (in addition to the required raw water samples); one each from five (5) different locations during the month of ENTER MONTH.

THESE SAMPLES ARE IN ADDITION TO THE REPEAT 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