CLASS A and B WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Utilities, Inc. of Florida - Marion County

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (/)

BINDER 1 of 11

System(s):

Golden Hills

DOCUMENT NUMBER-DATE

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Golden Hills Docket No. 060253-WS

Marion County

Test Year Ended December 31, 2005

Golden Hills

Docket No. 060253-WS

25.30-440(1) Detailed Map

Test Year Ended December 31, 2005

<u>MAPS</u>

SUBMITTED TO COMMISSION SEPARATELY

Golden Hills Docket No. 060253-WS

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

UTILITIES, INC. OF FLORIDA **CHEMICAL USE DATA** TEST YEAR: 2006

	٠	Chemical	Water	Unit
County	System Name	Used	Treatment	Price
County	System Name	VSEG	Heatment	11100
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
AN MANUTE OF THE PROPERTY OF T	A TOWN THE PARTY OF THE PARTY O	Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
		·	 	
Seminole	Little Wekiva	<u>Chlorine</u>	3-4 gpd	\$ 1.15/gal
		Chaminal	14-10-	Unit
	0	Chemical	Water	
County	System Name	Used	Treatment	Price
Seminole	Park Ridge	Chlorine	2.4 and	\$ 1.15/mol
Serminole	Park Hoye		3-4 gpd	\$ 1.15/gal \$14.00/ gal
		Polyphosphate	1-2 gpd	\$14.00/ gai
Secretary of the Control of the Cont		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
County	Cystem Marie	0360	Treatment	7 (100
Seminole	Phillips	Chlorine	2-3 gpd	\$ 1.15/gal
		Polyphosphate	1-2 gpd	\$14.00/ gal
	777			A STATE OF THE STA
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Seminole	Crystal Lake	Chlorine	3-4 gpd	\$ 1.15/gai
		Polyphosphate	1-2 gpd	\$14.00/ gal
				tion the state of
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
	 	011		A 451-1
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1,15/gal
		Chemical	Water	Unit
Country	Cuntam Nama		Treatment	Price
County	System Name	Used	Treatifient	FILE
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
		Chlorine		ψ 1.15/gar
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
	· · · · · · · · · · · · · · · · · · ·		 	A 4 451 1
Seminole	Jansen	Chlorine	12-15gpd	\$ 1.15/gal

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UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
PINNELLAS COUNT	Y							
		Liquid Chlorine	Yes	No	420	Gals	\$ 0.87	1.1 gal/day
		Ammonia	Yes	No	294	Gals	\$ 0.45	0.8 gal/day
PASCO COUNTY								
	Buena Vista Manor	None	Yes	No				
	Buena Vista Trailer Pa	Liquid Chlorine	Yes	No	1566	Gals	\$ 0.87	4.2 gal/day
	Summertree	Gas Chlorine	Yes	No	7.8	lbs	\$ 0.90	21.3lbs/day
	Orangewood	Liquid Chlorine	Yes	No	1774	Gals	\$ 0.87	4.8 gal/day
					<u> </u>	ļ		
L	<u> </u>	<u> </u>			<u> </u>	<u> </u>	لـــــــــــــــــــــــــــــــــــــ	

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UTILITIES INC OF FL

PAGE 82 PAGE

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UTILITIES INC OF FL

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UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	(Yes) No	Yes/No	1,325 GH	GALS	0.95/GAL	4.9 gals/de
		Amonia	Yes / No	Yes / No-				
	CROWNWOOD	Stick Chloria	Yes/No	(fcs/No	50 485			0.2 185/da
		Liquid Chlorine	Yes/No	Yes No	1,945 644	GALS :	0.95 /GAL	7-2 gals/da
		-Gra Chlorino	You / No	Yes/No			<u> </u>	
•		Liquid Chlorine	Yes I No	Yes / No-			<u> </u>	<u> </u>
		Granular Chlory		(Yes)/No	100 LBS	Les a	1.48/18	0.4 LB> /day

					(so far)	,	,	

(269 days sofor)

P.04

Golden Hills

Docket No. 060253-WS

25.30-440(3) Chemical Analyses

Test Year Ended December 31, 2005

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 11299DW1 PWS ID: 6424076 Sample ID: water

Contam				A ==1					
ID	Contam Name	Units	MCL	Analysis	-	Analytical	Lab	Analysis	Analysis
1005	Arsenic	mg/L		Result	Qualifier	Method	MDL	Date	Time
1010	Barium	mg/L	0.01 (0.05)	0.00100	U	EPA200.8	0.00100	02/28/06	
1015	Cadmium	mg/L	2	0.00460		EPA200.8	0.00200	02/28/06	
1020	Chromium	-	0.005	0.00100	U	EPA200.8	0.00100	02/28/06	
1024	Cyanide	mg/L	0.1	0.0116		EPA200,8	0.00100	02/28/08	
1025	Fluoride	mg/L	0.2	0.00500	U	SM4500-CN E	0.00500	03/06/06	
1030	Lead	mg/L −«	2.0 (4.0)	0.251		EPA300.0	0.200	02/24/06	
1035	Mercury	mg/L	0.015	0.00100	U	EPA200.8	0.00100	02/28/06	
1036	Nickel	mg/L	0.002	0.000200	U	EPA245.1	0.000200	03/02/06	•
1040	Nitrate	mg/L	0.1	0.00200	U	EPA200.8	0.00200	02/28/06	
1041	Nitrite	mg/L	10	1.20		EPA300.0	0.0500	-	04.40.514
1045	Selenium	mg/L	1	0.0500	υ	EPA300.0	0.0500	02/24/06	04:40 PM
1052	Sodium	mg/L	0.05	0.00200	ប	EPA200.8	0.00200	02/24/06	04:40 PM
1074		mg/L	160	5.48		EPA200.7		02/28/06	
1075	Antimony	mg/L	0.006	0.00100	U	EPA200.8	0.500	02/27/06	
1085	Beryllium	mg/L	0.004	0.00100	น	EPA200.8	0.00100	02/28/06	
1005	Thallium	mg/L	0.002	0.00100	ŭ		0.00100	02/28/06	
					U	EPA200.8	0.00100	02/28/06	

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

Contam ID	Construct to			Analysis		Analytical	Lab	Analysis	Analysis
	Contam Name	Unils	MCL	Result	Qualifier	Method	MOL	Date	Time
1002	Aluminum	mg/L	0.2	0.0200	U	EPA200.8	0.0200	02/28/06	
1017	Chlorida	mg/L	250	14.7		EPA300.0	0.400		
1022	Copper	mg/L	1.0	0.00550				02/24/06	
1025	Fluoride	mg/L	2.0 (4.0)	-		EPA200.8	0.00100	02/28/06	
1028	Iron	-		0.251		EPA300.0	0.200	02/24/06	
1032		mg/L	0.3	0.0100	U	EPA200,7	0.0100	02/27/06	
	Manganese	wayr_	0.05	0.0100	U	EPA200.7	0.0100	02/27/06	
1050	Silver	mg/L	0.1	0.00100	U	EPA200.8	0.00100	02/28/06	
1055	Sulfate	mg/L	250	10.8	_	EPA300.0			
1095	Zinc	mg/L	5	0.0100	u		1.00	02/24/06	
1905	Color	PCU	_		_	EPA200.8	0.0100	02/28/06	
1920	Odor		15 color units		ย	SM2120B	1.00	02/24/05	03:15 PM
1925		TON	3	1.00	U	SM21508	1.00	02/24/06	
	рН	pΗ	6.5 -8.5	7.23		EPA150.1	0.0100	02/24/06	05:00 PM
1930	Total Dissolved Solids	mg/L	500	332		SM2540C	2.50	-	00.00 F III
2905	Foaming Agents	mgLAS(340)/L		0.200	u	· · · · · · · ·		02/28/06	
			*	U.EUU	•	SM5540C	0.200	02/24/06	04:00 PM

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

Volatile Organics: 62-550,310(2)(b) Lab ID: 11299DW1 PWS ID: 6424076 Sample ID: water

Contam				Analysis		Analytical	Lab	Analysis	Analysis
ID	Contam Name	Units	MCL	Result	Qualifier	Method	MDL	Date	Time
2378	1.2.4,-trichlorobenzene	ug/L	70	0.500	υ	EPA524.2	0.500	02/28/06	**********
2380	cis-1,2-Dichloroethylene	ug/L	70	0.500	ប	EPA524.2	0.500	02/28/06	
2955	Xylenes	ug/L	10,000	0.500	U	EPA524.2	0.500	02/28/06	
2964	Dichloromethane	ug/L	5	0.500	U	EPA524.2	0.600	02/28/06	
2968	a-dichlarobenzene	ug/L	600	0.500	บ	EPA524.2	0.500	02/28/06	
2969	Para-dichlorobenzene	սջ/Լ	75	0.500	υ	EPA524.2	0.500	02/28/06	
297 6	Vinyl Chlaride	սց/Լ	1	0.500	บ	EPA524.2	0.500	02/28/06	
2977	1.1-Dichloraethylene	ug/L	7	0.500	u	EPA524,2	0.500	02/28/06	
2979	trans-1,2-Dichloroethylene	ug/L	100	0.500	U	EPA524.2	0.500	02/28/06	
2980	1,2-dichloroethane	ug/L	3(5)	0,500	Ü	EPA524,2	0.500	02/28/06	
2981	1, 1, 1-trichloruethane	ug/L	200	0.500	บ	EPA524.2	0.500	02/28/06	
2982	Carbon tetrachloride	ug/L	3	0.500	ū	EPA524.2	0.500	02/28/06	
2983	1,2-dichloropropane	ug/L	5	0.500	Ū	EPA524.2	0.500	02/28/06	
2984	Trichloroethylene	սց/Լ	3(5)	0.500	ŭ	EPA524.2	0.500	02/28/06	
2985	1,1,2-trichloroethane	ug/L	5	0.500	ū	EPA524.2	0.500	02/28/06	
2987	Tetrachloroethylene	п8\Г _2`_	3(5)	0.500	ū	EPA524.2	0.500	02/28/06	
2989	Monachlorobenzene	ug/L	100	0.500	Ü	EPA524.2	0.500	02/28/08	
2990	Benzene	ng/r	1	0.500	υ	EPA524.2	0.500		
2991	โซในอกล	ug/L	1,000	0.500	บ	EPA524.2		02/28/06	
2992	Ethylbenzene	ug/L	700	0.500	บ	· ·	0.500	02/28/06	
2996	Styrene	-				EPA624.2	0.500	02/28/06	
2000	Stateme	ug/L	700	0.500	U	EPA524.2	0.500	02/28/06	

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

Synthetic Organics: 62-550.310(2)(c) Lab ID: 11299DW1 PWS ID: 6424076 Sample ID: water

Contain				Analysis		Analytical	Lab	Analysis	Analysis
ID	Contam Name	Units	MCL	Result	Qualifier	Method	MDL	Date	Time
2005	Endrin	ug/L	2	0.0100	U	EPA505	0.0100	02/28/06	
2010	Lindane	սց/է	0.2	0.0100	u	EPA505	0.0100	02/28/06	
2015	Methoxychlor	ug/Ł	40	0.0500	u	EPA505	0.0500	02/28/06	
2020	Toxaphene	սց/ኒ	3	0.500	υ	EPA505	0.500	02/28/06	
2031	Dalapon	ug/L	200	0.100	U	EPA515.1	0.100	03/07/06	
2032	Diquat	ս ց/ ե	20	0.400	ប	EPA549.2	0.400	03/08/06	
2033	Endothall	ug/L	100	9.00	U	EPA548.1	9,00	03/10/06	
2034	Glyphosate	սց/է	700	6.00	υ	EPA547	6.00	03/08/06	
2035	Dit2-ethythexyl) adipate	ug/L	400	0.600	u	EPA525.2	0.600	03/13/06	
2036	Oxamyl (Vydate)	ug/L	200	2.00	Ü	EPA531.1	2.00	02/27/06	
2037	Simazine	ug/L	4	0.0700	Ü	EPA507	0.0700	03/09/06	
2039	Di(2-ethylhexyl)phthalate	ug/L	6	0.600	บ	EPA525.2	0.600	03/13/06	
2040	Pictoram	ug/L	500	0.100	ū	EPA515.1	0.100	03/07/05	
2041	Dinoseb	ug/L	7	0.200	ប	EPA515.1	0.200	03/07/08	
2042	Hexachlorocyclopentadiene	ug/L	50	0.100	บ	EPA505	0.100	02/28/06	
2046	Carboturan	ug/L	40	0.900	ŭ	EPA531.1	0.900	02/27/06	
2050	Atrazine	ug/L	3	0.100	ŭ	EPA507	0.100	03/09/06	
2051	Atachlor	ug/L	2	0.200	Ū	EPA507	0.200	03/09/06	
2065	Heptachior	ug/t,	0.4	0.0100	ū	EPA505	0.0100	02/28/06	
2067	Heptachlor epoxide	ug/L	0.2	0.0100	Ü	EPA505	0.0100	02/28/06	
2105	2,4-D	սց/Լ	70	0.100	ū	EPA515.1	0.100	03/07/08	
2110	2,4,5-TP	ug/L	50	0.200	Ů	EPA515.1	0.200	03/07/06	
2274	Hexachlorobenzene	ug/L	1	0.100	Ü	EPASO5	0.100	02/28/06	
2306	Benzo(a)pyrene	ug/L	0.2	0.0200	Ū	EPA550	0.0200	03/13/06	
2326	Pentachlorophenol	nმ}厂	1	0.0400	บ	EPA515.1	0.0400	03/07/06	
2383	Polychlorinated biphenyls (PCBs)	ug/L	0.5	0.100	Ü	EPA505	0.100	02/28/06	
2931	Dibromochloropropane	ug/L	0.2	0.0200	Ü	EPA504.1	0.0200	03/02/06	
2946	Ethylane Dibromide	ug/L	0.02	0.0100	U	EPA504.1	0.0100	03/02/06	
2959	Chlordane	ug/L	2	0.0100	ับ	EPA505	0.0100	02/28/06	
9999	Benzo(a)pyrene Extraction	ருட்		1000	-	X550	0.0100	03/02/06	
9999	Brom Insect Extraction	m i .		35.0		X504		02/27/06	
9999	Chlor Herb Extraction	mL		1000		X515.1		03/02/06	
9999	Phos Pest Extraction	mL		1000		X507		03/03/06	
9999	Chlor Pest Extraction	mL		35.0		X505		02/27/06	
9999	Diquat Extraction	mL		100		X549.2		03/01/06	
								00/01/00	

03/01/06

Safe Drinking Water Program Laboratory Reporting Form

Florida Department of Environmental Protection

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HUUM FURE 1140





AQUA PURE WATER & SEWAGE SERVICE, INC.

10885 East State Road 40 - Silver Springs, Florids 34488-2349

(352) 825-2822 FAX (352) 625-6636

System Name: Golden Hills WTP

I.D. #: 6424076

Submission Number: 034111

RADIOCHEMICAL ANALYSIS 62-650.310(6)

(PWS033)

Method	Data	Lab ID
800.0	05/09/03	E83033
Re-05	05/09/03	E83033
	Method 800.0	800.0 05/09/03



09/22/2005	15:52	4078696961	UTI	LITIES	INC DF	FL	PAGE	и9/ IS	i
	AQUA	PURE WATER	&	<u> </u>		FOR LAB USE ONLY			
	SEWA	GE SERVICE, IN	VC.	EIVED BY:	~.)C.	TIME RECEIVED/ DATE			ALYZEI
Maur Mire	Silver (i L	Springs, Florida 34488-2349 352) 625-2822, Ext. 30 Laboratory No. E83265 LECTION AND REPORT	SAN	IPLE PRES	ERVATION:	O-NOT DETECTED MEET THE FOLLOWING NE	OT ON ICE		m
31	FORM FOR	PRINKING WATER LIFORM ANALYSIS 4) copies (Page 1 of 1)	PER	SON NOTIF	TIED: OTIFIED BY L	BY LAB OF POSITIVE RES AB OF E. coli POSITIVE RE CEIPT #:	NOTIFIED	BY:	
SYSTEM ADDR COLLECTOR: TYPE OF SUPPL	ESS: 302	S. Anderson Community Water System	Scl. © □ Nonco Other:	PWS I	Water Syste	SY452 COLLECTOR P	COUNTY:_ HONE:_f	May 7940 nity Wat	-95°
		1: 8/11/06							
	то	BE COMPLETED BY SAMPLE CO	LLECTOR			TO BE CON Total colliam & E. col	iPLETED &	Y LAB hod: SM9	2238
Sample No.	(Location	Sample Point n or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	Lab Semple Number	Total coliform	E. coli	Data Qualifie
RA 111.	ell 1 R	Pay Tap	0915	R	0.0	m(401)26/3	4-		
R-2 10	c11 2	Raw Top	ે? 30	R	2-0	17761012624 Y	7		
D-1 30	80 NW	43rd Lane	ं ? हें इ	0	0.8	Mc(n 3505	14		
D-2 33	.39 NW	7815 Ct.	0940	0	0-4	Maarto M	A		
			 						

Average of disinfectant residuals community and nontransient nonco including 4,900. Do not include raw or plant samples in the everage.

Disinfectant Residual Analysis Method: I DPD Colorimetric ☐ Other:_

Person performing analysis is:

A certified operator (# / - 137)

☐ Supervised by a cert operator (#_

Employed by a cortified lab) D Employed by DEP or DOH

☐ Incomplete Collection Information TRepeat Samples Required Replacement Samples Required

☐ Satisfactory

TECHNICAL DIRECTOR DATE

If you have any questions regarding this report, please call Lies Saupp at (352) 825-9822.

'Defined in Florida Administrative Code Fluie 62-160, Table 1

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.)

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

File: 600-630.6 600 636.630.3.2 4078696961

SEP-22-2006 17:02

	Date Reviewed by DEP/DE	H:
-	DEP/DOH Reviewing Offici	al:

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DEP/DOH USE ONLY

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Golden Hills

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005



See page 4 for instructions.

bee page 4 for instructions.											
1. General Information for the Month Year of: January 200-	4										
A. Public Water System (PWS) Information											
PWS Name: Golden Hills Water Treatment Plant			PWS Identification	Number: 6424076							
PWS Type: Community Non-Transient Non-	Community Transic	ent Non-Community	Consecutive								
Number of Service Connections at End of Month: 497		Total Population Served									
PWS Owner: Utilities, Inc. of Florida											
Contact Person: Patrick Flynn		Contact Person's Title: I	Regional Director								
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs		Zip Code: 32714							
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961											
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
B. Water Treatment Plant Information											
Plant Name: Golden Hills Water Treatment Plant			Plant Telephone Nu	mber: 407-869-1919							
Plant Address: 200 Weathersfield Ave.		City: Altamonte Spring	State: Fl	Zip Code: 32714							
Type of Water Treated by Plant: Raw Ground Water	Purchased Finished	Water									
Permitted Maximum Day Operating Capacity of Plant, gallons	s per day: 600,000										
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsect	ion 62-699.310(4), F.A.C.): C							
	Johns 2 kg	License Namber	Devoration of the second								
Lead Could Court Daniel S. Anderson	A	0007141	Days								
Other Operators: Chuch Schwades		0007368	Days								
J. Frank Gratson	С	0008514									
				·							
		 									
											
		 									
Ho Certification by Lead Chief Operator											
I, the undersigned water treatment plant operator licensed in Florida	da, am the lead/chief opera	tor of the water treatment	olant 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 belie	ef. I certify that all drinking	g water treatment chemic	als used at this plant conform to							
NSF International Standard 60 or other applicable standards refere	enced in subsection 62-555	.320(3), F.A.C. I also cert	ify that the following addi	tional operations records for this							
plant were prepared each day that a licensed operator staffed or vi	sited this plant during the r	nonth indicated above: (1)	records of amounts of che	emicals used and chemical feed							
rates; and (2) if applicable, appropriate treatment process perform	ance records. Furthermore	, I agree to retain these add	ditional operations records	at the plant site for at least ten							
years and to make them available for review upon request.											
Daniel D. (Inderson 2/5/04	Daniel S. Anderson		A-00071	41							
Signature and Date	Printed or Typed Name		License	Number							

PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
III. Daily Data for the Month/Year of: January 2004													
Mann	any Dau	a for the vic	mun year o	January ()04	5.2.							
Means of Achieving Four-Log Virus Inactivation/Removal: * Serve Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):													
Type c	ype 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*												
- 1			Ci	Calculations, or t	UV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*			The state of the s
1	i			·	CT Calcul					UV	Dose		
- 1				}		Lowest CT						Lowest	
- 1				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
}		į į		Concentration	(T) at C	at First			Minimum	Louismant	Minimum	Disinfectant	
- 1		Net Quantity	:	1	Measurement	Customer	Тетр.	1	CT	Operating	UV Dose	Concentration at Remote	
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of	Required,		Required,	Point in	Emergency or Abnormal Operating Conditions, Repair
the	Plant in	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow.	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
IVICANUI I	24	137.000	Rate, gpd	Flow, mg/l.	minutes	mg-inin/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation
2	24	186,000						<u> </u>				1.5	
3	24	179,000		 								1.7	
4	24	179,000						<u> </u>					
5	24	116,000			<u> </u>		 -				ļ	106	
6	24	206,000		 			 					1.5	
7	24	133,000			†		 					1.3	
8	24	155,000						 				1.0	
9	24	173,000										17	
10	24	182,000										1.4	
-11	24	157,000											
12	24	157,000										1,3	
13	24	119,000		ļ								0.7	
14	24	162,000					ļ					0.6	
16	24 24	162,000	<u> </u>		} -		 	<u> </u>				1.8	
17	24	161,000		 			ļ					2.2	
18	24	179,000		 			<u> </u>						
19	24 24	145,000		 	 	ļ						1.5	
20	24	90,000						 		L		66 63	
21	24	112,000		 	 		 					1,1	
22	24	153,000		1	<u> </u>				ļ ———			1.2	
23	24	153,000										1.3	
24	24	140,000										112	
25	24	140,000										1.4	
26	24	140,000										1,3	
27	24	144.600	<u> </u>								I	1.3	
28 29	24 24	\$3,000 \$3,000		Ļ								1.2	
30	24	8.3,000		 		ļ			ļ			1.4	
31	24	143,000		 	 		<u> </u>					16	
Total	47	126,000		L	L	L	L	L	L	L	<u> </u>	<u> </u>	
Average		4,568,000											
		1.1.000	l .										

Maximum 206,000 * Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

366	page 4 for instructions.							
		for the Month/Year of: Feb. 2004	1					
Α.	Public Water System (P	WS) Information						
		ills Water Treatment Plant					PWS Identification 1	Number: 6424076
1	PWS Type:	Community Non-Transient Non-Community	Community 7	ransient	Non-Community	C	onsecutive	
	Number of Service Co	nnections at End of Month: .5	OZ	Г	otal Population S	served at l	End of Month: 175	7
	PWS Owner: Utilities,	Inc. of Florida						
	Contact Person: Patric	k Flynn		C	Contact Person's T	itle: Regi	onal Director	
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		C	city: Altamonte S	prings	State: Fl	Zip Code: 32714
	Contact Person's Telep	phone Number: 407-869-1919			Contact Person's F	ax Numb	er: 407-869-6961	
		ail Address: p.c.flynn@utilitiesinc-usa.co	om					
B.	Water Treatment Plant	Information						
	Plant Name: Golden H	Iills Water Treatment Plant					Plant Telephone Nu	mber: 407-869-1919
	Plant Address: 200 We				City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Fin	ished Wa	iter			
		Day Operating Capacity of Plant, gallons	per day: 600,000					
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V					62-699.310(4), F.A.C.)): C
	Licensed Operators	Name	License	c Class	License Number	eri S	Day(s)/Shi	ft(s) Worked
	Lead/Chief Operator:		A		0007141			
	Other Operators:	Chuck Schwades		,	7368			
	. Certification by Lea	d/Chief Operator						
		eatment plant operator licensed in Florid	la am the lead/ahiaf		of the sustantuset	ant mlan	t identified in Dont Loc	this remark I contiff that the
inf	ormation provided in th	is report is true and accurate to the best	of my knowledge an	d belief	I costify that all d	mem pian Irinkina u	t identified in Part 1 of	als used at this plant conform to
		d 60 or other applicable standards refere						
		day that a licensed operator staffed or vis						
rat	es; and (2) if applicable	, appropriate treatment process performa	ance records. Further	rmore, I a	agree to retain the	se additio	nal operations records	at the plant site for at least ten
yea	ars and to make them av	vailable for review upon request.		,	8		1	•
•	11 / 1/			<i>;</i>				0.62
\mathcal{L}	Luch A linely		Printed or Typed N	hwAd	es		C7.	
Sig	gnature and Date		Printed or Typed N	lame			License 1	Number

PWS Identifica	WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant														
HI. Daily Data for the Month/Year of: Feb. 2004 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)															
Ultraviolet			Describe):	iovai.	Z Pree Cr	HOHIL		mornic L	MOXIGO			comonica cinorino (Cinoralinios)			
Type of Disinf		al Maintain	ed in Distribut	ion System:	⊠ F	ree Chl	orine	☐ Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide			
		: (C)	Calculations, or l	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable**	Does .					
	Total Composition System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Lowest Residual Disinfectant Provided Residual Disinfectant Contact Time Before or Disinfectant A First Minimited Asset Minimited Concentration															
		Selen	Concentration	(T) at C	. at First	100		Minimum	Lowest	Minimum	Concentration	The Report Const. In St.			
Disinfectant Contact Time Before or at First Concentration (C) Before or at First Concentration (C) Before or at Measurement Customer Temp. Day of Hours of Finished First Customer First Customer During During Of Point During During Of Point Operating Conditions; Repaired UV Dose, Required Disinfectant Concentration at Remote Required UV Dose, Required Disinfectant Concentration at Remote Required District Concentration at Remote Point During During Of Point In Energety of Abnormal Operating Conditions; Repair Conditions, Repair Conditions															
the Plant in Water Peak Flow During Peak Flow, Mater, Water, Wate															
Month Operation	126,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	~ C	Applicable	min/L	sec/cm	sec/cm 🦅	System, mg/L	System Components Out of Operation (1997)			
2 24	97,000										1.5				
3 24	117,000					ļ									
5 24	113,000						<u> </u>				1.1				
6 24	87.000										1.3				
7 24	144,000		 	 			ļ 				1.5				
9 27	144 000										1,4				
10 24	146,000										1.7				
11 24	131.000			<u> </u>	-						1.9				
13 24	138,000										115				
14 24	19/000				ļ			ļ		ļ	1.5				
15 24	140,000			<u> </u>	 			 	 	 	1.7				
17 24	73,000					I					1.7				
18 24	162,000		<u> </u>	<u> </u>	 		 	 			1.0				
20 24	131,000			<u> </u>			<u> </u>	<u> </u>			16				
21 24	154,000										3				
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	135,000		 	 	<u> </u>	<u> </u>		-		 	1.3 08				
24 24	150.000								<u> </u>						
25 24	107,000					<u> </u>			 	ļ	1.2				
26 24	112,000			 	-	 	 			-	1.7				
28 2 4	132,000								1		ļ.,				
30 24	/·														
31					<u> </u>	二		<u> </u>							
Total	3,782,000	4													

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



see page 4 for instructions.						
1. General Information for the Month/Year of: 1 March	2004					
A. Public Water System (PWS) Information						
PWS Name: Golden Hills Water Treatment Plant					PWS Identification N	umber: 6424076
PWS Type:	-Community	Transien	t Non-Community	Co	onsecutive	
Number of Service Connections at End of Month: 503			Total Population S	erved at I	End of Month: 1,760	7
PWS Owner: Utilities, Inc. of Florida						
Contact Person: Patrick Flynn			Contact Person's T	itle: Regi	onal Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.			City: Altamonte Sp	rings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919			Contact Person's Fa	ax Numb	er: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.c	com					
3. Water Treatment Plant Information						
Plant Name: Golden Hills Water Treatment Plant					Plant Telephone Num	iber: 407-869-1919
Plant Address: 200 Weathersfield Ave.			City: Altamonte Sp	orings	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: Raw Ground Water	Purchased Fi	nished W	Vater			
Permitted Maximum Day Operating Capacity of Plant, gallon	s per day: 600,000					
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per su	bsection (62-699.310(4), F.A.C.):	C
Licensed Operators Name	Licens	se Class	License Number		Day(s)/Shift	(s) Worked
Lead/Chief Operator: Daniel S. Anderson		A	0007141			
Other Operators: Charles & Schwades			7368			
II. Certification by Lead/Chief Operator	V's					
t, the undersigned water treatment plant operator licensed in Flori		fonerato	r of the water treatm	ant plant	identified in Part Loft	air raport. I cortify that the
information provided in this report is true and accurate to the best	of my knowledge at	i operaio. 1d belief	I certify that all dr	iolii piaili inkina w	i lucilillicu III Fait i Oi li ater treatment chemicals	s used at this plant conform to
NSF International Standard 60 or other applicable standards reference	enced in subsection (62-555 3°	20(3) FAC Lalso	certify t	hat the following addition	onal operations records for this
plant were prepared each day that a licensed operator staffed or vi	sited this plant durin	g the mo	onth indicated above	e: (1) reco	ords of amounts of chem	icals used and chemical feed
rates; and (2) if applicable, appropriate treatment process perform	ance records. Furthe	ermore, I	agree to retain thes	e addition	nal operations records a	t the plant site for at least ten
years and to make them available for review upon request.		,	-		•	-
	plade.	<i></i>			ر ب ا	1.0
Charles It Chimbe	Charles Printed or Typed 1	Cr. 50	Churles			
Signature and Date	Printed or Typed 1	Vame			License Nu	ımber

PWS Identif	PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
III. Daily Data for the Month/Year of: ! march 2004														
Means of A	hieving Four-I	Log Virus In	activation/Ren	noval: *	X Free C	ılorine		Chlorine E	Dioxide	[] Oz	zone []	Combined Chlorine (Chloramines)		
∐ Ultraviol	et Radiation	Other ((Describe):											
Type of Dis	nfectant Resid	ual Maintair	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	ilorine (C	hloramines)	Chlorine Dioxide		
		C	l' Calculations, or l			our-Log	Virus Inactiv	ation, if Ap						
				CT Calcu			,		UV	Dose				
	{	1	Lowest Residual	Disinfectant	Lowest CT Provided						Lowest			
[[}	ļ	Disinfectant	Contact Time	Before or						Residual Disinfectant			
1 1	Į	ļ	Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	[발표] : 19 2년 시간 1일		
1 1	Net Quantity	l	(C) Before or at	Measurement	Customer	Temp.				UV Dose	at Remote			
Day of Hour.		[First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair		
the Plant		Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water		
Month Operati		Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C :	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation		
1 - 2 / 2 /	112,000	}	 	 		<u> </u>	<u> </u>				1.2			
$\begin{bmatrix} 2 & 24 \\ 3 & 74 \end{bmatrix}$	169,000		 	}							1.0			
$\begin{bmatrix} 3 & \cancel{\cancel{7}} & \cancel{\cancel{7}} \\ 4 & \cancel{\cancel{7}} & \cancel{\cancel{7}} \end{bmatrix}$	156,000	 	 	}		<u> </u>				L	0.8			
5 24	97,000	ļ	 			 	 				0.9			
$\frac{3}{6}$ $\frac{27}{27}$	156,000	 	 	<u> </u>							018			
7 27	232,000	 	 				<u> </u>				0,7			
8 24	136,000	<u> </u>	 	 			ļ							
9 24	141 000		 	 			 			 	1./			
10 27	165-1500	 	 	 			 			ļ	1.6			
11 25	16 7.000	 	 				ļ				1.4			
12 24	162000	 	 				 	ļ		ļ	117			
13 3 9	193000						 			 	1.4			
14 24	194000		 					 		 				
15 24	165000		 			ļ		 		 	1.4			
16 2 3	100,000							 -		 	7.7			
17 24	132,000						 	 	·	l	1,4			
18 24	16900									 	11.3			
19 2,4	118 000									<u> </u>	1.4			
20 24	194,000										1.7			
21 24	194,010										1.3			
22 24	1.5:3000						T				1,3			
23 24	180,000										$\frac{i.3}{i.3}$			
24 29	178 000						· · · · · ·			 	113			
25 24	178,00						<u> </u>				1.0			
26 74	189,000										1.0			
27 24	218,000													
28 24	219000					i					1,0			
29 24	200,000										0.9			
30 2 4	231,000	<u> </u>									7.7			
31 24	209,000		1								1,7			
Total	2 340 000	5300,000	,											
Average	170,500	•												
i wixxiiiiiiiii	1 7 2 3 4 4													





page 4 for instructions.						
General Information f	or the Month/Year of: APPIL 2004					
Public Water System (P	WS) Information					
PWS Name; Golden H	lls Water Treatment Plant				PWS Identification Nu	mber: 6424076
	ommunity Non-Transient Non-Community	Transier	t Non-Community		secutive	
	nections at End of Month: 502		Total Population S	erved at En	d of Month: 1.75	F-7
PWS Owner: Utilities,						
Contact Person: Patrick			Contact Person's T	itle: Region		
	ng Address: 200 Weathersfield Ave.		City: Altamonte S	orings	State: Fl	Zip Code: 32714
	hone Number: 407-869-1919		Contact Person's F	ax Number	: 407-869-6961	
	il Address: p.c.flynn@utilitiesinc-usa.com					
Water Treatment Plant						
Plant Name: Golden H	ills Water Treatment Plant				Plant Telephone Num	
Plant Address: 200 We			City: Altamonte S	prings	State: Fl	Zip Code: 32714
Type of Water Treated	by Plant: Raw Ground Water Purch	nased Finished \	Water			
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day: 60	00,000				
	osection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	C
	Name	License Class	License Number	()作款例(())	👉 🚧 👉 Day(s)/Shift	(\$):Worked### ^{想到} 《大學》
Lead/Chief Operator:		A	0007141			
Other Operators:	Charles Schwades	C	007.368			
		1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		<u> </u>				
Certification by Lea	d/Chief Operator					10 1 11
he undersigned water tr	eatment plant operator licensed in Florida, am the l	ead/chief operat	or of the water treat	ment plant	identified in Part I of the	his report. I certify that the
ormation provided in th	is report is true and accurate to the best of my know	vledge and belie	f. I certify that all o	Irinking wa	ter treatment chemicals	s used at this plant conform to
SF International Standar	d 60 or other applicable standards referenced in sub	section 62-555.	320(3), F.A.C. 1 als	o certify th	at the following addition	onal operations records for this
int were prepared each	lay that a licensed operator staffed or visited this pl	ant during the m	ionin indicated abov	/e: (1) reco	ds of amounts of cheff	t the plant site for at least ten
es; and (2) if applicable	, appropriate treatment process performance record	s. runnermore,	1 agree to retain the	se Budition	ai operations records a	tille plaint site for at least ten
~ /	ailable for review upon request.					
(hander	Lhunde Cha	wles Co	Schwar	les	C-7	368
enature and Date	Drinted or	Typed Name	JUN WIFE	У_У	License N	umber

PWS !	dentifica	tion Numbe				lant Name	: Gold	en Hills W	ater Trea	atment Pl		OICE OICE	
			onth/Year o	activation/Rem	004	⊠ Free C	hlorina		hlorine D	Viovida	□ O ₂		Combined Chlorine (Chloramines)
Ult	raviolet	Radiation	Other ((Describe):	iovai.	M Piec C	inoi me		mornie r	Noxide		zone	Combined Chiorine (Chioramines)
Туре	of Disinf	ectant Resid	ual Maintain	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			<u> </u>	l'Calculations of l	JV Dose, to De	monstrate R	ur-Log	Virus Inactiv	ation, if A	plicable*	\$40°	CANCAL TO S	
		N. Water	30. 11.0	440	CT Calcu	Lowest CT	1			UV	Dost	40	
				Lowest Residual Disinfectant	Disinfectant Contact Time (T) at C	Provided						Lowest Residual Disinfectant Concentration	
		Net Quantity of Pinished	** ***	Concentration (C) Before or at	Measurement	Customer	Temp.		CT	Operating	UV Dose	at Remote	
Day of	Hours Plant in	of Pinished Water	Peak Plow	Pirst Customer During Posts	Measurement Point During Peak Flow,	During	of a	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repa
	Operation	Produced, gal	Rate, gpd		minutes	mg-min/L	.C.	Applicable	mg- min/I	mW- sec/cm²	sec/em	Distribution System, mg/L	of Maintenance Work that Involves Taking Water System Components Out of Operation
15	24	201.600							73,3-111,20		, pour ours	1.0	System Components Out of Operation
2,	24	2021141	ļ									0.9	
3	24	27/1000	ļ	ļ	ļ		ļ					1.1	
5	24	201,000	ļ		ļ		ļ						
6	24	201,000	 	 		 			 	<u> </u>		0,9	
7	24	232,000	 	 	 	 	┼──	 	 		 	10	
8	24	210,000	1	 		 	 	 	 	 	 	1.0	
9	24	126,000	1	<u> </u>			 	 				1.1	
10	24	342,000				1					<u> </u>	1.0	
11)	Â4_	173,000											
12	34	175,000	<u> </u>									1.1	
5.443m	24	254,000	 		ļ	<u> </u>	 	 	ļ		 	1.1	
14	74	132,000	 		 	 	 	<u> </u>	ļ			1.1	
16	34	218:00	 		 			1.2					
17	24	310,000	 	 	 	 	 	 	 	-	 	1-1-3	
- 18ss	34	223,000	 		 	1	+	 		 	 	113	
19	24	223.000			† · · · · · · · · · · · · · · · · · · ·	 	1	 		 		112	
20	24	2.70,000					1		T			1:2	
V & 2 1460	24	255,00										1./	
22	24	315,000										<i>i-1</i>	
23	24	206,000	 	- 	ļ		ļ			ļ		1.0	
24	24	257,000	· 		 	 	 	 	ļ	ļ		0.8	
25	24	28/000	<u>-</u>	<u> </u>	 	 	-	 	 	 	 	 	
27	25	282,000	 	 	 	 	+	+	 	 	+	1.0	
28	24	259.000	 	 	 	 	+	 	 	 	-	1 / / -	
29	134	253.000	1	 	 	 	1	1	 	 	 	1,0	
30	24	241,000	1			1	1		1	1	 	1.0	
31													
Total	1 1 1 1 1 1 1 1	7,040,000											
Avera	ge	234,700	4										

n--- 1

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





See page 4 for instructions.

,,,	page 4 for monuctions.												
		for the Month/Year of: MAY,20	004										
Α. :	Public Water System (P	WS) Information											
		ills Water treatment Plant					PWS Identification 1	Number: 6424076					
		Community Non-Transient N	Non-Community	Transie	nt Non-Community	Cor	nsecutive						
	Number of Service Con	nnections at End of Month:			Total Population S	erved at E	nd of Month:						
	PWS Owner: Utilities,		. 										
	Contact Person: Patric				Contact Person's T	itle: Regio	onal Director						
	Contact Person's Maili	ng Address: 200 Weathersfield Ave	e.		City: Altamonte Sp		State: Fl.	Zip Code: 32714					
		hone Number: 407-869-1919			Contact Person's F	ax Numbe	r: 407-869-6961						
i		il Address: p.c.flynn@utilitiesinc-u	ısa.com										
B.	Water Treatment Plant												
	Plant Name: Golden Hills Water Treatment Plant Plant Telephone Number: 407-869-1919 Plant Address 2009 at the College 23714												
	Plant Address: 200 weathersfield Ave. City: Altamonte Springs State: Fl. Zip Code: 32714												
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water												
	Permitted Maximum Day Operating Capacity of Plant, gallons per day:												
		bsection 62-699.310(4), F.A.C.):			Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):					
	Licensed Operators	Name		License Class	License Number			ft(s) Worked					
	Lead/Chief Operator:	Charles G. Schwades		С	7368								
	Other Operators:	Daniel Anderson		A	7141								
				С									
			<u> </u>										
	7 (5) (1	N/() : ()											
	. Certification by Lea		ra	1. 1/-1.1 C	6.1	41	ALL ACTION DOAL	Callianament I contifict that the					
		eatment plant operator licensed in											
		is report is true and accurate to the											
		d 60 or other applicable standards											
	ais 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 seed 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												
ree	a rates; and (2) if appli	cable, appropriate treatment proces	s pertormance r	ecords. Further	more, I agree to pro	vide these	additional operations	s records to the PWS owner so the					
۲۷	vs owner can retain the	m, together with copies of this repo	ort, at a convenie	ent location for	at least ten years.								
		4 /// / .	/ ~				1	77/2					
	Markle	a flunder of3	Charles G Printed or	i. Schwades			<u> </u>	7368					
Si	gnature and Date	- 17	Printed or	Typed Name			License N	Number					

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Jdentification Number: 64人人り 370人人り 37

	011		T								2000		A ADOLA
	· · · ·				1		T	T			00 09 147	W 100 14	Malino.
						1	 				LUGALL	L L	1.2
							 		1		369,000	1-75	80E
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	a Polymany &		WALKET	Sambasi:	**************************************	ILL TE	43.0	ALC: HI ANGE	"Marting I	WORK PLOW	of top of W		4.45
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	12.0				高. 外面的	激发。	D) SMOT	经验证证	ALC: NO SERVICE AND ADDRESS.		A SALES AND AND ADDRESS.		2.46
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CHASED FINISHED WATER	א טא אטא	HAILAW	CNOC	א מער	1441			<u> </u>	9600	7/2 Jac	ication Numb	ldentif	LPW5
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^{*} Refer to the instructions for this report to determine which plants must provide this information.





ee page 4 for instructions.						
1. General Information for the Month/Year of: June,2	2004		.,,			
A. Public Water System (PWS) Information						
PWS Name: Golden Hills Water treatment Plant			PWS Id	dentification Nu	mber: 6424076	6
PWS Type:	nt Non-Community Tr	ansient Non-Communit	y Consecutiv	е		
Number of Service Connections at End of Month: 504		Total Population	Served at End of M	onth: 1,764		
PWS Owner: Utilities, Inc. of Florida						
Contact Person: Patrick C. Flynn		Contact Person's	Title: Regional Dire			
Contact Person's Mailing Address: 200 Weathersfield	Ave.	City: Altamonte S	Springs	State: Fl.	Zip Code:	32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's	Fax Number: 407-8	69-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesin	ic-usa.com					
B. Water Treatment Plant Information						
Plant Name: Golden Hills Water Treatment Plant				relephone Numl		
Plant Address: 200 weathersfield Ave.		City: Altamonte	Springs State:	Fl	Zip Code:	32714
Type of Water Treated by Plant: Raw Ground V		shed Water				
Permitted Maximum Day Operating Capacity of Plant,						
Plant Category (per subsection 62-699.310(4), F.A.C.)			subsection 62-699.3			
Licensed Operators Name	License (Class License Number		Day(s)/Shift(s) Worked	
Lead/Chief Operator: Charles G. Schwades	С	7368				
Other Operators: Daniel Anderson	Α	7141				
		· · · · · · · · · · · · · · · · · · ·				
					·	
			<u></u>			
H. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed	in Florida, am the lead/chief	operator of the water tr	eatment plant identi	fied in Part I of	this report. I	certify that the
information provided in this report is true and accurate to						
NSF International Standard 60 or other applicable standard						
this plant were prepared each day that a licensed operator s						
feed rates; and (2) if applicable, appropriate treatment proc						
PWS owner can retain them, together with copies of this re				•		
01 1 11 11 11 11		•				
(Levely I Shirely Woo	Charles G. Schwade	S		C-7368		
Signature and Date	Printed or Typed Na	me		License Nu	mber	

PWS	WS Identification Number: 6424076 Plant Name: Golden Hills Golf and Turf													
	HI. Daily Data for the Month/Year JUNE 2004 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
		ileving Fo t Radiation		us Inactivati ther (Descrit		⊠ Free	Chlorine	Ш	Chlorine	Dioxide	ПС	zone	Combin	ed Chlorine (Chloramines)
					ostribution Sys	tom: 🔯	Free Chl	orina	T Co	mbined C	hlorine (Chloram	ines)	Chlorine Dioxide
Type	OI DISIII	lectain K	CSIGUAI IVIAII	italied in D	CT Calculations, or	UV Dose to D	emonstrate Fo	or inc	Virus Inactiv	ation, if Am	olicable*	Cilioratii	nics)	Cind the Bloxide
ļ	Days		į			CT Calcu		<u></u>				Dose		
	Plant						Lowest CT						Lowest	
	Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or at	ľ		1			Residual Disinfectant	
	Visited		}		Concentration	(T) at C	First		1		Lowest	Minimum	Concentration	
	by		Net Quantity	l	(C) Before or at	Measurement	Customer	Temp.	į	Minimum		UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of Operator Hours of Finished First Customer Point During During of Plant in Water Peak Flow During Peak Flow, Water, Water, if Required MW- Distribution Taking Water System Components Out of														
the (Place Plant in Water Peak Flow During Peak Peak Flow, Mater, Peak Flow, Mater, Water, if Required, Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L oc Applicable mg-min/L sec/cm ² sec/cm ² System, mg/L Operation Operation														
1 x 24 275,000 1.1														
1 x 24 275,000 1.1 2 x 24 279,000 1.1														
3	х	24	212,000	<u> </u>			 				-	 	1.2	
4	х	24	244,000										1.2	
5	х	24	207,000										1.3	
6		24	196,000											
7	X	24	197,000	<u> </u>			L						1.3	
8 9	X	24	245,000	ļ <u></u>	<u> </u>		ļ	ļ <u>.</u>			ļ		1.2	
10	X	24	201,000	ļ	<u> </u>	 	 	 					0.7	
11	X	24	248,000 251,000	 	-		ļ	ļ	ļ	 	ļ		0.9	
12	X	24	284,000	 		ļ	 	 -	 	ļ		 	1.1	
13	 ^ -	24	209,000	 	 	<u> </u>	 	ļ	 	 		 	1.2	
14	х	24	210,000	<u> </u>	 		 	 	 	 	 	 	1.3	
15	х	24	151,000		 	 	 		 		 	t	1.2	
16	х	24	136,000										1.3	
17	x	24	171,000										1.3	
18	X	24	188,000				ļ	ļ	<u> </u>	ļ			1.3	
19 20	X	24	266,000	ļ	}	ļ	<u> </u>	<u> </u>			ļ	ļ	1.3	
21	x	24	153,000 154,000	 			ļ.————	 	 		ļ	ļ		
22	X	24	139,000	 	 	 	 	 	 			 	1.2	
23	x	24	124,000	 	 	 	+			 			1.1	
24	x	24	173,000		 		1	<u> </u>	 	 		 	1.3	
25	х	24	176,000				1	<u> </u>					1.2	
26	X	24	220,000					L					1.2	
27	ļ	24	128,000											
28	X	24	130,000	ļ				ļ					1.1	
29	X	24	161,000	ļ	 	ļ	ļ	<u> </u>		 	<u> </u>	ļ	1.1	
30	X	24	161,000	 		ļ	 	ļ	ļ	<u> </u>	ļ	<u> </u>	1.20	
Total	L		5,889,000	+	L		<u></u>	1	L	L	<u> </u>	J	L	
Averag			196 300	1										

284,000

Maximum

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



See page 4 for instructions.

ee	page 4 for instructions.												
I.	General Information !	or the Month/Year of: JULY,2004											
1 .]	Public Water System (P	WS) Information											
ſ		ills Water treatment Plant					PWS Identification Num	ber: 6424	076				
Ī	PWS Type:	ommunity Non-Transient Non-C	Community	Transier	t Non-Community	Cor	nsecutive						
Ţ		nnections at End of Month: 504			Total Population S	erved at E	nd of Month: 1,764						
	PWS Owner: Utilities,												
	Contact Person: Patrick				Contact Person's T	itle: Regio	nal Director						
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.			City: Altamonte Sp	rings	State: Fl.	Zip Coo	de: 32714				
1		hone Number: 407-869-1919			Contact Person's F	ax Numbe	r: 407-869-6961						
		il Address: p.c.flynn@utilitiesinc-usa.co	om										
в. і	Water Treatment Plant	Information											
	Plant Name: Golden H	ills Water Treatment Plant					Plant Telephone Number	: 407-86	9-1919				
	Plant Address: 200 we	athersfield Ave.			City: Altamonte Sp	orings	State: Fl.	Zip Co	de: 32714				
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water												
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000												
			636,000		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.): C						
	Licensed Operators	Name		License Class	License Number		Day(s)/Shift(s)	Worked					
	Lead/Chief Operator:	Charles G. Schwades		С	7368		5 DAYS/WEEK	M-F	WEEKEND VISIT				
	Other Operators:	Daniel Anderson		Α	7141		5 DAYS / WEEK	M-F	WEEKEND VISIT				
	. Certification by Lea	A/Chiaf Operator											
		eatment plant operator licensed in Flori	do am the	lead/chief oners	tor of the water tres	tment nla	nt identified in Part I of th	is report	I certify that the				
in f	formation provided in th	is report is true and accurate to the best	of my know	vladge and helie	of Logertify that all	drinking v	uster treatment chemicals	used at th	ais plant conform to				
NIS	E International Standor	d 60 or other applicable standards reference	on and in cui	beartion 62-555	320/2) E A C I a	leo cortifi	that the following addition	nal onera	tions records for				
	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 distributions appropriate treatment process performance records. Furthermore, Logical to provide these additional operations records to the PWS owner so the												
		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 S owner can retain them, together with copies of this report, at a convenient location for at least ten years.											
	A Souther Can Iciani life	in, together what copies of this report, at	a convent	one rocation for a	at icast ten years.								
/	11 / 9	1/1 / 8/2/20	Charles G	. Schwades			C.73	68					
Si'	enature and Date	restant 4709		Typed Name			License Numl						
J.,	CHAIN CHIN DUIC		I I II I I I I I	1 , pour 1 turillo									

PWS	WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant L. Daily Data for the Month Agent. Hill V 2004														
111.	II. Daily Data for the Month/Year JULY,2004 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)														
					on/Removal: *	Ø Eroo	Chlorina		Chlonino	Disuida		<u> </u>	[]C1:	-1011 :- (011:-)	
שו	traviole	t Radiati	on Ot	her (Describ	w).	M rice	Cinornie	<u> </u>	Cinorine	Dioxide		zone	Combin	led Chiorine (Chioramines)	
				ntained in D	istribution Sys	tem:	Free Chl	orina		- hi d C	"h.l	(C) 1		CUL-'- B'-'L	
- 7			T Table	itanica in D	CT Calculations, or	IIV Dose to D	emonetrate Fe	orme	Virus Incetiu	moined C	hlorine (Chioram	ines)	Chlorine Dioxide	
	Days				or Culculations, or	CT Calcu	lations	Jui-LOB	viius mactiv	anon, n Ap		Dose			
1 .	Plant				1	1	Lowest CT	T		T		Dosc	Lowest		
1 .	Staffed				Lowest Residual	Disinfectant	Provided	}			}]	Residual		
]	or Visited				Disinfectant	Contact Time			}	}	}	}	Disinfectant		
1	by Net Quantity (C) Before or at Measurement Customer Temp. Minimum Operating UV Dose at Remote Emergency or Abnormal Operating Conditions:														
Day of	Day of Operator Hours of Finished Operator the Operator t														
	the (Place Plant in Water Peak Flow During Peak Flow, Peak Flow, Water, Water, if Required, mW- mW- Distribution Taking Water System Components Out of														
Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L °C Applicable mg-min/L sec/cm ² sec/cm ² System, mg/L Operation Operation															
1	1 X 24 186,000 Produced, gair Rate, gpd Flow, mg/L minutes mg-min/L °C Applicable mg-min/L sec/cm ² sec/cm ² System, mg/L Operation 2 Y 24 186,000 1.2														
2	1 A 24 186,000 1.2 2 X 24 188,000 1.2														
3	3 X 24 234,000														
4	3 X 24 234,000														
5	X	24	175,000				 		ļ	ļ	ļ				
6	X	24	154,000				 				 		1.3		
7	X	24	189,000				 	 		<u> </u>			1.2		
8	X	24	166,000	· · · · · · · · · · · · · · · · · · ·			 				ļ — — ·		1.3		
9	X	24	142,000		<u> </u>								1.3		
10	X	24	241,000		 	ļ	 			ļ			1.3 1.2		
11		24	156,000				l						1.2		
12	X	24	158,000							<u> </u>	<u> </u>		1.2		
13	X	24	163,000										1.2		
14	X	24	145,000										1.2		
15	X	24	159,000										1.0		
16	X	24	173,000										1.1		
17	X	24	158,000										1.1		
18		24	101,000				ļ ———,						1.1		
19	X	24	102,000										1.2		
20	X	24	115,000										1.2		
21	<u>X</u>	24	159,000										1.0		
22	X	24	166,000										0.8		
23	X	24	175,000										1.0		
24	<u> </u>	24	218,000								·		1.0		
25		24	162,000										1.0		
	26 X 24 164,000														
	27 X 24 191,000														
28	28 X 24 193,000														
29	X	24	188,000								·		1.0		
30	U X 24 165,000														
31	X	24	246,000										1.1		
Total			5,306,000				·			·	·		***		
Average	3		171 200												

246,000

Maximum

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





See page 4 for instructions.

1.		for the Month/Year of:	August 2004				·												
A.		ublic Water System (PWS) Information																	
	PWS Name: Golden Hills Water treatment Plant PWS Identification Number: 6424076																		
Number of Service Connections at End of Month: 505 PWS Owner: Utilities, Inc. of Florida Transient Non-Community Transient Non-Community Transient Non-Community Total Population Served at End of Month: 1,767 Total Population Served at End of Month: 1,767																			
										Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director									
												ing Address: 200 Weath		City: Altamonte Sp					
		ohone Number: 407-869	r: 407-869-6961																
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com																			
В.	Water Treatment Plant																		
	Plant Name: Golden I	lills Water Treatment Pl	ant					Plant Telephone Nur	nber: 407-869-1919										
	Plant Address: 200 we	athersfield Ave.				City: Altamonte Sr	rings	State: Fl.	Zip Code: 32714										
	Type of Water Treated	l by Plant: 🛛 Raw (Ground Water	Purc	hased Finished				1219 0000. 32711										
	Permitted Maximum I	Day Operating Capacity	of Plant, gallons p	er day: 6	36,000														
Di-4 C-4								: 4											
	Licensed Operators					License Number		Day(s)/Shift(s) Worked											
	Lead/Chief Operator:	/Chief Operator: Charles G. Schwades			С	7368			- Saturday 8:00 nm - 4:30Pk										
	Other Operators:	perators: Daniel Anderson		A		7141	7141		Monday 8:00 AM - 436 PM										
	1								B.00 HV1 4307 74										
				-															
								,											
	Constitue to the last	1/(1) (1)																	
	. Certification by Lea		'		1 1/1:6	C.1													
l, l in í	ne undersigned water it	eatment plant operator i	icensed in Florida	, am the	lead/chief opera	tor of the water trea	tment plan	it identified in Part I o	of this report. I certify that the										
NIC NIC	Officiation provided in the	als report is true and acci	urate to the best of	my knov	wledge and belie	at. I certify that all c	irinking w	ater treatment chemic	cals used at this plant conform to										
inc thi	e plant were prepared a	a ou or other applicable	standards referen	cea in su	Dsection 62-555	.320(3), F.A.C. 1 al	so certify t	that the following add	itional operations records for										
foc	s piant were prepared ea	ach day that a neensed o	perator statted or	visitea tii	us plant during i	the month indicated	above: (1)	records of amounts o	of chemicals used and chemical										
DU	W rates, and (2) if appli	cable, appropriate treatif	eni process perior	mance re	ecords. Further	nore, I agree to prov	nde these a	additional operations	records to the PWS owner so the										
ΓV	vo owner dan retain the	m, together with copies	oi uus report, at a	convenie	ent location for a	it least ten years.													
	// <i>// /</i> /		0//	VL1	C-1 1.			0.70.00											
4	parla 19	A limit			. Schwades			<u>C-7368</u>											
Si	gnature and Date		// / P	rinted or	Typed Name			License N	umber										

PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant														
III. Daily Data for the Month/Year August, 2004														
	Means of Achieving Four-Log Virus Inactivation/Removal: *													
	Ultraviolet Radiation Other (Describe):													
Type	of Disin	fectant R	esidual Mair	ntained in D	istribution Sys	tem:	Free Chl	orine	Cor	mbined C	hlorine (Chloram	ines)	Chlorine Dioxide
					CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									
	Days					CT Calcul					UVI	Dose		
	Plant						Lowest CT						Lowest	
	Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or at	1					Residual Disinfectant	
1	Visited		Ì		Concentration	(T) at C	First	ļ		1	Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum			at Remote	Emergency or Abnormal Operating Conditions,
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Taking Water System Components Out of
Month	"X")	Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Operation
1 2	x	24	123,000	<u> </u>										
3	$\frac{\hat{x}}{x}$	24	173,000				ļ						1.1	
4	X	24	195,000							 	 		1.1	
5	X	24	170,000		 								1.1	
6	Х	24	188,000										1.1	
7	Х	24	267,000										1.0	
8		24	197,000											
9	X	24	197,000										1.1	
10	X	24	151,000					<u> </u>			L		1.1	
11	X	24	135,000		<u> </u>			<u> </u>					1.1	
12	X	24	206,000										1.1	
13	X	24	141,000		<u> </u>		ļ	ļ	ļ	 	 	ļ	1.1	
14	X	24	188,000	ļ	 			 	ļ			 	1.1	
16	x	24	131,000		ļ							 	1.0	
17	X	24	222,000							 	 		1.0	
18	X	24	197,000					 	 	 			1.0	
19	$\frac{x}{x}$	24	225,000					1		1	 		1.0	
20	X	24	246,000								1		1.0	
21	X	24	305,000										1.0	
22		24	182,000											
23	X	24	182,000					ļ					1.1	
24	X	24	128,000					ļ		ļ		Ļ	1.1	
25	X	24	178,000	<u> </u>	ļ		ļ	ļ	ļ ———	 	<u> </u>	<u> </u>	1.1	
26	X	24	153,000				 	ļ		ļ	-	}	1.1	
27	X	24	138,000	}	 		 	 	ļ	 	 		1.0	
28	X	24	193,000	 	 	 	 			 		 	1.1	
30		24	141,000	 	 		 	 	 	 		-	1.3	
31	X	24	172,000	 		 	+	-	 	 	 		1.1	
Total	^_	24	5,521,000	 	<u> </u>	L	<u> </u>	<u> </u>	1	L	L		1	
A			3,321,000	-										

Maximum

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





See page 4 for instructions.

300	page 4 for mistructions	•										
I.	General Information	for the Month/Year of:	SEPTEMBER, 04									
	Public Water System (P											
-	PWS Name: Golden Hills Water treatment Plant PWS Identification Number: 6424076											
			Transient Non-Community	Transie	nt Non-Community	ПСо	nsecutive					
i	Number of Service Con	nnections at End of Mon	th: 505				and of Month: 1,767					
	PWS Owner: Utilities, Inc. of Florida											
	Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director											
	Contact Person's Maili	ng Address: 200 Weathe	ersfield Ave.	City: Altamonte Sp		State: Fl.	Zip Code: 32714					
		hone Number: 407-869-		per: 407-869-6961								
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
B. Water Treatment Plant Information												
	Plant Name: Golden Hills Water Treatment Plant Plant Telephone Number: 407-869-1919											
	Plant Address: 200 we	athersfield Ave.			City: Altamonte Sp	orings	State: Fl.	Zip Code: 32714				
	Type of Water Treated			nased Finished		<u> </u>	<u> </u>					
	Permitted Maximum I	Day Operating Capacity of	of Plant, gallons per day: 6	36,000			· · · · · · · · · · · · · · · · · · ·					
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C											
	Licensed Operators	N	ame	License Class	License Number							
	Lead/Chief Operator:	l/Chief Operator: Charles G. Schwades C					TUE- SAT					
	Other Operators:	perators: Daniel Anderson		A	7141		Mon					
	-											
			-									
П	Certification by Lea	1/Chief Operator										
			censed in Florida, am the	lead/chiaf opera	ton of the water tree		at ideatified in Dant Y	f this report. I certify that the				
inf	ormation provided in th	is report is true and accu	rate to the best of my know	vledge and belie	of Logitify that all	umem piai	nt identified in Part 1 o	als used at this plant conform to				
NS	F International Standar	d 60 or other applicable	standards referenced in sul	vicuge and being	320(2) E A C Tal	nitikniš v	vater treatment chemics	tional operations records for				
thi	s plant were prepared ea	ich day that a licensed or	sumuarus reierenceu in sui serator staffed or vicited th	is plant during t	the month indicated	so certify	uiai uie ionowing audi	f chemicals used and chemical				
fee	d rates: and (2) if applie	cable, appropriate treatm	ent process performance re	cords Further	nore. I agree to prov	vide there	additional appressions	records to the PWS owner so the				
PΝ	S owner can retain the	m, together with copies o	of this report, at a convenie	nt location for a	it leact ten veare	viue mese	additional operations i	ecolus to the PWS owner so the				
	2/1	, Julius Copies C	, and report, in a convente	an account for a	n rouse wit years.							
Ľ	darly S.	harde 9	1/30/04 Charles G.	. Schwades			C-7368					
Sig	nature and Date		Printed or	Typed Name		License Nu	License Number					

PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant														
111. Daily Data for the Month/Year SEPTEMBER, 04														
Means of Achieving Four-Log Virus Inactivation/Removal: *														
	Ultraviolet Radiation Other (Describe):													
								Chlorine Dioxide						
Days CT Calculations, or UV					UV Dose, to Demonstrate Four-Log Virus Inactivation, if Appli CT Calculations						Dose			
	Plant				T	C1 Calcu	Lowest CT		r	Γ	UV	Dosc	Lowest	
1	Staffed		1		Lowest Residual	Disinfectant	Provided	Ì ']]		Residual	
	Of				Disinfectant	Contact Time	Before or at						Disinfectant	
	Visited by		Net Quantity	{	Concentration	(T) at C	First	m	ļ		Lowest	Minimum	Concentration	
Day of	Operator	Hours	of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	Required.	mW-	mW-	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm ²	sec/cm ²	System, mg/L	
1	X	24	184,000										1.2	
2	X	24	164,000										1.0	
3	X	24	199,000	 	ļ				ļ				0.9	
5	X	24	171,000 99,000		ļ				····				0.9	
6	x	24	98,000		 	ļ	ļ	ļ 	ļ	ļ	 			
7	X	24	94,000		 			 	ļ		ļ		1.1	
8	X	24	65,000	 			 	 		ļ	 		1.0	
9	X	24	128,000		<u> </u>		ļ			 			1.0	
10	х	24	142,000		<u> </u>		 	 			 		1.0	
11	х	24	153,000										1.0	
12		24	96,000							<u> </u>		· · · · · · · · · · · · · · · · · · ·		
13	X	24	96,000	ļ									1.0	
14	X	24	109,000	 									1.1	
16	X	24	131,000		 	<u> </u>				ļ		ļ	0.9	
17	X	24	139,000 159,000	ļ	 	<u> </u>	 	ļ			ļ		0.9	
18	x	24	151,000		 	ļ -	ļ	 	<u></u>	ļ ———	ļ		1.0	
19		24	156,000	 	 			 	 	 		ļ	1.0	
20	х	24	156,000	<u> </u>	 				<u> </u>	ļ	·	 	0.9	
21	X	24	62,000				†		·	 	 	 	1.0	
22	x	24	142,000					 		 	 -	 	0.9	
23	X	24	149,000							 	 	 	0.8	
24	x	24	138,000										.09	
25	. х	24	157,000										1.0	
26		24	95,000	<u> </u>	ļ <u></u>									
28	X	24 24	96,000					<u> </u>	ļ	<u> </u>			1.0	
29	X	24	102,000	·	<u> </u>		 		ļ		ļ		0.9	
30	x	24	130,000		 	 	 	 		 			0.9	
31			150,000		-			 	 	 	ļ		0.8	
Total		L	3,875,000		J	l	1	L	L	L	L	L	L	
Average			120,200	{										

199,000

Maximum

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



	1. General Information for the Month/Year of: October 2004											
			October 2004									
A. J	Public Water System (P											
	PWS Name: Golden H	ills Water treatment Pla	nt				PWS Identification N	umber: 6424076				
			Transient Non-Communit	y Transie	nt Non-Community	Co	nsecutive					
	Number of Service Con	nnections at End of Mor	ith: 506		Total Population S	erved at E	nd of Month: 1,770					
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patric	k C. Flynn			Contact Person's T	itle: Regio	onal Director					
[Contact Person's Maili	ing Address: 200 Weath	ersfield Ave.		City: Altamonte Sp		State: Fl.	Zip Code: 32714				
	Contact Person's Telep	phone Number: 407-869	-1919		Contact Person's F	ax Numbe	er: 407-869-6961					
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
В.	Water Treatment Plant Information											
	Plant Name: Golden Hills Water Treatment Plant Plant Telephone Number: 407-869-1919											
	Plant Address: 200 we	athersfield Ave.	WT-1		City: Altamonte S	prings	State: Fl.	Zip Code: 32714				
i	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
i	Permitted Maximum I	Day Operating Capacity	of Plant, gallons per day:	636,000			,					
		bsection 62-699.310(4),		· · · · · · · · · · · · · · · · · · ·	Plant Class (per su	ibsection 6	62-699.310(4), F.A.C.)	: C				
	Licensed Operators	N	lame	License Class	License Number		Day(s)/Shift					
	Lead/Chief Operator:	Charles G. Schwades		С	7368		Tue-Sat					
	Other Operators:	Daniel Anderson		Α	7141		Sat,Mon	4,11,16				
	•	Bill Coates		C	8333		Fri,Sat,Mo	n 22,23,25				
	Certification by Lea	A/CHiat Onematon										
			licenced in Florida, on the	lood/shinf swam	tan of the contact to a	-t	nt identified in Dont Lo	of this report. I certify that the				
inf	ormation provided in the	eaument plant operator	incensed in Florida, am the	riead/chier opera	itor of the water trea	aunent pia	nt identified in Part I c	als used at this plant conform to				
								itional operations records for				
								f chemicals used and chemical records to the PWS owner so the				
						vide mese	additional operations	records to the r ws owner so the				
ΓW	PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.											
/			ulla Charles	2 Cabrus des			C-007368					
ب	surly ?	Lambe	<u> </u>	G. Schwades		· · · · · · · · · · · · · · · · · · ·		1				
Sig	nature and Date		Printed o	r Typed Name			License N	umber				

	PWS	PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
Means of Achieving Four-Log Virus Inactivation/Removal: * Pree Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	III. Daily Data for the Month/Year October 2004														
Days Plant Started Plant Plant Plant Started Plant Plant							Free	Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
Dayso Plant Started Started	U	traviolet	Radiation	on 🔲 Oti	her (Describ	e):									
Dayson Plant Pla	Type	of Disin	fectant R	esidual Mair									Chloram	ines)	Chlorine Dioxide
Plant Staffed Staffe						CT Calculations, or	UV Dose, to De	emonstrate Fo	our-Log V	Virus Inactiv	ation, if App				
Sate						1	C1 Calcui					UV	Jose	Lowest	
Visited by Vis						Lowest Residual	Disinfectant								
Bay b				[1						
Day of Operation Operati	1	, ,		Not Chrontity				ı	Tomm		Minimum		1		Emergency or Abnormal Operating Conditions:
Place Place Place Power Power Power Power Power Power Power Power Place Plac	Day of		Hours							nH of					
1 X 24 122,000 0.8 3 24 157,000 0.9 4 X 24 157,000 0.9 5 X 24 114,000 0.6 6 X 24 119,000 0.8 7 X 24 119,000 0.8 8 X 24 148,000 0.8 9 X 24 142,000 0.8 10 24 142,000 0.8 11 X 24 142,000 0.8 12 X 24 129,000 0.8 13 X 24 142,000 0.8 12 X 24 129,000 0.8 13 X 24 138,000 0.8 14 X 24 149,000 0.8 15 X 24 131,000 1.1 16 X 24 157,000 1.1 17 24 105,000 1.2 18 X <td></td> <td>(Place</td> <td></td> <td>Water</td> <td>Peak Flow</td> <td></td> <td></td> <td>Peak Flow,</td> <td></td> <td>Water, if</td> <td>Required,</td> <td>mW-</td> <td>mW-</td> <td></td> <td></td>		(Place		Water	Peak Flow			Peak Flow,		Water, if	Required,	mW-	mW-		
2					Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²		Operation
3						ļ									
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7 x 24 125,000 0.8 8 x 24 148,000 0.6 9 X 24 189,000 0.8 10 24 142,000 0.8 11 x 24 142,000 0.8 12 x 24 129,000 0.8 13 x 24 138,000 1.0 14 x 24 164,000 1.1 15 x 24 131,000 1.1 16 X 24 175,000 1.1 17 24 105,000 1.2 18 x 24 105,000 1.2 19 x 24 149,000 1.2 20 x 24 105,000 1.2 19 x 24 149,000 1.2 20 x 24 19,000 1.3 21 x 24 19,000 <t< td=""><td>6</td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	6					1									
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10	8		24	148,000											
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16 X 24 175,000 1.2 17 24 105,000 1.2 18 x 24 107,000 1.2 19 x 24 149,000 1.2 20 x 24 165,000 1.3 21 x 24 91,000 1.2 22 x 24 109,000 0.6 23 X 24 134,000 0.6 24 24 145,000 0.7 25 x 24 148,000 0.8									 						
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21 x 24 91,000 1.2 22 x 24 109,000 0.6 23 X 24 134,000 0.6 24 24 145,000 0.7 25 x 24 145,000 0.7 26 x 24 148,000 0.8															
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31 x 24 146,000 1.2		x	1 24			1			<u> </u>			<u> </u>	<u> </u>	1,2	
Total 4,402,000 Average 142,000		pe			1										

202,000

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



		for the Month/Year of: November, 2004										
١.	Public Water System (P	WS) Information										
		ills Water treatment Plant			PWS	Identification Num	ber: 6424076					
		Community Non-Transient Non-Commun	nity 🔲 Transie	nt Non-Community	Consecuti	ive						
	Number of Service Cor	nnections at End of Month: 507		Total Population S	erved at End of N	Month: 1773						
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patricl	k C. Flynn		Contact Person's T	itle: Regional Di	irector						
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp	rings	State: Fl.	Zip Code: 32714					
	Contact Person's Telep	hone Number: 407-869-1919		Contact Person's F	ax Number: 407-	-869-6961						
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com										
3.	Water Treatment Plant Information											
	Plant Name: Golden Hills Water Treatment Plant Plant Plant Telephone Number: 407-869-1919											
	Plant Address: 200 weathersfield Ave. City: Altamonte Springs State: Fl. Zip Code: 32714											
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day	v: 636,000			**************************************						
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 62-699.	.310(4), F.A.C.): C						
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s)	Worked					
	Lead/Chief Operator:	Charles G. Schwades	С	7368		Tues-Sat						
	Other Operators:	Daniel Anderson	A	7141		Mon, Tues. 1,8,15.	22,23,29					
	1	•										
m	Contituation by Law	1// 15: (**)										
	. Certification by Lead	eatment plant operator licensed in Florida, am t	ha laad/ahiaf anam	ton of the system two	tur out ulant idan	tiful in Dom Lafe	is nament. I soutify that the					
		is report is true and accurate to the best of my k										
		d 60 or other applicable standards referenced in										
		ach day that a licensed operator staffed or visited										
		cable, appropriate treatment process performanc			vide these additio	onai operations rec	ords to the PWS Owner so the					
۲۱	PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.											
/			. C. Cahundas			C-7368						
_	harry J. K	11/30/04	s G. Schwades									
Si	gnature and Date	Printed	or Typed Name			License Num	ber					

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											136,000	74	-*-	87
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											224,000	74		71
	0.1										218,000	74	x	07
	1.1									~	000,871	74	x	61
	1'1										257,000	74	x	81
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	6.0							 		· · · · · · · · · · · · · · · · · · ·	214,000	77	x	8
							ļ	 			214,000	77		L
	0.1							ļ. 			140,000	77	x	9
	8.0	ļ 						 			172,000	74	- X	\$
· · · · · · · · · · · · · · · · · · ·	6.0							 			000,812	74	x	1
	€'1				~ _						000,081	74	<u>x</u>	ε
	1.3							 			145,000	74	x	7
	8.1						· · · · · · · · · · · · · · · · · · ·	 			000,181	74	X	1
noinmadO	System, mg/L	,UU0/006	,UIO/006	7/utut-Suz	Applicable	Э.	J'aim-ga	solunien	Flow, mg/L	Rate, gpd	Produced, gal	Operation	(.X.	Month
Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Lowest Residual Disinfectant Disinfectant Concentration at Remote Point in Point in	Minimum UV Dose Required, Wea	Lowest Operating UV Dose, -Wes	CT Required,	No Hq Ii , TabaW	Tomp. To Your,	Lowest CT Provided Before or at First Customer During Peak Flow,	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer First Customer	Wolfl Most	Mot Quantity bodeiniahod Water	ennoH ni mad¶	heard boffare or bottery vd roterator soard)	arti
	100			detail to those	ATPANTIT OF IT	No.		CT Caloula	to Groommateo T				Days	
SUINOLITE ENOVINE) (cam	IIIB IOIIIO	J OILL LULLI *=Id=vil	→ A % moits	IOO				T Calculations, or		UDIAL IDDOISO	AT HIPPAGE	lucia :	Odf-
Shlorine Dioxide	(380)	Chlorem) animold	O bənidn		anin	Free Chlo	<u> </u>	sys notindintsi					
(02.22.22.22.22.22.22.22.22.22.22.22.22.2									e):	ner (Describ	hO [] a	Radiatic		
ed Chlorine (Chloramines)	nidmoD [əuoz	U	Pioxide	Chlorine				on/Removal: *					
							.br	urce not four	? Reference so	in Error	$\circ \mathcal{L}$ dino $\mathcal{L} \circ$	ta for th	s(1 ylis)	u un
			121977	I MAIIMA	IT IOIDA	CIVITY	ionioo :oi	IIDAT IIIDY Y			01.710 : 100111	nat trois	2111112	
								Plant Nan			mber: 64240			SMd
ED FINISHED WATER	ICANJAL	, טא אנ	MH I EK	M ONO	OND W	IAN C	JAH I WE	MI SCAA.	אתו רטתו	とる とり	コインド	1741	NOM	,

Average 182,800 Sammine which plants must provide this information.

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



_											
		for the Month/Year of: December, 20	04	· /							
Α.	Public Water System (P										
		ills Water treatment Plant					PWS Identification 1	Number: 6424076			
1		Community Non-Transient Non-	Community	Transie	nt Non-Community	Co	nsecutive				
		nnections at End of Month: 508			Total Population S	erved at E	and of Month: 1776				
İ	PWS Owner: Utilities,										
	Contact Person: Patric	k C. Flynn			Contact Person's T	itle: Regio	onal Director				
i	Contact Person's Mail	ing Address: 200 Weathersfield Ave.			City: Altamonte Sp		State: Fl.	Zip Code: 32714			
	Contact Person's Telep	phone Number: 407-869-1919		· · · · · · · · · · · · · · · · · · ·	Contact Person's F						
	Contact Person's E-Ma	nil Address: p.c.flynn@utilitiesinc-usa.c	om				27.107.002.0001				
B.	Water Treatment Plant										
Plant Name: Golden Hills Water Treatment Plant Plant Plant Telephone Number: 407-869-1919											
	Plant Address: 200 we	athersfield Ave.			City: Altamonte S	prings	State: Fl.	Zip Code: 32714			
	Type of Water Treated	by Plant: Raw Ground Water	Purcha	sed Finished	Water	P. 111.85	J. Diato. 11.	721p code: 52714			
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C										
	Licensed Operators	Name		icense Class	License Number	iosection (
	Lead/Chief Operator:	Charles G. Schwades		C	7368	Day(s)/Shift(s) Worked Tues-Sat					
	Other Operators:	Daniel Anderson		<u>C</u>	7141			s-sat Ion			
	Other Operators.				7.171		IV.	ion			
											
											
				·····							
											
					· · · · · · · · · · · · · · · · · · ·						
	<u> </u>				<u> </u>						
	. Certification by Lea										
I, t	he undersigned water tr	eatment plant operator licensed in Flori	da, am the le	ad/chief opera	tor of the water trea	tment pla	nt identified in Part I	of this report. I certify that the			
inf	ormation provided in th	is report is true and accurate to the best	of my knowle	edge and belie	f. I certify that all o	drinking v	vater treatment chemic	cals used at this plant conform to			
NS	F International Standar	d 60 or other applicable standards referen	enced in subs	ection 62-555	320(3), F.A.C. I al	lso certify	that the following add	litional operations records for			
thi	s plant were prepared ea	ach day that a licensed operator staffed o	or visited this	plant during t	he month indicated	above: (1) records of amounts of	of chemicals used and chemical			
fee	d rates; and (2) if applie	cable, appropriate treatment process per	formance rec	ords. Furthern	nore, I agree to pro-	vide these	additional operations	records to the PWS owner so the			
PΨ	PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.										
	11 1.										
1	Landy H	to humbs 12/11/04	Charles G. S	Schwades			C-7368				
جي	mature and Date	2 2 1104	Printed or T				License N	(

PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant														
(1)	III. Daily Data for the Month/Year December,2004													
Mean	s of Ach	ieving Fo	our-Log Viru		on/Removal: *	⊠ Free	Chlorine	П	Chlorine	Dioxide	ПС	zone	Combin	ed Chlorine (Chloramines)
Πu	traviole	t Radiatio	on Otl	her (Describ	pe):						_			,
Type	of Disin	fectant R	esidual Mair	tained in D	istribution Syst	tem:	Free Chle	orine	Cor	nbined C	hlorine (Chloram	ines)	Chlorine Dioxide
					CT Calculations, or	UV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if App	olicable*		-	
	Days					CT Calcul					UV	Dose		
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided		12				Lowest Residual	
[or				Disinfectant	Contact Time	Before or at						Disinfectant	
	Visited				Concentration	(T) at C	First	_				Minimum	Concentration	
Danas	Operator	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves
the	Operator (Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow	Water.	Water, if	Required,	mW-	mW-	Distribution	Taking Water System Components Out of
Month	`"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm²	sec/cm²	System, mg/L	Operation
1	X	24	169,000										1.0	
2	X	24	139,000										1.1	
3	x	24	161,000 175,000		 		 			 	 	 	1.1	
5	<u>*</u>	24	170,000		 			 		 		 		
6	x	24	170,000					1					1.2	
7	Х	24	168,000										1.5	
8	x	24	111,000										1.3	
9	X	24	219,000		 		ļ	}				ļ. <u></u>	1.3	
10	x	24	147,000		 	ļ	 	ļ		ļ	 		1.1	
11	×	24	140,000		 			 	 	 	 	 	1.1	
13	x	24	146,000			 	 	 		 	 	 	1.2	
14	X	24	98,000	t	 			1					1.2	
15	х	24	148,000										1.2	
16	х	24	162,000					 		<u> </u>		ļ	1.2	
17	x	24	222,000		 	 	<u> </u>	-			 	 	1.2	
18	X	24	168,000	 						 	 	 	1.1	
20	×	24	154,000	 	 	 	 	+	 	 	†		1.1	
21	$+\hat{x}$	24	99,000	 	<u> </u>								1.1	
22	x	24	224,000										1.2	
23	х	24	181,000				-	-		-			1.1	
24	x	24	113,000		<u> </u>				 		 		1.2	
25	x	24	115,000	<u> </u>		 	 	 -		ļ	 	 	1.2	
26	+	24	132,000	-			 	 -	 	 	 	 	1.3	
28	X	24	62,000	 	+	 	 	 -	 	 	1	1	1.2	
29	X	24	172,000	 	1	 		1					1.3	
30	x	24	169,000										1.2	
31	x	24	111,000				1		1	1			.1.1	
Total			4,677,000	14										
Avera			150,900	1',										
Maxii	num		224,000	IJ										

Maximum 224,000 / * Refer to the instructions for this report to determine which plants must provide this information.

FILE COPY

License Number



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

630 see page 4 for instructions. I. General information for the Month/Venr of: January 2005 1. Public Water System (PWS) Information PWS Name: Golden Hills Water treatment Plant PWS Identification Number: 6424076 Community Non-Transient Non-Community PWS Type: Transient Non-Community Consecutive Number of Service Connections at End of Month: 508 Total Population Served at End of Month: 1.776 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave. Zip Code; 32714 City: Altamonte Springs State: Fl. Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com 3. Water Treatment Plant Information Plant Name: Golden Hills Water Treatment Plant Plant Telephone Number: 407-869-1919 Plant Address: 200 weathersfield Ave. City: Altamente Springs State: FL Zip Code: 32714 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Class | License Number Name Day(s)/Shift(s) Worked Lead/Chief Operator: Charles G. Schwades 7368 C Tues.-Sat. Other Operators: Daniel Anderson Α 7141 3,15,17,21,22,24 11. Certification by Lead/Chief Operator , 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 nformation 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 NSP 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 his 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 eed 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 'WS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Charles G. Schwades C-7368

lignature and Date

Printed or Typed Name

Refer to the instructions for this report to determine which plants must provide this information. 354'000

126 400

4,848,000

358324

TEL





	for the Month/Year of: February,05			· · · · · · · · · · · · · · · · · · ·								
A. Public Water System (F												
	ills Water treatment Plant				PWS Identification 1	Number: 6424076						
	Community Non-Transient Non-Comm	nunity Transie	nt Non-Community		onsecutive							
	nnections at End of Month: 508	a	Total Population Se	erved at I	End of Month: 1,776							
PWS Owner: Utilities,			·	· · · · · · · · · · · · · · · · · · ·								
Contact Person: Patric		·	Contact Person's T									
	ing Address: 200 Weathersfield Ave.		City: Altamonte Sp		State: Fl.	Zip Code: 32714						
	phone Number: 407-869-1919		Contact Person's Fa	ax Numb	er: 407-869-6961							
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com												
3. Water Treatment Plant												
	lills Water Treatment Plant				Plant Telephone Nu	mber: 407-869-1919						
Plant Address: 200 we			City: Altamonte Sp	orings	State: Fl.	Zip Code: 32714						
Type of Water Treated		Purchased Finished	Water									
Permitted Maximum I	Day Operating Capacity of Plant, gallons per o	lay: 636,000										
Plant Category (per su	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C											
Licensed Operators	Name	License Class				t(s).Worked						
Lead/Chief Operator:	Charles G. Schwades	С	7368			18,19,21,22,23,24,25,28						
Other Operators:	Daniel S. Anderson	A	7141		8,9,12	2,15,26						
	William H. Coats	С	8333]	1						
II - (':('	17.15.67											
II. Certification by Lea	GUINELO DETAILOR	4 1 1/1:0	Cal	1		64.						
n formation named distribution	reatment plant operator licensed in Florida, an	n the lead/chief opera	ator of the water trea	tment pia	int identified in Part I	of this report. I certify that the						
mormation provided in th	nis report is true and accurate to the best of my	knowledge and beli	ef. I certify that all (irinking v	water treatment chemic	cals used at this plant conform to						
Nor international Standa	rd 60 or other applicable standards referenced	in subsection 62-553	320(3), F.A.C. 1 al	so certify	that the following add	litional operations records for						
nis 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												
eed 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												
WS owner can retain them, together with copies of this report, at a convenient location for at least ten years.												
11/1 1 B												
Charles J		rles G. Schwades			C-7368							
Signature and Date	Print	ted or Typed Name			License N	himber						

PWS I	dentific	ation Nu	mber: 64240	76		Plant Nar	ne: Golder	n Hills	Water Tr	eatment l	Plant			
11 4	with the	to five th	e Month/Ye	Febr	uary 2005						···			
Moone	of Ach	iovina E	our Log Vira		on/Removal: *	X Free	Chlorine		Chlorine	Dioxide	Пс	zone	Combin	ed Chlorine (Chloramines)
Vicans	troviolet	t Radiatio	oui-Log Viit	her (Describ	on icemorar.	24 1100	Cinoralo	لبسا	C11101 1120		-			
					istribution Sys	tem: 🔯	Free Chle	rine	Co	mbined C	hlorine (Chloram	ines)	Chlorine Dioxide
ype (or Disin	ieciani K	esiduai Maii	itained in D	CT Calculations, or	UV Dose to D	emonstrate Fo	umlos \	Virus Inactiv	ation if Apr	plicable*	<u> Cinoran</u>		
	Days				D1 Calculations, Or	CT Calcu	ations	-130 Sui 2 Anii - 1			UV	Dose		
	Plant				T T		Lowest CT			ii.			Lowest	
Į	Staffed				Lowest Residual	Disinfectant	Provided			1			Residual Disinfectant	
į	or	1			Disinfectant Concentration	Contact Time (T) at C	Before or at First			3 .	Lowest	Minimum	Concentration	
	Visited by	İ	Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	-14 . 55.5	UV Dose	at Remote	Emergency or Abnormal Operating Conditions
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	Required,	mW-	mW-	Distribution	Taking Water System Components Out of Operation
Month	"X")	Operation		Rate, god	Flow, mg/L	minutes	mg-min/1.	<u>°C</u>	Applicable	me-min/L	sec/om²	800/000 ²	System, mg/L 1.2	September 1
1	X	24	126,000		ļ	 	 	 			 	<u> </u>	1.2	
3	X	24	127,000	 	 	1	 	 		 	 	 	1.3	
4	X	24	131,000 138,000	 	 	 	 	 		 		<u> </u>	1.2	
5	X X	24	167,000	 	 	 	 	 		 	 		1.2	
6		24	124,000	 		 	 	1		 	\top			
7	×	24	126,000	 	 		T						1.3	
8	×	24	124,000	ļ									1.2	
9	Х	24	178,000										1.2	
10	x	24	167,000							<u> </u>		<u> </u>	1.2	
11	x	24	132,000				ļ	<u> </u>	ļ	ļ	ļ	 	1.0	
12	x	24	130,000	<u> </u>	ļ	 		 	ļ	 	ļ		1.0	
13		24	191,000	 	<u> </u>	1	 	 	 	 	 	 	1.1	
14	×	24	192,000					+		 	+	+	1.1	
15	X	24	98,000 188,000		+	 		 			 	 	1.1	
17	X	24	172,000	 		 		 	 	†	1	1	1.2	
18	X	24	178,000		 	1		1				<u> </u>	1.2	
19	x	24	182,000										1.2	
20		24	181,000							1	ļ		<u> </u>	
21	х	24	181,000		<u> </u>		ļ		<u> </u>			 	1.2	
22	x	24	135,000		 		1		 -		+	 	1.2	
23	X	24	172,000	<u> </u>		ļ		+	 		 	 	1.2	
24	x	24	214,000			- 		+	 		 	+	1.1	
25	X	24	143,000 138,000		+		 	+	 	+		+	1.1	
26	X	24	95,000	 	+		 	+	 	 	+	 	 	
28	×	24	96,000	 	+	-	+	 	—	1	1		1.2	
29	 ^ -		79,750	1		1		1						
30	 	+			1		1							
31												1	<u> </u>	<u> </u>
Total			4,226,000											
Avers	re		150,900											

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



,	Page : vo. mon denomb											
Ī,	General Information	for the Month/Year of: MARCH,200	5				· · · · · · · · · · · · · · · · · · ·					
A.	Public Water System (P	WS) Information										
	PWS Name: Golden H	ills Water treatment Plant				······	PWS Identification	Number: 6424076				
	PWS Type:	Community Non-Transient Non-Community	Community	Transier	nt Non-Community	Пс	onsecutive					
	Number of Service Cor	nnections at End of Month: 508			Total Population Se	erved at I	End of Month: 1, 776	>				
	PWS Owner: Utilities,											
	Contact Person: Patric	k C. Flynn			Contact Person's Ti	tle: Regi	onal Director					
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.			City: Altamonte Sp		State: Fl.	Zip Code: 32714				
		ohone Number: 407-869-1919			Contact Person's Fa		er: 407-869-6961					
	Contact Person's E-Ma	nil Address: p.c.flynn@utilitiesinc-usa.co	om									
B.												
	Plant Name: Golden H	lills Water Treatment Plant					Plant Telephone Nu	mber: 407-869-1919				
	Plant Address: 200 we				City: Altamonte Sp	rings	State: F1.	Zip Code: 32714				
	Type of Water Treated	by Plant: Raw Ground Water	Purch	ased Finished V	Water							
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	s per day: 63	36,000								
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V				bsection (62-699.310(4), F.A.C	.): C				
	Licensed Operators	Name		License Class	License Number		Day(s)/Shi	ft(s) Worked				
	Lead/Chief Operator:	Charles G. Schwades		С	7368	7,8,9,10,14,15,16,17,19,21,22,23,24,27,28,29,30,31						
	Other Operators:	Daniel Anderson		Α	7141		1,2,3	5,12,26,				
	•	William H. Coates		С	8333		4,11	1,18,25				
ST	. Certification by Lea	d/Chief Operator										
		reatment plant operator licensed in Flori	da am the l	lead/chief opera	tor of the water trea	tment nle	ent identified in Part I	of this report. I certify that the				
		nis report is true and accurate to the best										
		rd 60 or other applicable standards refere										
	his 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 eed 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											
	WS owner can retain them, together with copies of this report, at a convenient location for at least ten years.											
. 1	TO OTHER CONTIONAL LINC	m, togother with copies of this teport, at	I I COLLYCIAL	iii roomion ivi e	n reast war yours.							
1	1/2/ 1/1/	1 P uplat	Charles G	. Schwades			C-7368					
<u>۔:</u>	anature and Date	une UL 7/3/05						Number				
$\frac{C}{Si}$	furter // // // gnature and Date	um (1 4/3/05		Typed Name			C-7368 License 1	Number				

PWS	PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
111.	aily Da	ta for th	ic Month/Yo	MAI	RCH,2005						· · · · · · · · · · · · · · · · · · ·			
					on/Removal: *	X Free	Chlorine		Chlorine	Dioxide)zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ						22 1011140	·	20114	comen.	ou omornio (omorumnos)
Type	of Disin	fectant R			istribution Sys	tem:	Free Chle	orine	Cor	nbined C	Chlorine (Chloram	ines)	Chlorine Dioxide
		7 H = 2 1		(CT Calculations, or	UV Dose, to De	emonstrate Fo	ur-Log	Virus Inactiv	tion, if Ap	plicable*		11.45)	OHIO/HIO DIOMO
	Days				,	CT Calcul					UV	Dose		
]	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
	or				Disinfectant	Contact Time	Before or at						Disinfectant	
	Visited				Concentration	(T) at C	First					Minimum	Concentration	
Day of	by Operator	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose	at Remote Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water.		Required,	mW-	mW-	Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	"X")	Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm ²	sec/cm²	System, mg/L	Operation
1	X	24	131,000		<u> </u>								1.1	
3	X x	24	155,000		 		<u> </u>				·		0.7	
4	X	24	124,000		 		<u> </u>			}	 	 	0.8	
5	x	24	185,000								 	 	0.8	
6		24	159,000								 	 	0.8	
7	х	24	160,000										0.7	
8	х	24	128,000										0.6	
9	X	24	150,000		ļ		ļ			 			1.0	
10	_X	24	190,000	ļ	 					 	ļ		1.1	
12	X X	24	112,000	 	 			<u> </u>	<u> </u>	<u> </u>			1.1	
13		24	196,000	 	 	 	 						1.2	
14	х	24	197,000		 						ļ	 	0.9	
15	х	24	157,000										0.9	
16	X	24	148,000										0.9	
17	х	24	146,000			ļ	ļ	 					1.0	
18	X X	24	170,000			<u> </u>	 	ļ					1.1	
20	-^-	24	162,000		<u> </u>	 		}	 	 	 	}	1.1	
21	х	24	163,000						 		†		1.1	
22	х	24	85,000									1	0.5	
23	X	24	131,000				ļ						1.6	
24	X	24	130,000		 						ļ	ļ	0.7	
25	X	24	133,000	 	 	ļ	 		ļ	 		 	1.0	
27	X X	24	168,000	 	 		 	 	 	 		 	0.7	
28	x	24	78,000	 	+	 	†	 		 	 	 	0.7	
29	x	24	116,000										0.7	
30	Х	24	146,000										0.7	
31	X	24	176,000	ļ	<u> </u>			<u> </u>		<u> </u>			0.6	
Total			4,562,000	4										
Avera Maxir			147,200 197,000	4										
IVIBXII	MIII		1 12/,000	1										

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



License Number

C-7368		55km.458 9 se	Charles Charle		1 //2	/
ant identified in Part I of this report. I certify that the water treatment chemicals used at this plant conform to y that the following additional operations records for (1) records of amounts of chemicals used and chemical exaditional operations records to the PWS owner so the	L. I certify that all drinking 320(3), F.A.C. I also certif he month indicated above: (nore, I agree to provide thes	knowledge and beliel in subsection 62-555, at this plant during t ce records. Furthern	t operator licensed in Florida, am ue and accurate to the best of my lapplicable standards referenced in licensed operator staffed or visite	reaument plans nis report is tra nd 60 or other ach day that a cable, appropr	the undersigned water to formation provided in the F International Standan s plant were prepared et at rates; and (2) if applic	I, I ini NS Mi ihi fee
					no.1 zd noitaeilitre) .	
		 			į	
77	8333	3	eall	Windin II. Cod		
2,9,16,19,20,21,23,28,30	1417	V		Daniel Anderso	Other Operators:	
92,72,62,81,81,41,51,21,11,8,7,6,2,4,1	89£L	Э			Lead/Chief Operator:	
Day(s)/Shift(s) Worked	License Number	License Class	Name		Licensed Operators	
		 			motorood becared I	
62-699.310(4), F.A.C.); C	Plant Class (per subsection	-	99.310(4), F.A.C.): V	bsection 62-6	Plant Category (per su	
(62-699.310(4), F.A.C.); C	Plant Class (per subsection	.y: 636,000	g Capacity of Plant, gallons per da 199.310(4), F.A.C.): V	Day Operating	Permitted Maximum I Plant Category (per su	
State: Fl. Zip Code:	Water Plant Class (per subsection	-	Raw Ground Water II gallons per da Capacity of Plant, gallons per da Capacity of Plant, gallons per da	d by Plant: Day Operating	Type of Water Treater Permitted Maximum I Plant Category (per su	
	Plant Class (per subsection	.y: 636,000	1. Raw Ground Water II Sepacity of Plant, gallons per da Capacity of Capac	n.w. 49th st. ro d by Plant: Day Operating	Plant Address: 8021 n Type of Water Treated Permitted Maximum I Plant Category (per su	
State: Fl. Zip Code:	Water Plant Class (per subsection	.y: 636,000	eatment Plant J. Raw Ground Water Gapacity of Plant, gallons per ds Capacity of Plant, gallons per ds	Information Hills Water Tr I.w. 49th st. re by Plant: Day Operating	Water Treatment Plant Plant Name: Golden Plant Address: 8021 n Type of Water Treated Permitted Maximum I Plant Category (per surplant Category (per surplant Category)	B'
Plant Telephone Number: 407-869-1919 State: Fl. Zip Code:	City: Ocala Water Plant Class (per subsection	.y: 636,000	P.C. flynn@utilitiesinc-usa.com eatment Plant A. Maw Ground Water E. Capacity of Plant, gallons per da E. P.C. D. S. D. S. D. S. D. S. D. S. D.	ail Address: p Information Fills Water Tr I.w. 49th st. rd Day Plant:	Contact Person's E-M Water Treatment Plant Plant Address: 8021 in Type of Water Treated Type of Water Treated Plant Category (per surpline Plant Category (per surpline Plant Category).	B,
Der: 407-869-6961 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code:	Contact Person's Fax Num City: Ocala Vater	.y: 636,000	r: 407-869-1919 eatment Plant A Raw Ground Water E Capacity of Plant, gallons per da Capacity of Plant, gallons per da	phone Numbesi pi Address: pi Information fills Water Tr Ills Water Tr M. 49th st. rd Day Plant:	Contact Person's Teler Contact Person's E-M Water Treatment Plant Plant Mame: Golden I Plant Address: 8021 in Plant Address: 8021 in Plant Category (per su	,a
State: Fl. Zip Code: 32714 Der: 407-869-6961 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code:	City: Altamonte Springs Contact Person's Fax Num City: Ocala Water Plant Class (per subsection	.y: 636,000	P.C. flynn@utilitiesinc-usa.com eatment Plant A. Maw Ground Water E. Capacity of Plant, gallons per da E. P.C. D. S. D. S. D. S. D. S. D. S. D.	ing Address: phone Numbe sil Address: p Information Hills Water Tr Lw. 49th st. re d by Plant: Day Operating	Contact Person's Mail Contact Person's Tele Contact Person's E-M Water Treatment Plant Plant Name: Golden I Plant Address: 8021 n Type of Water Treated Type of Water Treated	Έ.
State: Fl. Zip Code: 32714 Director State: Fl. Zip Code: 32714 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code: State: Fl. Zip Code: State: Fl. Zip Code: State: Fl. Zip Code: Zip Code	Contact Person's Title: Reg City: Altamonte Springs Contact Person's Fax Num Vater Plant Class (per subsection	.y: 636,000	200 Weathersfield Ave. 7:: 407-869-1919 9.c. flynn@utilitiesinc-usa.com 7:: 407-869-1919 Saturent Plant A. S. Capacity of Plant, gallons per da S. Capacity of Plant, gallons per da S. Capacity of Plant, gallons per da	ing Address: phone Numbe sil Address: Information lills Water Tr lills Water Tr L.w. 49th st. re d by Plant: Oay Operating	Contact Person: Patrio Contact Person's Mail Contact Person's E-M Water Treatment Plant Plant Mame: Golden I Plant Address: 8021 n Type of Water Treated Type of Water Treated	B,
End of Month: 1776 Sip Code: 32714 State: Fl. Zip Code: 32714 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code: 32714 Zip Code	Total Population Served at Contact Person's Title: Reg City: Altamonte Springs City: Ocala Vater Plant Class (per subsection	Urchased Finished /	da 200 Weathersfield Ave. 7: 407-869-1919 9.c. flynn@utilitiesinc-usa.com reatment Plant A Raw Ground Water 1. S Capacity of Plant, gallons per da 2 Capacity of Plant, gallons per da	Juc. of Florid by C. Flynn ing Address: phone Numbe sil Address: p Information Hills Water Tr Lw. 49th st. re Day Plant:	PWS Owner: Utilities Contact Person: Patrio Contact Person's Mail Contact Person's Tele Contact Person's E-M Water Treatment Plant Plant Name: Golden P Plant Adtress: 8021 n Plant Adtress: 8021 n Plant Adtress: 8021 n	B,
Consecutive End of Month: 1776 gional Director Der: 407-869-6961 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code: 32714 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code:	Total Population Served at Contact Person's Title: Reg City: Altamonte Springs City: Altamonte Springs Contact Person's Fax Num Vater	Urchased Finished /	End of Mon-Transient Mon-Commaga End of Month: 508 200 Weathersfield Ave. 7:: 407-869-1919 9.c. flynn@utilitiesinc-usa.com 2.c. flynn@utilitiesinc-usa.com 2.c. flynn@utilitiesinc-usa.com 3.c. flynn@utilitiesinc-usa.com 2.c. flynn@utilitiesinc-usa.com 3.c. flynn@utilitiesinc-usa.com	Community Inc. of Florid S. C. Flynn ing Address: phone Numbe sil Address: Information Information Information Information Information Information S. Mater Tr Information Inf	PWS Type: Number of Service Contact Person: Patrio Contact Person: Patrio Contact Person's Mail Contact Person's F-M Water Treatment Plant Plant Name: Golden Plant Name: Golden Plant Address: 8021 m Plant Address: 8021 m Plant Address: 8021 m	B,
End of Month: 1776 Sip Code: 32714 State: Fl. Zip Code: 32714 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code: 32714 Zip Code	Total Population Served at Contact Person's Title: Reg City: Altamonte Springs City: Ocala Vater Plant Class (per subsection	Urchased Finished /	End of Month: 508 Common of Month: 508 And of Month: 508 Common of Month: 508 Common of Month: 508 Common of Plant Comm	tills Water tre Community nnections at b. Inc. of Florio Sk C. Flynn ing Address: phone Numbe ail Address: phone Numbe ail Address: phone Numbe ail Address: phone Numbe all PWS Name: Golden PWS Type: Number of Service Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Contact Person: Patrice Plant Name: Golden I Plant Address: 8021 m Plant Address: 8021 m Plant Address: 8021 m Plant Address: 8021 m Plant Address: Plant A		
Consecutive End of Month: 1776 gional Director Der: 407-869-6961 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code: 32714 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code:	Total Population Served at Contact Person's Title: Reg City: Altamonte Springs City: Ocala Vater Plant Class (per subsection	Urchased Finished /	ation Saturent Plant Mon-Transient Mon-Comm End of Month: 508 200 Weathersfield Ave. 7: 407-869-1919 9.c. flynn@utilitiesinc-usa.com 4. Raw Ground Water 1. S. Capacity of Plant, gallons per da 2. 2. 3. 4. 5. 6. 6. 7. 8. 8. 8. 9. 9. 9. 1. 1. 1. 1. 1. 1. 1	PWS) Informed Hills Water treammenty of the of Plorio of C. Flynn ing Address: phone Number Information of Hills Water Transfer T	Public Water System (I PWS Name: Golden PWS Type: Number of Service Coldent PWS Owner: Utilities Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Disnit Name: Coldent Plant Mane: Golden Plant Address: 8021 m Plant Address: 8021 m Plant Address: 8021 m Plant Address: Plant Mater Treatect Plant Mane:	· V
Consecutive End of Month: 1776 gional Director Der: 407-869-6961 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code: 32714 Plant Telephone Number: 407-869-1919 State: Fl. Zip Code:	Total Population Served at Contact Person's Title: Reg City: Altamonte Springs City: Ocala Vater Plant Class (per subsection	Urchased Finished /	End of Month: 508 Common of Month: 508 And of Month: 508 Common of Month: 508 Common of Month: 508 Common of Plant Comm	tor the Monte for the Monte feel by Mater tre Community annections at I feel of Florid See Flynn ing Address: phone Number Monne Mumber in Address: phone Mumber Mumber Monte Mumber Monte Mumber Monte Mumber Monte Mumber Monte Mumber Monte Mumber Monte Mumber Monte Monte Mumber Monte Monte Monte Mumber Monte Monte Monte Mumber Monte Mo	Public Water System (I PWS Name: Golden PWS Type: Number of Service Coldent PWS Owner: Utilities Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Patric Contact Person: Disnit Name: Coldent Plant Mane: Golden Plant Address: 8021 m Plant Address: 8021 m Plant Address: 8021 m Plant Address: Plant Mater Treatect Plant Mane:	· Y

Printed or Typed Name

Signature and Date

PWS	PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
111. Daily Data for the Month/Year April 2005														
					on/Removal: *	Free	Chlorine		Chlorine	Dioxide	П	zone	Combin	ed Chlorine (Chloramines)
		t Radiation		her (Descrit										
Type	of Disin	fectant R	esidual Mair	ntained in D	istribution Sys	tem:	Free Chle	orine	Co	mbined C	hlorine (Chloram	ines)	Chlorine Dioxide
					CT Calculations, or	UV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if App	plicable*			
1 1	Days	1				CT Calcul					UV	Dose		
	Plant Staffed				T D(4)	Dining.	Lowest CT						Lowest	
	Of	1			Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or at	1.					Residual Disinfectant	
1 !	Visited				Concentration	(T) at C	First			1	Lowest	Minimum	Concentration	
_	by	1	Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of	CT	UV Dose,		Point in	Repair or Maintenance Work that Involves
Month	"X")	Operation		Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, °C		Required, mg-min/L	mW- sec/cm ²	mW- sec/cm ²	Distribution System, mg/L	Taking Water System Components Out of Operation
1	X	24	158,000		2.55.1, 1.10, 22		mg and D	- - -	rappitotore	IIIS TIME	BOO CHI	acci citi	1.0	Operation
2	X	24	149,000										0.3	
3		24	113,000											
4	x	24	114,000		 								0.6	
5	<u> </u>	24	131,000		ļ	ļ		ļ		 -	ļ	<u> </u>	0.6	
7	<u>x</u>	24	185,000 185,000		 			ļ			ļ		0.6	
8	X	24	129,000		 					 	ļ	 	0.6	
9	X	24	108,000	 	 		 			 	 	 	0.6	
10		24	175,000			 	 		 	 	 	 	0.9	
11	х	24	176,000				<u> </u>			†	 	 	0.8	
12	х	24	107,000								 		0.9	
13	х	24	208,000										1.2	
14	x	24	163,000										2.2	
15	X	24	184,000		 		 			ļ	<u> </u>	ļ	1.7	
16	X	24	190,000 227,000		 	 	 			 	ļ		1.5	
18	x	24	229,000			 	 		-	 	 	 	1.5	<u> </u>
19	x	24	143,000	 		 		 		 	 	 	1.3	
20	x	24	238,000						 	 	 	† 	1.4	
21	х	24	257,000									1	1.3	
22	х	24	192,000										1.2	
23	X	24	193,000										1.1	
24	x	24	212,000			ļ		ļ	ļ	ļ		 		
25	x	24	212,000	ļ	 	<u> </u>	<u> </u>	ļ				 	1.4	
26	X	24	159,000		 	 	 		 	 	 		1.3	
28	X	24	110,000	 	 	 	 	 				 	1.4	
29	X	24	175,000			 	 	 		 	+	 	1.1	
30	$\frac{\lambda}{X}$	24	266,000	 	 	 		 		 	 	 	1.3	
31	 	T		†	<u> </u>	 	1	1	1	†	1	—	†	
Total	·		5,236,000										7	
Avera	Average 174,500													

Maximum 266,000 * Refer to the instructions for this report to determine which plants must provide this information.



L-B Ioi management	··					
	for the Month/Year of: May,2005					
. Public Water System (PWS) Information					
PWS Name: Golden I	Hills Water treatment Plant				PWS Identification 1	Number: 6424076
PWS Type:	Community Non-Transient Non	-Community	y Transie	nt Non-Community	Consecutive	
Number of Service Co	onnections at End of Month: 508			Total Population Se	rved at End of Month: 1776	
PWS Owner: Utilities	, Inc. of Florida					
Contact Person: Patri				Contact Person's Ti	tle: Regional Director	
	ling Address: 200 Weathersfield Ave.			City: Altamonte Spi		Zip Code: 32714
	phone Number: 407-869-1919			Contact Person's Fa	x Number: 407-869-6961	
	ail Address: p.c.flynn@utilitiesinc-usa.	.com				
3. Water Treatment Plan						
	Hills Water Treatment Plant				Plant Telephone Nu	mber: 407-869-1919
Plant Address: 8021 r				City: Ocala	State: Fl.	Zip Code:
Type of Water Treate	d by Plant: 🔀 Raw Ground Water		hased Finished \	Water		
	Day Operating Capacity of Plant, gallor	ns per day: 6	36,000			
	ubsection 62-699.310(4), F.A.C.): V				section 62-699.310(4), F.A.C.	
Licensed Operators	Name		License Class	License Number	Day(s)/Shii	ft(s) Worked
Lead/Chief Operator:	Charles G. Schwades		C	7368	2,3,6,9,10,11,12,13,14,16,17,	18,19,20,23,24,25,26,27,30,31
Other Operators:	Daniel Anderson		A	7141	4,5,7	,21,28
	William H. Coates		С	8333		
			<u> </u>			
<u> </u>				<u> </u>		
II. Certification by Le	ad/Chief Operator					
	treatment plant operator licensed in Flo	rida am the	lead/chief opera	tor of the water treat	ment plant identified in Part I	of this report. I certify that the
	his report is true and accurate to the bes					
	and 60 or other applicable standards refe					
	each day that a licensed operator staffed					
	icable, appropriate treatment process pe					
	em_together with copies of this report,				TO LINE BRILLIVIAL VIVIALIVIES	TOURS TO THE STATE OF THE
1	my og mer with sopres of this toport,	a somi sim	vii iventivii tvi (a some way yours.		
Moder Is L	Junde 5/31/05	Charles G	. Schwades		C-7368	
Signature and Date	and the second	Printed or	Typed Name		License N	lumber

PWS	WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
HI. Daily Data for the Month/Year MAY,2005														
					on/Removal: *	X Free	Chlorine		Chlorine	Diovide)zone	Combin	ed Chlorine (Chloramines)
		t Radiation		her (Describ		Z ricc	Cinorine	ــا	Cinornic	Dioxide		Zone	Comon	ed Chlorine (Chloramines)
					istribution Sys	tem: 🔯	Free Chle	rina	Co	nhinad C	Chlorine (Chloren	in all land	Chlaria Dissila
1.7 PC	01 13 13111	toctatic is	CSIGGGI IVIAN		CT Calculations, or		smoostrate Fo	ur-Loo	Virus Inactiv	ntion if An	nlicable*	Chioram	ines)	Chlorine Dioxide
	Days					CT Calcul	ations	200	T IS ONE ALL SHOPE TO	ment it tel		Dose		
	Plant						Lowest CT		<u> </u>				Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided			ł	1		Residual	
	or Visited	i I	}		Disinfectant Concentration	Contact Time	Before or at			•	_	l	Disinfectant	
	by		Net Quantity		(C) Before or at	(T) at C Measurement	First Customer	Temp.		Minimum	Lowest Operating	Minimum	Concentration	F
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,		at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Taking Water System Components Out of
Month	"X")	Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	Operation
1 2	X	24	125,000			ļ			ļ		ļ			
3	$\frac{\lambda}{x}$	24	177,000			 				 		ļ	1.2	
4	X	24	185,000		 	ļ			 	 			1.3	
5	x	24	126,000		 					 		 	0.9	
6	х	24	121,000		<u> </u>						 		1.2	
7	х	24	94,000	}		ļ				 	 	 	1.2	
8		24	143,000								 	ļ		
9	X	24	144,000							 			0.9	
10	X	24	173,000										0.7	
11	x	24	187,000		ļ								0.8	
12	×	24	135,000		 								0.8	
13	X	24	170,000		 				<u> </u>				1.1	
14	X	24	197,000 166,000	ļ	 	 			ļ	<u> </u>	ļ		2.5	
16	X	24	166,000	ļ	 				 	 	 	<u> </u>	<u> </u>	
17	X	24	138,000		 	 			 	 	 	}	1.6	
18	х	24	126,000	 					 		 	 	0.9	
19	х	24	141,000						 	 		 	1.4	
20	x	24	171,000							1		 	1.3	
21	х	24	239,000										1.3	
22	L	24	128,000											
23	X	24	129,000		 		ļ						1,3	
24	X	24	144,000	ļ	 	 	ļ	ļ <u>.</u>	<u> </u>	ļ	ļ		1.3	
25	X	24	201,000		ļ	ļ	ļ				<u> </u>	L	1.3	
27	X	24	184,000	 	 	 	 	<u> </u>		 	ļ	<u> </u>	1.3	
28	X X	24	213,000	 	 		 	 	 	 -		 	1.3	
29		24	222,000	<u> </u>	 	 	 		 	 	 	 	1.4	
30	X	24	223,000	 	 	 	 	 	 	 	 	 	1.3	
31	X	24	170,000	 	 	 	 	 	 	 	 		1.3	
Total	1	·	5,057,000	<u> </u>		·	1,	L	<u> </u>	l	L	<u> </u>	1	
Averag	30		163,100	1										

[|] Maximum | 239,000 | * Refer to the instructions for this report to determine which plants must provide this information.

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

FILE COPY See page 4 for instructions. 1. General Information for the Month/Year of: JUNE,2005 A. Public Water System (PWS) Information PWS Identification Number: 6424076 PWS Name: Golden Hills Water treatment Plant Consecutive Community Non-Transient Non-Community Transient Non-Community PWS Type: Total Population Served at End of Month: 1776 Number of Service Connections at End of Month: 508 PWS Owner: Utilities, Inc. of Florida Contact Person's Title: Regional Director Contact Person: Patrick C. Flynn Zip Code: 32714 City: Altamonte Springs State: Fl. Contact Person's Mailing Address: 200 Weathersfield Ave. Contact Person's Fax Number: 407-869-6961 Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com B. Water Treatment Plant Information Plant Telephone Number: 407-869-1919 Plant Name: Golden Hills Water Treatment Plant City: Ocala Zip Code: Plant Address: 8021 n.w. 49th st. rd. State: Fl. Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): V License Number Day(s)/Shift(s) Worked License Class Licensed Operators Name Lead/Chief Operator: Charles G. Schwades 7368 1,2,3,6,7,8,9,10,13,14,15,16,17,20,21,22,23,29 С 4,11,18,24,25,27,28 Α 7141 Daniel Anderson Other Operators: H. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-7368 Charles G. Schwades License Number Signature and Date

PWS	WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
	III. Daily Data for the Month/Year JUNE,2005 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine													
						Free	Chlorine		Chlorine	Dioxide		zone	Combine	ed Chlorine (Chloramines)
III	traviole	t Radiatio	on Cot	her (Describ	el:	KA 1100	OHIOI HIC	لببنا	Omornio.	DIONIUC		~~	LJ COMONI	
					vistribution Syst	tem:	Free Chlo	rine	Cor	nbined C	hlorine (Chloram	ines)	Chlorine Dioxide
1					CT Calculations, or	UV Dose, to Do	monstrate Fo	ur-Log	Virus Inactiv	ution, if Apr	dicable			
	Days					CT Calcul	ations				UV	Dose		
	Plant		[1.		Lowest CT						Lowest	
	Staffed or			,	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or at	5.					Residual Disinfectant	
{ [Visited				Concentration	(T) at C	First				Lowest	Minimum	Concentration	
	by		Not Quantity		(C) Before or at	Mossurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Hours Plant in	of Finished Water	Deals Plan	First Customer	Point During	During	of	pH of	CT	UV Done,	Required,	Point in	Repair or Maintenance Work that Involves
Month	"X")	Operation		Peak Flow Rate, and	During Peak Flow, mg/L	Posk Flow,	Peak Flow, ma-min/L	Water, ℃	Water, if Applicable	Required, mg-min/L	mW- sec/cm²	mW- sec/cm²	Distribution System, mg/L	Taking Water System Components Out of Operation
1	X	24	138,000						A THE POST OF	3. S.		A market distribution	1.3	- Speaning
2	X	24	162,000			J							1.3	
3	Х	24	186,000										1.2	
4	x	24	123,000										1.2	
5		24	178,000									ļ		
7	x	24	179,000						 	<u> </u>		ļ	1.2	
8	x	24	179,000			ļ	 		ļ	 -	ļ	 	0.9	
9	X	24	185,000	·	 		 		 	 	 	 	0.9	
10	X	24	172,000		<u> </u>		 			 	 	 	1.1	
11	х	24	179,000				1			<u> </u>		 	1.1	
12		24	133,000											
13	<u> </u>	24	134,000		ļ								0.8	
14	X X	24	133,000		ļ		<u> </u>				ļ		0.6	
16	X	24	123,000		 	ļ	 		ļ		 		0.9	
17	X	24	160,000		 	 	 		 	 	 	 	0.8	
18	х	24	189,000	 	 	 	 		 	 	 	 	1.1	
19		24	122,000		†	 	 				 	 	 	
20	х	24	122,000								 	 	1.2	
21	X	24	144,000										1.2_	
22	X	24	195,000		 								1.2	
24	X	24	169,000		 			ļ			ļ	ļ	1.3	
25	X	24	163,000 167,000	 	 	 	 			 	ļ		1.2	
26	^	24	169,000		+		 				 	 	1.2	
27	x	24	169,000		 	 	 			 	 	 	1.3	
28	х	24	103,000		 		 			 	 	 	1.3	
29	X	24	128,000						T	 -	 	 	1.2	
30	X	24	131,000										1.0	
31	L	1												
Total			4,636,000										-	
Averag			154,000	4										
MATGRATIC	Mrti		195,000	1										

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



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	page 1 for motifications.	•							
		for the Month/Year of: July,2005							
A.	Public Water System (P	WS) Information							
	PWS Name: Golden H	lills Water treatment Plant			PWS Identifi	cation Number: 6424076			
	PWS Type:	Community Non-Transient Non-	Community Transie	nt Non-Community	Consecutive				
	Number of Service Co	nnections at End of Month: 508		Total Population S	erved at End of Month:	1776			
1	PWS Owner: Utilities,	Inc. of Florida							
	Contact Person: Patric	k C. Flynn		Contact Person's 7	itle: Regional Director				
	Contact Person's Mail	ing Address: 200 Weathersfield Ave.		City: Altamonte S	orings State	e: Fl. Zip Code: 32714			
		phone Number: 407-869-1919			ax Number: 407-869-69	61			
	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.c	com						
В.	Water Treatment Plant	Information							
	Plant Name: Golden I	lills Water Treatment Plant			Plant Teleph	one Number: 407-869-1919			
	Plant Address: 8021 n	.w. 49th st. rd.		City: Ocala	State: Fl.	Zip Code:			
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished						
	Permitted Maximum I	Day Operating Capacity of Plant, gallon	s per day: 636,000						
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per si	ibsection 62-699.310(4),	F.A.C.): C			
	Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked			
	Lead/Chief Operator:	Charles G. Schwades	С	7368	1,2,4,5,6,7,8	,9,11,12,13,14,15,18,19,20,21,22			
	Other Operators:	Daniel Anderson	A	7141	16,23,25,26,27,28,29,30				
					· · · · · · · · · · · · · · · · · · ·				
	Contraction 1	1/61/1/1/							
	. Certification by Lea				1	Data California de la C			
1, L	he undersigned water to	reatment plant operator licensed in Flori	ida, am the lead/chief opera	tor of the water tre	atment plant identified in	Part I of this report. I certify that the			
MIC	ormation provided in tr	is report is true and accurate to the best	of my knowledge and belie	et. I certify that all	drinking water treatmen	t chemicals used at this plant conform to			
NO.	or international Standai	rd 60 or other applicable standards refer	enced in subsection 62-555	.320(3), F.A.C. 1 a	lso certify that the follow	ving additional operations records for			
ını	s plant were prepared e	ach day that a licensed operator staffed	or visited this plant during	the month indicate	above: (1) records of ar	nounts of chemicals used and chemical			
ice	ced 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								
۲۷	vs owner can retain the	m, together with copies of this report, a	t a convenient location for	at least ten years.					
//		1// 011			_	- 0.50			
يب	Charles G. Schwades C-7368								
Si	gnature and Date	′	Printed or Typed Name		Li	icense Number			

PWS	S Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
	H. Daily Data for the North/Year JULY,2005 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
Means	of Ach	ieving Fo	our-Log Viru	s Inactivation	on/Removal: *	⊠ Free	Chlorine		Chlorine	Dioxide	Цο	zone	Combin	ed Chlorine (Chloramines)
		Radiatio		her (Describ										
Type of	of Disini	fectant R	esidual Main	tained in D	istribution Syst	tem: 🛛	Free Chlo	orine	Con	nbined C	hlorine (Chloram	ines)	Chlorine Dioxide
					T Calculations, or			ur-Log V	Virus Inactiva	ation, if App	licable*			
	Days		ļ			CT Calcul		r			UV	Dose	T	
}	Plant Staffed				Y D i di	Disinfectant	Lowest CT Provided						Lowest Residual	
	or				Lowest Residual Disinfectant		Before or at						Disinfectant	
	Visited				Concentration	(T) at C	First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating Conditions;
	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,		Point in	Repair or Maintenance Work that Involves Taking Water System Components Out of
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if		mW- sec/cm ²	mW- sec/cm ²	Distribution System, mg/L	Operation
Month 1	"X") X	Operation 24	Produced, gal 163,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-may.	Sec/citi	SOC/CIII	0.9	Орогинов
2	$\frac{\lambda}{X}$	24	101,000										1.0	
3		24	118,000									<u> </u>		
4	x	24	118,000				-						1.0	
5	X	24	126,000										0.9	
6	х	24	124,000										0.9	
7	х	24	190,000									l	0.8	
8	X	24	177,000										1.1	
9	X	24	146,000						ļ				1.3	
10		24	91,000		 			ļ			<u> </u>	 		
11	X	24	91,000	 		ļ			 	 	 	 	1.3	
13	X	24	108,000		}	 	 	ļ	 	 	 	ļ	1.3	
14	x	24	152,000		 		ļ —————	 		 	 -	 	1.2	
15	×	24	135,000		 	 		 	 	 	 		1.0	
16	Х	24	115,000		<u> </u>	 			<u> </u>	<u> </u>		1	1.3	
17		24	139,000					1		1.		1		
18	х	24	141,000										1.2	
19	X	24	229,000									<u> </u>	1.1	
20	<u> </u>	24	89,000		·				ļ	ļ	ļ	ļ	1.0	
21	x	24	170,000					ļ		 	<u> </u>	<u> </u>	1.0	
22	X	24	185,000		<u> </u>			 	 	ļ	 	 	0.8	
24		24	226,000 150,000	 		 	 	╁	 	+	 	 	0.9	
25	x	24	150,000	 	+	 		 	 	 	 	 	0.8	
26	X	24	162,000	 	 		 	 	 	·	<u> </u>		0.9	
27	x	24	231,000	1		 		1		 		 	0.8	
28	X	24	222,000		1	1	 	 	 	 	 	 	0.7	
29	х	24	197,000	<u> </u>	T	†		1		1	1	1	0.7	
30	X	24	217,000							<u> </u>	<u> </u>		1.0	
31	X	24	179,000											
Total			4,754,000							_				
Avera			153,300	1										
Maxin	um		229,000	251,000										

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



	1-0-					
		or the Month/Year of: August, 2005	<u> </u>			
Α.	Public Water System (P					
	PWS Name: Golden H	ills Water treatment Plant			PWS Identification 1	Number: 6424076
	PWS Type: 🛛 C	Community Non-Transient Non-	Community	ent Non-Community	Consecutive	
	Number of Service Cor	nnections at End of Month: 509		Total Population S	Served at End of Month: 1780	
	PWS Owner: Utilities,	Inc. of Florida				
	Contact Person: Patric	k C. Flynn		Contact Person's	Title: Regional Director	
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte S	prings State: Fl.	Zip Code: 32714
	Contact Person's Telep	hone Number: 407-869-1919		Contact Person's I	Fax Number: 407-869-6961	
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.c	om			
B.	Water Treatment Plant	Information				
	Plant Name: Golden H	fills Water Treatment Plant			Plant Telephone Nu	mber: 407-869-1919
	Plant Address: 8021 n	.w. 49th st. rd.		City: Ocala	State: Fl.	Zip Code: 34482
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished	Water		
	Permitted Maximum I	Day Operating Capacity of Plant, gallon	s per day: 636,000			
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V			ubsection 62-699.310(4), F.A.C.	
	Licensed Operators	Name	License Clas	s License Number	Day(s)/Shi	ft(s) Worked
	Lead/Chief Operator:	Charles G. Schwades	С	7368		
	Other Operators:	Daniel Anderson	A	7141	1,2,3,4,5,6,8,9,10,11,12,13,15,16,17,18	3,19,20,22,23,24,25,26,27,29,30,31
		1// 1: 6/2				
Ţ	I. Certification by Lea	reatment plant operator licensed in Flor	ide om the lead/chief one	rator of the water tre	estment plant identified in Part I	of this report. I certify that the
1,	the undersigned water the	nis report is true and accurate to the bes	t of my knowledge and be	lief I certify that all	drinking water treatment chemi	icals used at this plant conform to
in:	formation provided in the	rd 60 or other applicable standards refer	ranged in subsection 62-5	55 320(3) F A C L	also certify that the following ad	ditional operations records for
ĮN:	Sr international Standar	ach day that a licensed operator staffed	or visited this plant durin	a the month indicate	ed above: (1) records of amounts	of chemicals used and chemical
tn	is plant were prepared e	cable, appropriate treatment process pe	or visited this plant during	g me momm marcate	mide there additional operations	records to the PWS owner so the
10	ed rates; and (2) if appli	cable, appropriate treatment process pe	HOIHIAIICE ICCOIUS. FUILI et a communicat location fo	rations, ragics to pr	ovinc tirese additional operations	5 1000kus ko kilo i vvi o vviioi so tilo
P	ws owner can retain the	om, together with copies of this report, a	n a convenient regulon is	i at icast een years.		
/	(1 / / // //	1// 0/2/-	Charles G. Schwades		C-7368	
(Klumber 6/31/05				Number
Si	ionature and Date	,	Printed or Typed Name		License 1	NUHIDEI

PWS	/S Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
111.	HI. Daily Data for the Month/Near August,2005 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
						X Free	Chlorine		Chlorine	Dioxide)zone	Combin	ed Chlorine (Chloramines)
		t Radiatio		her (Describ										. (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Type	of Disin	fectant R	esidual Mair		istribution Sys		Free Chl	orine	Con	nbined C	hlorine (Chloram	ines)	Chlorine Dioxide
				(CT Calculations, or	UV Dose, to D	emonstrate Fo	our-Log	Virus Inactiv	ation, if App	plicable*			
	Days				 	CT Calcui					UV	Dose		
1	Plant Staffed	Ì	<u>'</u>		Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
	or	İ	[Disinfectant	Contact Time	Before or at						Disinfectant	
}	Visited	ţ			Concentration	(T) at C	First	1			Lowest	Minimum	Concentration	
-	by	<u></u>	Net Quantity	1	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT		Required,	Point in	Repair or Maintenance Work that Involves
Month	"X")	Operation	1	Rate, gpd	Flow, mg/L	minutes	mg-min/L	water,	Applicable	Required,	mW- sec/cm ²	mW- sec/cm ²	Distribution System, mg/L	Taking Water System Components Out of Operation
1	X	24	179,000								1		0.6	Operation.
2	X	24	144,000										0.8	
3	X	24	133,000										0.7	
4	X	24	132,000	 		ļ	ļ	ļ		<u> </u>			0.8	
5	X	24	126,000	ļ	 				<u> </u>	ļ			1.1	4
6	X	24	119,000	 	 	 	 		ļ	 	<u> </u>	<u> </u>	1.7	
8	x	24	104,000	-		1	}	 	 	}	 	 	1.6	
9	X	24	95,000	 				 	 	 	 	 	1.6	
10	X	24	97,000	<u> </u>	†			 	 	 			1.7	
11	X	24	111,000										1.6	
12	X	24	129,000										1.7	
13	X	24	165,000										1.4	
14	ļ	24	105,000					ļ.,						
15	X	24	105,000	 	ļ	}	ļ		<u> </u>				1.5	
16	X	24	121,000	 		 	 			ļ	ļ	 	1.5	
18	X	24	155,000 166,000	 	 	ļ	-	 	 	 		 -	1.6	
19	$\frac{\lambda}{x}$	24	178,000	 	 	 	 	<u> </u>	 	 -	 	 	1.0	
20	X	24	172,000	 		1	 			 	<u> </u>	 	1.3	
21	1	24	165,000	<u> </u>	1					 	 		l	
22	X	24	165,000										1.5	
23	X	24	174,000										0.9	
24	X	24	210,000				<u> </u>	<u> </u>	ļ		ļ		0.8	
25	X	24	189,000	ļ	 		 	 	<u> </u>		ļ	ļ	0.8	
26	X	24	157,000	ļ	<u> </u>	 		} _	 	 	}	ļ	1.1	
27	X	24	177,000	 	 	 	 	 	 	 	 	 -	1.4	
28	X	24	114,000	ļ	-	-	 	 	 	 	 	 	1.2	
30	X	24	94,000	 	 	1		 	 	 	 	 	1.1	
31	X	24	163,000		†	1	†	 	 	 	 	 	0.9	
Total	<u> </u>		4,362,000	1				• , ,,						
Avera	ge		140,700											

210,000

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





500	page 4 for mistructions.									
l.	General Information	for the Month/Year of: September,2005								
۹.	Public Water System (P	WS) Information								
	PWS Name: Golden H	ills Water treatment Plant			PWS Id	entification Numb	per: 6424076			
		Community Non-Transient Non-Community	y 🔲 Transie	nt Non-Community	Consecutive					
		nnections at End of Month: 510		Total Population S	Served at End of Mo	onth: 1783				
	PWS Owner: Utilities,									
	Contact Person: Patric			Contact Person's 7	itle: Regional Dire	ctor				
		ng Address: 200 Weathersfield Ave.		City: Altamonte S	prings	State: Fl.	Zip Code: 32714			
		hone Number: 407-869-1919			ax Number: 407-80	69-6961				
		il Address: p.c.flynn@utilitiesinc-usa.com								
B.	Water Treatment Plant									
		lills Water Treatment Plant			Plant T	elephone Number	: 407-869-1919			
	Plant Address: 8021 n			City: Ocala	State: F		Zip Code: 34482			
	Type of Water Treated		hased Finished							
		Day Operating Capacity of Plant, gallons per day:								
		bsection 62-699.310(4), F.A.C.): V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Plant Class (per si	ubsection 62-699.3	10(4), F.A.C.): C				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s)	Worked			
	Lead/Chief Operator:	Charles G. Schwades	С	7368	<u></u>	7,12,19,26				
	Other Operators:	Daniel Anderson	A	7141	1,2,3,5,6,8,9,10,13,14,					
	Omer Operators.									
			† · · · · · · · · · · · · · · · · · · ·							
		<u></u>	1							
			<u> </u>							
			1		<u> </u>					
	l. Certification by Lea									
		eatment plant operator licensed in Florida, am the								
ini	formation provided in th	is report is true and accurate to the best of my kno	wledge and belic	ef. I certify that all	drinking water trea	atment chemicals	used at this plant conform to			
		d 60 or other applicable standards referenced in su								
th	is plant were prepared e	ach day that a licensed operator staffed or visited the	his plant during	the month indicate	d above: (1) records	s of amounts of ch	emicals used and chemical			
fee	ed rates; and (2) if appli	cable, appropriate treatment process performance i	records. Further	more, I agree to pro	ovide these addition	al operations reco	ards to the PWS owner so the			
P۱	WS owner can retain them, together with copies of this report, at a convenient location for at least ten years.									
	3/1/			-						
1	Whorelie II	Charles C	G. Schwades			C-7368				
Si	gnature and Date		r Typed Name			License Numb	per			

PWS	WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
111. 1	III. Daily Data for the North/Year September,2005 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine													
							Chlorine		Chlorine	Dioxide		zone	Combin	ed Chlorine (Chloramines)
☐ υ	traviole	t Radiation	on 🗌 Ot	her (Describ	oe):									
Type	of Disin	fectant R	esidual Mair		istribution Sys		Free Chle			mbined C		Chloram	ines)	Chlorine Dioxide
	ъ.,				CT Calculations, or			ur-Log	Virus Inactiv	ation, if App				
	Days Plant			<u> </u>		CT Calcul	Lowest CT				UV	Dose	Lowest	
	Staffed	}		1	Lowest Residual	Disinfectant	Provided						Residual	
	or			}	Disinfectant	Contact Time	Before or at			1			Disinfectant	
	Visited by		Net Quantity	}	(C) Before or at	(T) at C Measurement	First	T		\ C-:		Minimum	Concentration at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished	{	First Customer	Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	Required	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Taking Water System Components Out of
Month	"X")	Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm²	sec/cm²	System, mg/L	Operation
1 2	X	24	76,000	 							<u> </u>		1.0	
3	X	24	209,000		 						 		2.0	
4		24	140,000									 	2.0	
5	X	24	140,000										1.9	
6	X	24	98,000										1.7	
7	X	24	123,000										1.8	
8	X	24	131,000		ļ								0.9	
10	- ^-	24	147,000		 	ļ				ļ		ļ	0.4	
11		24	163,000		 		ļ						1.7	
12	X	24	165,000		 		·		 	 		 	1.5	
13	X	24	155,000							 			1,2	
14	X	24	186,000										1.4	
15	X	24	194,000		 								1.5	
16	X	24	187,000	ļ	ļ		ļ					ļ	1.5	
18	^_	24	230,000	+						 			1.4	
19	X	24	230,000	 	 	 	 			 	 		1.5	
20	Х	24	168,000		1	·				 	 		1.2	
21	X	24	148,000								1		1.2	
22	X	24	155,000										1.0	
23	X	24	106,000		ļ								1.1	
25		24	126,000		 				ļ			ļ	1.0	
26	X	24	186,000	 	 	 								
27	X	24	114,000	 	 	 				 			0.9	
28	Х	24	166,000		1	 	1				 		1.2	
29	X	24	147,000				1			1			0.8	
30	X	24	156,000										1.7	
31	L	1												
Total			4,710,000	1										

230,000

Maximum

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



See	page 4 for instructions.				FILE GUR	430
	General Information (for the Month/Year of: October, 2005				
	Public Water System (P					
	PWS Name: Golden H	ills Water treatment Plant			PWS Identification	Number: 6424076
	PWS Type: 🛛 🔾 🤇	Community Non-Transient Non-C	Community Transie	nt Non-Community	Consecutive	
	Number of Service Cor	nnections at End of Month: 509		Total Population S	erved at End of Month; 1779	
	PWS Owner: Utilities,	Inc. of Florida				
	Contact Person: Patric	k C. Flynn		Contact Person's T	itle: Regional Director	
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp		Zip Code: 32714
	Contact Person's Telep	phone Number: 407-869-1919		Contact Person's F	ax Number: 407-869-6961	
		nil Address: p.c.flynn@utilitiesinc-usa.co	om			
	Water Treatment Plant					
L	Plant Name: Golden H	lills Water Treatment Plant			Plant Telephone N	umber: 407-869-1919
-	Plant Address: 8021 n			City: Ocala	State: Fl.	Zip Code:
	Type of Water Treated		Purchased Finished	Water		
		Day Operating Capacity of Plant, gallons	per day: 636,000			
1		bsection 62-699.310(4), F.A.C.): V			bsection 62-699.310(4), F.A.C	2.): C
	Licensed Operators	Name	License Class	License Number	Day(s)/Sh	nift(s) Worked
-	Lead/Chief Operator:	Charles G. Schwades	С	7368	Days	s Mon- Sat
ĺ	Other Operators:	Daniel Anderson	A	7141	Day	s Tue-Sat
ł						
Ì						
L		<u> </u>		L		
11.	Certification by Lea	d/Chief Operator				
		eatment plant operator licensed in Floric	da, am the lead/chief opera	tor of the water trea	tment plant identified in Part	I of this report. I certify that the
		is report is true and accurate to the best				
		d 60 or other applicable standards refere				
		ach day that a licensed operator staffed o				
		cable, appropriate treatment process perf			vide these additional operation	is records to the PWS owner so the
PW	S owner can retain the	m, together with copies of this report, at	a convenient location for	at least ten years.		
- ij						
	erly J. St.	make 11/2/05	Charles G. Schwades		C-7368	
Sig	nature and Date		Printed or Typed Name		License	Number

PWS	WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant													
III. Daily Data for the Month/Year October,2005														
Moor	TOT ACL	iovina E	Log Vien		on/Removal: *	Ø E∗oo	Chlorine		Chlorine	Diovide		zone	Combin	ed Chlorine (Chloramines)
Mean	oi Acn	neving Fo	out-rog viu	is inactivation her (Describ	olvreilioval: *	M rice	Chlorine	L_)	CHIOTHE	Dioxide		ZUNC	L Comoin	ca Chorne (Choramics)
-							Lr. Ohl		[]	bi	VI.1i (Cl-1	:	Chlorine Dioxide
Type	of Disini	tectant R	esidual Mair		istribution Sys		Free Chlo				hlorine (Chioram	ines)	Chlorine Dioxide
	Days		· •		. I Calculations, or	CT Calcul		ur-Log	virus inacuvi	ation, it App		Dose		
	Plant		!			C1 Calcui	Lowest CT					Dose	Lowest	
	Staffed		}		Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or at					}	Disinfectant	
	Visited				Concentration	(T) at C	First					Minimum	Concentration	
	by	••	Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating Conditions:
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW-	Point in Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm ²	sec/cm ²	System, mg/L	Operation Operation
1	X X	24	145.000	reace, gard	Tiow, mg c	minucs	mg-may is		Африсанс	ing time is	Sec citi	Social	1.8	
2		24	187.000										1.5	
3	X	24	188.000								<u> </u>		1.5	
4	X	24	113.000										1.8	
5	X	24	113.000										1.3	
6	X	24	139.000										1.4	
7	X	24	171.000										1.5	
8	X	24	105.000										1.3	
9		24	150.000				<u></u>	ļ			<u></u>	<u> </u>		
10	X	24	152,000										1.3	
11	X	24	169.000				ļ			ļ	ļ	ļ	0.9	
12	X	24	161.000				 					 	1.0	
13	X	24	188.000		 	 		 	ļ				1.0	
15	X	24	156.000 212.000		 				 	ļ	 		1.0	
16		24	211.000			 	 	 		 	 	 	1.0	
17	X	24	211.000	 	 		·				 	-	1.0	
18	X	24	145.000		f		 	 	-	 	1		0.3	
19	X	24	212.000		 	1		1	 	<u> </u>			0.2	
20	X	24	219.000										1.0	
21	X	24	174.000										1.0	
22	X	24	188.000										0.9	
23		24	209.000											
24	X.	24	210,000										1.0	
25	X	24	117.000					L		ļ			0.9	
26	X	24	180.000		<u> </u>		<u> </u>			-	ļ		0.8	
27	X	24	213.000			<u> </u>	ļ	ļ	ļ			 	0.9	
28	X	24	164.000	ļ	ļ			<u> </u>	<u> </u>	<u> </u>		 	1.5	
29	X	24	161.000					 	 			 	1.5	
30	 	24	208.000		<u> </u>		 		 	 	 	 	1.6	
31	N N	24	209.000	ļ	L	L		<u> </u>				<u> </u>	1.0	
Total			5,380,000	1										
Avera	<u>3</u> C		173.548	1										

Maximum 219,000 * Refer to the instructions for this report to determine which plants must provide this information.





Se	e page 4 for instructions					LE GUP	
I.		for the Month/Year of: NOVEMB	ER 2005				
Α.	Public Water System (F						
		ills Water treatment Plant				cation Number: 6424	1076
		Community	n-Community Transie	nt Non-Community	Consecutive		
		nnections at End of Month: 509		Total Population Serv	ed at End of Month: 1	1779	
	PWS Owner: Utilities,						
	Contact Person: Patric			Contact Person's Title			
		ng Address: 200 Weathersfield Ave.		City: Altamonte Sprin			de: 32714
		phone Number: 407-869-1919		Contact Person's Fax	Number: 407-869-696	51	
		ail Address: p.c.flynn@utilitiesinc-usa	n.com				
В.	Water Treatment Plant						
		lills Water Treatment Plant			Plant Telepho	one Number: 407-86	9-1919
	Plant Address: 8021 n	.w. 49th st. rd.		City: Ocala	State: F1.	Zip Co	de:
	Type of Water Treated			Water			
	Permitted Maximum I	Day Operating Capacity of Plant, gallo	ons per day: 636,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subse	ection 62-699.310(4),	F.A.C.): C	
	Licensed Operators	Name	License Class	License Number		(s)/Shift(s) Worked	
	Lead/Chief Operator:	Charles G. Schwades	С	7368		Days Mon- Sat	**************************************
	Other Operators:	Daniel Anderson	A	7141	· · · · · · · · · · · · · · · · · · ·	Days Tue-Sat	
	•						
							
					······································		
				<u> </u>			
				 	······································		~
				<u> </u>			
	I. Certification by Lea						
i,	the undersigned water to	eatment plant operator licensed in Flo	orida, am the lead/chief opera	tor of the water treatm	ent plant identified in	Part I of this report.	I certify that the
ın	formation provided in the	is report is true and accurate to the be	est of my knowledge and belie	ef. I certify that all dri	nking water treatment	chemicals used at the	nis plant conform t
N:	SF International Standar	d 60 or other applicable standards ref	erenced in subsection 62-555.	.320(3), F.A.C. I also	certify that the following	ing additional opera	tions records for
th	is plant were prepared ea	ach day that a licensed operator staffer	d or visited this plant during	the month indicated at	ove: (1) records of am	nounts of chemicals	used and chemical
ie	ed rates; and (2) if applied	cable, appropriate treatment process p	erformance records. Furthern	more. I agree to provid	le these additional ope	rations records to th	e PWS owner so ti
P	NS owner can retain the	m, together with copies of this report,	at a convenient location for a	it least ien years.	_		
	all 11 - O.	<i>- //// /</i>					
1	Horles 9.	- 12-608	Charles G. Schwades		C-′	7368	
Ši	gnature and Date		Printed or Typed Name		Lic	cense Number	

PWS	Identific	cation Nu	ımber: 64240	076		Plant Na	me: Golde	n Hills	Water Tr	eatment	Plant			
THE R	mily the	to for th	ie Month/Yo	NO	VEMBER 200	<u> </u>								
				ie Inactivati	on/Removal: *	J Free	Chlorine		Chlorine	Diovida	П)zone	Combin	ned Chlorine (Chloramines)
		t Radiati		her (Describ			Ciliornic	لـــا	Chiorine	Dioxide		ZUIIC	Comon	ica cinorine (cinoranines)
					Distribution Sys	tem: X	Free Chl	orine	Co	mbined C	'hlorine (Chloram	ines)	Chlorine Dioxide
-1100					CT Calculations, or				Virus Inactiv	ation, if Ap	plicable*	Cinorain		Chomic Dioxide
	Days					CT Calcu	lations		्रिक्त स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी			Dose		
	Plant Staffed						Lowest CT						Lowest	
	or		ł .		Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or at		ļ				Residual Disinfectant	
	Visited				Concentration	(T) at C	First	'			Lowest	Minimum	Concentration	
n	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.	ļ ·	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of	CT	UV Dose,		Point in	Repair or Maintenance Work that Involves
Month	"X")	Operation		Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	Water, if Applicable	Required,	mW- sec/cm²	mW- sec/cm ²	Distribution System, mg/L	Taking Water System Components Out of Operation
1	X	24	109.000	Justo, Epu	T TOW, MAD IS	Attition	mg-mm-		Appaoante	udenmar.	- HOG/CALL	10COLL	1.5	Optimion
2	X	24	153.000		<u> </u>			<u> </u>	 	 	 		1.6	
3	X	24	162.000						· · · · · · · · · · · · · · · · · · ·		 	-	1.8	
4	X	24	157.000										1.8	
5	X	24	177.000										1.7	
7	X	24	219.000		<u> </u>					ļ	<u> </u>			
8	X	24	219.000 157.000	 			ļ			<u> </u>	ļ	ļ <u>.</u>	1.6	
9	X	24	201.000		 	ļ	 			ļ ——			1.7	
10	X	24	262.000	ļ	 			 		 	 	ļ	1.0	
11	X	24	194.000				 		 		 	ļ	1.5	
12	X	24	196.000							 	 		1.5	
13		24	222.000											
14	X	24	222.000										1.5	
16	X	24	157.000		<u> </u>		 			ļ	ļ		1.2	
17	X	24	205.000 243.000	<u> </u>	ļ		 	 			 		1.5	
18	X	24	177.000	·	 		 	 		 	 	 	0.9	
19	X	24	212.000			 	ļ	 		 	 		0.9	<u> </u>
20		24	165.000				<u> </u>		 	 	 		0.9	
21	X	24	165.000						 	† · · · · · · ·	† · · · · · ·		1.2	
22	X	24	169.000										1.1	
23	X	24	237.000										1.9	
25	X	24	163.000		 			ļ					2.0	
26	$\frac{x}{x}$	24	219.000 157.000	 	 		ļ	<u> </u>			ļ		2.2	
27		24	195.000	<u> </u>	 	ļ	 	 	ļ	 	ļ	 	1.8	
28	Х	24	195.000		 	 	 	 			 	 	1.9	
29	X	24	206.000						 	 	 	 	1.9	
30	X	24	143.000			<u> </u>	 		 	1	 	 	1.9	
31		L								 	 		 	
Total			5,658.000								*			
Averag			188.600	1										
IATHYTIL	uiii		262,000	ı										

262.000

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



See page 4 for instruct	ions.				- OOI E	
I. General Informa	ion for the Month/Year of: DECEM	IBER, 2005			A COLUMN TO THE	
	m (PWS) Information					
PWS Name: Gold	en Hills Water treatment Plant			PWS Identification 1	Number: 6424076	
PWS Type:	Community Non-Transient N	Non-Community Transie	nt Non-Community	Consecutive		
	Connections at End of Month: 509		Total Population Serv	ed at End of Month: 1779		
PWS Owner: Util	ities, Inc. of Florida					
Contact Person: P	atrick C. Flynn		Contact Person's Title	: Regional Director		
	Mailing Address: 200 Weathersfield Ave	e.	City: Altamonte Sprin		Zip Code: 32714	
	Telephone Number: 407-869-1919	-	Contact Person's Fax	Number: 407-869-6961		
	E-Mail Address: p.c.flynn@utilitiesinc-i	usa.com				
B. Water Treatment I						
	en Hills Water Treatment Plant				mber: 407-869-1919	
	21 n.w. 49th st. rd.		City: Ocala	State: Fl.	Zip Code:	
Type of Water Tr			Water			
	um Day Operating Capacity of Plant, ga					
	er subsection 62-699.310(4), F.A.C.): V			ection 62-699.310(4), F.A.C.		
Licensed Operat		License Class	License Number	**************************************	R(s) Worked	
Lead/Chief Opera		C	7368		Mon- Sat	
Other Operators:	Daniel Anderson	A	7141	Days	Гue-Sat	
			<u> </u>			
			<u> </u>			
II. Certification by	Lead/Chief Operator					
I, the undersigned wa	ter treatment plant operator licensed in	Florida, am the lead/chief opera	tor of the water treatm	ent 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 belie	ef. I certify that all dri	nking water treatment chemi	cals used at this plant conform to	
NSF International St	andard 60 or other applicable standards	referenced in subsection 62-555	.320(3), F.A.C. I also	certify that the following add	litional operations records for	
this plant were prepa	red each day that a licensed operator sta	ffed or visited this plant during	the month indicated al	bove: (1) records of amounts	of chemicals used and chemical	
feed rates; and (2) if	applicable, appropriate treatment proces	s performance records. Further	more, I agree to provid	le these additional operations	records to the PWS owner so the	
	n them, together with copies of this repo					
- 1 1 3	////	The state of the s	· · · · · · · · · · · · · · · · · · ·			
Cl. 1. II 1	1-4-06	Charles G. Schwades		C-7368		
Signature and Date	Call the transfer of the trans	Printed or Typed Name	License Number			

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19												161,000	74	X	Œ
WS Jefentification Number: e424076 Washington Number: e424076 Plant Name: Golden Hills Water Treatment Plant Plant Name: Golden Hills Water Treatment Plant Plant Name: Golden Hills Water Treatment Plant Plant Name: Golden Hills Water Treatment Plant Name: Golden Hills W															67
WS Johnstein Number 6424076 We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Residual Maintained in Districtions (2000) We will be a control of Politice and Maintained and Maintained in Districtions (2000) We will be a control of Politice and Maintained and Maintained in Districtions (2000) We will be a control of Politice and Maintained and Maintaine															
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Director Posterior Poste		8.1										4 /			
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10		p.1													
Paint Pain															
13 15 15 15 15 15 15 15															
WS Genin fileshion Number: 6434076 Plant Name: Golden Hills Water Treatment Plant Plan														X	
15													74		
WS Identification Numbers 6424076 Paint Manies of Abstrate Paint Manies Pa		4.1						-					74	X	
WS decinification Number: 6424076 WS decinification Number: 6424076 13												135.000	24	X	12
WS Identification Number: 6424076 Paint Name Paint Pain												157,000	74	X	þί
WS Identification Number: 6424076 Plant Name of Active in Four-Log Virus Inactive in December: Application Number: 6424076 Plant Pain of Active in Peak Flow Water States Plant Name of Table Plant Number: 6424076													74	X	£I
WS Identification Number: 6424076 Water Four-Log Virus Inscivation Number: 6424076 Plant Only Constitution Plant Onl															
WS Identification Number: 6424076 Days Percention Number: 6424076 Plant		3 1													
WS Identification Number: 6424076 Description Plant (Principle) Plant Mame: Golden Hills Water Treatment Plant (Chlorine Dioxide Plant Main Name: Golden Hills Water Treatment Plant (Chlorine Chlorine Chlorine Dioxide Plant Chlorine Chlorine Chlorine Dioxide Chlorine Chl		6.1												X	
WS Identification Number: 6-124076 Plant Data Concentration Plants Plant Name: Golden Hills Water Treatment Plant Plant Name Plant Name Plants												000.601			*****
WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant Distriction Order (Chlorine Condition Order (Chlorine Chlorine															
WS Identification Number: 6424076 Dava of Operation Flow of Other Plant Flow of Other Plant Flow of Other Plant Flow of Other Plant Flow of Other Plant Flow of Other Plant Flow of Other Plant Flow of Other Plant															*****
WS Identification Number: 6424076 Ditay Data for the Medical of Posterior of Pos															
WS Identification Number: 6424076 Distriction of Parish Plant Plant Name: Golden Hills Water Treatment Plant Describe):															*****
WS Identification Number: 6424076 Lowest Residual Maintained in Distribution System Plant System Plant State of Distribution System Plant State of Operation Plant State Plant House Residual State Plant House Residual State Plant House Residual State Plant House Residual State Plant House Residual State Plant House Residual State Plant House Residual State Plant House Residual State Plant House Residual Plant State Plant House Residual Plant Hous		<u> </u>		ļ	ļ		ļ								
WS Identification Number: 6424076 Plant Name me Name Name Plant Name Name Name Name Name Plant Name Name Name Name Name Name Name Name												000.113			
WS Identification Number: 6424076 Interviole Radiation Other Describe: Compined Chlorine Chlorine Dioxide Combined Chlorine Chlorine Dioxide Chlorine											000.00				
WS Identification Number: 6424076 India Days Concentration Pient Concentration Pient Concentration Pient Concentration Pient Concentration Concentrat															*****
WS Identification Number: 6424076 1. Daily, Data for the Alamith Cara Plant Name: Golden Hills Water Treatment Plant Plant Name: Golden Hills Water Treatment Plant Plant Name Pl															
WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant Plant Name: Golden Hills Water Treatment Plant Plant Number: 6424076	Taking Water System Componence Out of	Residual Disimfectum Concentration Security at Remote in fruity mit min's	UV Dose Required, Wm.	guinnagO ,seoQ VU -Wm	C.I. Kequired,	Water, if	of Water,	Provided Phys Phys Customer During Peak Flow,	Distribectant Conflect Time (T) at C Measurement Point During Peak Flow,	Disinfectant Concentration (C) Before or at First Customer During Peak	医电子感染体的 化硫酸二甲基苯基酚	bashinish to TateW	ni mal4	Staffed or Visited by Operator Operator (Place	ayı
WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant Plant Name: Golden Hills Water Treatment Plant Plant Number: 6424076 Plant Number: 6424076 Plant Other (Plorine Distribution System: Plant Name of Distribution System: Plant Number: Plant	됐게, 뭐 그 없이 나는 말은 생각 못했다면서 그나다		960(ian	 		******************	anoin	CT Calcula					2V.sCl	
WS Identification Number: 6424076 [Plant Name: Golden Hills Water Treatment Plant [Instity Date four-Log Virus Inactivation/Removal: * Pree Chlorine Combined Chlorine Chlorine Chlorine Dioxide Combined Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine 선생님 경기가 살아가는 가게 가는 그리다		ļ	*əldsərl	tion, if App	irus Inactiva			UV Dose, to De	T Calculations, or	9	1	1			
WS Identification Number: 6424076 [Plant Name: Golden Hills Water Treatment Plant [Plant Name: Golden Hills Water Treatment Plant [Chloramines] [Plant Name: Golden Hills Water Treatment Plant [Chloramines] [Plant Name: Golden Hills Water Treatment Plant [Chloramines] [Plant Name: Golden Hills Water Treatment Plant [Chloramines] [Plant Name: Golden Hills Water Treatment Plant [Chloramines]	Morine Dioxide	ues)	Chlorami						cw:	stribution Syst	iained in Di	misM laubise	ectant Re	Inisid Id	ype o
WS Identification Number: 6424076 I. Daily Data for the Month Can: DECEMBER, 2005 Plant Name: Golden Hills Water Treatment Plant Cans of Achieving Four-Log Virus Inactivation/Removal: * Pree Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	1. 10.	<u> </u>	. , 10				<i>-</i> -								
WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant [L. Dails, Data for the Months en DECEMBER, 2005] [L. Dails, Data for the Months en DECEMBER, 2005]	(commissions) outrous p	MIGNIO -	2002	'nП	aniyota	SHIOHIS		эшиошэ	D rice						
WS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant	(Sanimerold') be	onidmo)	Juuz	VIII	ahivoid	Chloring	<u> </u>	CPP							
									5(EMBER 200	Jau				
				MATERIA	r manne	ALT TOTAL	CHITT	io: colder	ITPAT HIPLT		0/	04740 12011	INNI HOUE	วนเบนอก	I SM
					·										1 2111

* Reser to the instructions for this report to determine which plants must provide this insormation. Total
Average
Immiral
Authority 139.355

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)	PERMIT NUMBER:

200 Weathersfield Ave. MAILING ADDRESS: Altamonte Springs, FL 32714

FACILITY: LOCATION

COUNTY

Crownwood WWTP

Ocala, Fl. Marion

4497 NW 73rd Terrace

LIMIT: Final CLASS SIZE: Minor

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

MONITORING PERIOD

FLA012680-001-DW3P

REPORT: GROUP-R001

WAFR SITE NO:

34209

Monthly

Domestic

To: Jan 315 2004

THREE MONTH ROLLING ADF: 0.021

% OF PERMITTED CAPACITY 52.5%

From: Jan. 15+ 2004

DMR Date: 4/99 Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Parameter Analysis Ex. CBOD5 Sample Measurement サイト 20.0 mg STORET No. 80082 779 Permit -Mon.Site No. EFA-01-13427 Measurement (An.Avg.) T. AVE. : ilCiD Sample 22.0 42.0 Measurement 30.0 STORET No. 80082 Permit (Max.) Mon.Site No. EFA-01-13427 (Mo.Avg.) Measurement Sample Measurement 757 20.0 STORET No. 00530 Y Permit 1 373 (An.Avg.) Mon.Site No. EFA-01-13427 Measurement Sample Grab Measurement **元元和 32 0 30.0**% STORFT No. 00530 1 Permit A M. (Mo.Avg.) Mon.Site No. EFA-01-13427 Measurement pH Sample 7.02 Measurement STORET No. 00406 Permit Mon, Site No. EFA-01-13427 (Mid.) Measurement Feeal Coliform Bacteria Sample 1.3 Measurement - 200 × 1 = 200 STORET No. 74035 "Y Permit ' (Art.Avg.) Mon.Site No. EFA-01-13427 Measurement

Roiling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

Legitify 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 TITLL OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272- 1 919	04/02/22

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTP
Month/Year: January / 2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter	Quantity or Loading U			Units	Qua	lity or Concentra	Units	No. Ex.	Frequency of Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1		<1	#/100mL	0	Monthly	Grab
STORET No. 74055 1 Mon.Site No. EFA-01-13427	Permit Mensurement				(Mo.Geo.Mean)		(Matt)	William I	1		
TRC for disinfection	Sample Measurement				0.6			mg/L	0	5 Days/Week	Gvab
STORET No. 50060 A Mon Site No. EFA-01-13427	Permit Measurement			a de	(Min.)	The state of the s		THE LAND			
Notate (le N)	Sample Measurement						4.84	mg/L	0	Monthly	Grab
STORET No. 00620 1 Mon.Site No. EFA-01-13427	Permit Mensurement			*		* 5				Nagara Maria	
Hew	Sample Measurement	0.021	0.021	mad					0	5 Days/Week	Elap. Time Mtvs.ou flups
STORET No. 50050 G Mon.Site No INF-01-34208	Permit Measurement	(TMADE)	Report (MCAVE)					- T	المراجعة والأ		
CBOD5	Sample Measurement										
STORET No. 80082 G Mon.Site No. INF-01-34208	Permit Measurement	X 22				A PROVIDE SAME	The second	in bracket	\$.1,	ie superen ja sa	
188	Sample Measurement										
STORET No. 00530 G Mon.Site No. INF-01-34208	Permit Measurement									es de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
D. His The Mand Assess of the	Permit Mensurement				100	2 WH					

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

The annual sample shall be taken and submitted each year during the period of peak hydraulic loading.

DAILY SAMPLE RESULTS - PART B

FLA012680-001-DW3P Permit Number: FLA012680-001 Month/Year: January 2004

Facility Name: Crownwood WWTP

0.021 mgd

Three-month Average Daily Flow:
Daily Flow % of Permitted Capacity: 52.5%

الاستان الاستان	January		TSS (/T)	pH (s.u.)	Fecal Coliform	TRC (For	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
	Flow (MGD)	CBOD5 (mg/L)	133 (mg/L)	pri (s.u.)	Bacteria (#/100ml)	Disinfect.) (mg/L)	(g 2)		
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
B -	INF-01-34208	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	INF-01-34208	INF-01-34208
1	0.016			7.33		3.0			
2	0,024			7.31		2.5			
3	0.026	- <u></u>							
4	0.026			7.20		10(
5	0.018			7.32		2.8			
6	0.024			7.35		3,2			
7	0.019			7.30		2.6			
8	0.025	42.0	1	7.34	<1	3.1	4.84		<u> </u>
9	0.020			7.51		4.7			ļ .
10	0.024			7,45		4.3		ļ	ļ
11	0.023								
12	0.023			7.52		2.2			
13	0.014			7.57		2.2	<u> </u>		
14	0.025			7.55	ļ	5.0		ļ	
15	0.020			7.61		5.0			
16	0.024			7.61	<u> </u>	5.0	<u> </u>		ļ -
17	0,023							ļ	
18	0.023			7.14	<u> </u>	1.0		<u> </u>	
19	0.020			7.51	ļ	0.8	 		
20	0.018			7.50	ļ	0.6			
21	0.024		<u></u>	7.50		5.0t	ļ		
22	0.021		<u> </u>	7.40		5.0t	 	<u> </u>	
23	0.025			7.03		4.0	ļ		}
24	0.02		<u> </u>	ļ		ļ			
25	0.021	ļ		7.05	ļ	201	ļ	ļ	
26	0.026	<u> </u>		7.04	<u> </u>	2,2	 	 	
27	0.014			7,03		4.0	 	 	
28	0.025			7.02	 	lol		 	
29	0.013		ļ	7,29		1.3	 	 	
30	0.023			7.11	 	1.7	ļ	 	
31	0.021			<u> </u>			<u> </u>	<u></u>	1

- PLANT STAFFING:						
Day Shift Operator	Class:	ClassA	Certificate No:	#A-0008122 00	Name:	Daniel S. Anderson
Evening Shift Operator	Class:	Classe	Certificate No:	#C-000	Name:	Chuch Schwades
Night Shift Operator	Class:	Class B	Certificate No:	#B-000 7116 DO	Name:	J. Frank Gratson
Lead Operator	Class.	Class A	Certificate No:	#A-000 8122 P	Name:	Daniel S. Anderson
Type of Effluent Disposal or	Reclaimed	Water Reuse:	* Adsorpt			aration Percolation Ponds
Limited Wet Weather Discha	rge Activat	ed Yes: No	Not Applicable	If yes, cumulative	c days of w	et weather
discharge						

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680-001-DW3P Final

REPORT:

Monthly

Crownwood WWTP

260 Weathersfield Ave.

Alternonte Springs, FL 32714

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

GROUP:

Domestic

FACILITY: LOCATION:

4497 NW 73rd Terrace Near Ocala, Sumter County

To: Feb. 29, 2004

COUNTY:

Marion

MONITORING PERIOD From: Feb 1, 2004
3 month folling AV6. O. Chl % Armitted CAPACITY 55.0 PMR Date: 4/99

NA

С

[]

R001

Parameter	Quantity	or Loading	Units	Qu	Units	No. Ex.	Frequency of Analysis	Sample Type			
CBOD5	Sample Measurement					³ # 3.17		mg/L	0	CALCULATION	ROLLIES APONUM
STORET NEL ENGRE Mentalische BPA-QI-13477	Control Management					Anave)		mg/L		Calquiation	Rolling Annual Avg
CBOD5	Sample Measurement					14.8	14.8	Mg/L	0	monthly	Grab
STORET No. BOILD Months No. EPA-01-13427	Parpilt Manager					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					3,3		m9/2	0	CALCULATION	ROLLING ANDRY
STERRET No. 66580 Y Mon.Ste No. EFA-GI-13427	Permit Messurement					20.0 (An.Avg.)		mg/L		Calgulation	Rolling Annual
TSS	Sample Measurement					26	26	Mg/L	0	MowthLy	, ,
STORET No. 00130 MonStorno: Epa-01-13427	Permit Adjustitionalst	10.00				30 g (Mg.Avg.)	(MIX.)	mg/L	Š	Monthly	Grab
рН	Sample Measurement				7.0		7.3	5, Ü,	0	5 DAY/Work	Grab
STORET No. 00406 MonSter No. EFA-01-1,1429	Permit Measurement				(Min.)		8.1 (Max.)	3.U.		5 Days/Week	Crab
Fecal Coliform Bacteria	Sample Measurement					1,1		I JOUNL	0	CALENTION	ROLLING ANDON
STORET No. 74055 Y Mon-Bite No. EFA-01-13427	Parant Medalususus					200 (As:Ava.)		#/100mL		Calculation	Rolling Annual AVE

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 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	PHONE NO:	DATE: YY/MM/DD
Chork Schundes Lend operator	Chuck kproade	7919 1919	04/03/17

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

REVISED REPORT 7/12/04

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTP Month/Year: Feb 12004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity	or Loading	ding Units Quality or Concentration					No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				2		2	#/100ML	0	mowthly	Grab
STORET No. 74055 Medišinė No. RFA-01 (13417)	Parmit - Massuranoni				Report (Mis.Gen.Maan)		BOC (Max.)	Wicom).		Monthly	Grab
TRC for disinfection	Sample Measurement				¥ 0.6			my/4	\cap	5 DAYS/week	Grab
STORET No. 50060 A Monistin No. BEA-CI-13427	Permit Moneurement				O.S. (Min.)			mel		5 Days/Wook	Grab
Nitrate (as N)	Sample Measurement						< 0.10	mg/L	0	Mointhly	Grat.
STORET No. 00620 Mondine No. EPA:(1-13427	Permit Measurement						(bfex.)	mg/L		Monthly	Cirab
Flow	Sample Measurement	0.022	0.073	mad					0	SDAYS/Week	ELAPSed Til
STORET No. 50050 G Mod.SheNo. BHF01/34208	Pormis Mossili romes	0.040 2 Month Rolling Avg	Report (Mo.Avg.)	mgd						5 Days/Work	Elapsed Time Meter
CBOD5	Sample Measurement	\$80,200100 SANS 500									
STORET No. 80082 G Mon.Sig. No. 1989-01-34208	Permit Afanturement					** Report Ammusi Sample		mg/L		Annually	Grah
TSS	Sample Measurement										
STURET No. 00530 C Man.Blue No. DNF-01-34208	Permit Mensurement					** Ropor Amoul Sample		mg/L		Annually	, Grade
	Sample Measurement										
	Parmii Massurement										
	Sample Measurement										
	Permit Messurement										
	Sample Measurement										
	Pennit Messurement										

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

* REVISED REPORT TO SHOW MINIMUM TRC FOR THE MONTH / PER DED INSPECTION

^{**} The annual sample shall be submitted annually on the anniversary date of this permit.

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA012680-001-DW3P

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0.023

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
lon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
ı	0.018			7.0		2.0			
2	0.024			7,2		2,5			
3	0.026			7./		0.6			
4	0.026			7.0		1.4			
5	0.026	:		7.1		2.0			
6	0.026			7.0		1.5			
7	0.025								
8	0.025			7.1		1.0			
9	0.016			7.2		2.1	 		<u> </u>
10	0.026			7.1		5.0			
11	0.026			フル		5.0	<u> </u>		ļ
12	0,021			7.2		5.0			
14	0.022			7.3		5.0			<u> </u>
15	0.022			7.2		4.8			
16	0.027								
17	0.027	<u> </u>		7.1		1.2			
18	0.022			7./		2.0			
19	0.031			7.2		2.5	<u></u> ,		
20	0.017			7.1 7.2		3.8			
21	0.023			7.4		3.0			
22	0.022			フ・ス		2,5			
23	0.023			$\frac{1}{2}$		1.5			
24	0.034			7.1		7.S 2.J			
25	0.025			7.1		1,5			
26	0.028			71					
27	0.029			5.1		1. 9 1. 0			
28	0.022					1.0			
29	0.023	14.8	26	7.1	2	1.0	<0,10		
30		, ,,,	~~	-/ '/	``	7.0	-0110		
31	$\leftarrow \rightarrow$								-

PLANT STAFFING:						. ,	,	
Day Shift Operator	Class:	C	Certificate No:	007747	Name:	Charles	Schwides	
Evening Shift Operator	Class:	A	Certificate No:	000 8122	Name:	DANIEL	Anderson	
Night Shift Operator	Class:		Certificate No:		Name:			
Lead Operator	Class:		Certificate No:		Name:			
Type of Effluent Disposal or I	Reclaimed V	Vater Reuse:	Adsocat	ion Field	- EVAPO	ration /	Percolation	POWAS
Limited Wet Weather Dischar	ge Activate	d: Yes: No	: Not Applicable:	If yes, cumulative	days of wet	weather		
illirada manas								

assonarge:
"Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Prote	ection Mail Station 3551	. 2600 Blair Stone Roa	d, Tallahassee, F	L 32399-2400

PERMITTEE NAME: MAILING ADDRESS: 200 Weathersfield Ave.

Utilities, Inc. of Florida (Golden Hitts Quadravillas WWTP)

PERMIT NUMBER:

FLA012680-001-DW3P

LIMIT: CLASS SIZE: Final NA R001

С

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REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Crownwood WWTP 4497 NW 73rd Terrace

Near Ocala, Sumter County

Altamonte Springs, FL 32714

DISCHARGE POINT NUMBER:

NO DISCHARGE FROM SITE:

PLANT SIZE/TREATMENT TYPE:

To: MARCH 3112004

COUNTY:

Marion

MONITORING PERIOD From: March 1, 2001

4 Month Rolling AUG. 0.022 Yo Permitted CARE DMR Date: 4/99

				3.7			, , ,		377		
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement					3,18		my	0	l	ROLLING APPROVE
STORET No. 80082 Y Mon.Site No. EFA-01-13427	Permit Mensurement					20.0 (An.Avg.)		m y l.		Calculation	Rolling Annual Avg
CBOD5	Sample Measurement					3,1	3.1	my/L	0	Monthly	Grah
STORET No. 80082 Mon.Size No. EFA-01-13427	Permit Measurement					30.0 (Mo.Avg.)	50.0 (Max.)	mg/L		Monthly	Rowing 4 MAD Jalo
TSS	Sample Measurement					33		M9/2	0		409
STORET No. 00530 Y Mon.Site No. EFA-01-13427	Permit Measurement					20.0 (An:Avg.)		mg/L		Calculation	Rolling Amual
TSS	Sample Measurement					_3	3	mg/L	0	monthly	Grah
STORET No. 00530	Permit Measurement					30.0 (Ma:Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.0		7.4	S.V.	0	50My wal	
STORET No. 00406 1 Mon.Size No. EFA-01-13427	Permit Measurement				6.0 (Min.)		8,5 (Max.)	S.U.		5 Days/Week	Rolling Alling & L
Fecal Coliform Bacteria	Sample Measurement					1,1		TOOML	0	1	1 RV4
STORET No. 74055 Y Mon. Bite No. EFA:01-13427	Permit Measurement					200 (An Avg.)		#/100mL		Calculation	Rolling Annual Avg

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 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 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 information of 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	PHONE NO:	DATE: YY/MM/DD
Chock Schwades lead operator	Chal Alwards	1919	04/04/16

[•]Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

FACILITY NAME: Crownwood WWTP Month/Year: march facey

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				<1		<1	1/100pl	()	mouthly	Grab	
STORET No. 74055 1 Mon.Site No. EFA-01-13427	Permit Measutement				Report (Mo:Geo:Mean)		800	₩/100mL	, j	Monthly	Grab	
TRC for disinfection	Sample Measurement				0.6		(Max.)	mg/4	Ô	50FYS week	Grab	
TORET No. 50060 A Mon.Sim No. EFA-01-13427	Permit				0.5			mg/L	<u> </u>	5 Days/Week	Gnb	
Vitrate (as N)	Measurement Sample				(Min.)		1	7				
STORET No. 00620	Measurement						12.4	my/4	1	Monthly	Grah	
MoniSite No. EFA-01-13427	Fermit Measurement						12.0 (Max.)	mg/L		Monthly	Grab	
Flow	Sample Measurement	0,023	0.025	myd					\bigcirc	5 DAYS week	ELAPS-07	
STORET No. 50050 G Mon.Site No. (NR-01-84208	Permit Measurement	0.040 3 Month Rolling Avg	Report (Mo.Avg.)	mgt						5 Days/Week	Elapsed Time Meter	
CBOD5	Sample Measurement											
STORET No. 80082 G Mon:Site No. INF-01-14208	Permit Measurement					** Report Annual Sample		mg/L		Annually	Grab	
rss	Sample Measurement					comos sample						
STORET No. 00530 CI Mon.Site No. INF-01-34208	Permit Measurement					** Report		mg/L		Annually	Grab	
	Sample Measurement					Annual Sample						
	Parmit Measurement											
	Sample Measurement											
	Permis Measurement											
	Sample Measurement											
	Permit Moasurement											

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

** The annual sample shall be submitted annually on the anniversary date of this permit.

INSTRUCTIONS FOR MONITORING REPORT

PART A - Discharge Monitoring Report

One report shall be completed and submitted for each discharge point, outfall, or testing site listed in the permit. Use additional shorts if necessary. Mail to Department of Environmental Protection at the address shown the first page of report.

Permittee Name/Address: Complete the name as shown on the face of the permit. Complete the mailing address. Place a note beside the mailing address if the address has changed within the past month. Facility/Location: Complete the name of the facility and the address or location of the facility.

Permit Number: This is the number of the permit issued to the permittee which contains the monitoring requirements in this report.

Monitoring Period: This is the period that the data on this report represents.

Limit: This is blank if the data represents interim limits on a facility under construction. If the data represents final limits achieved after construction, the word FINAL will be here.

Class Size/Group: The facility classification is either major or minor and the group is either industrial or domestic.

Facility ID: This is the identification number of the facility which was satigned by the Department at the time the facility was constructed.

Discharge Point Number: This is the number in the permit assigned to the outfall, discharge point, or test site from which this data was collected. Complete one of these reports for each outfall or discharge point from ye facility.

Plant size/Trestment type: If this facility is a domestic wastewater treatment facility, enter a one digit and one letter code to indicate the type of treatment and the plant size. First record the number from the chart beliwhich represents the type of treatment provided by the facility. Then record the letter that indicates the permitted capacity (plant size) as shown on the chart below.

	Type of Treatment	}	Pl	ent Size (mgd)	
		A	В	С	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes (Nitrification alone is not considered nutrient removal.)	≥3.0	≥0.5 but <3.0	≥0.002 but <0,5	• • •
2	Activated Studge or Combined Trestment systems that do not include removal processes	≥5.0	≥1.0 but <5.0	≥0.002 but <1.0	
3	Activated Studge operated in the extended aeration mode and oxidation ditches	≥8.0	≥2.0 but <8.0	≥0.025 but <2.0	≥0.002 but <0.025
4	Attached Growth Trestment systems (trickling filters or RBCs) that do not include nutrient removal processes	≥ 10.0	≥3.0 but <10.0	≥0.025 but <3.0	≥0.002 but <0.025

Parameter: This is the variable or substance which must be monitored.

Sample Measurement: The data which was collected and analyzed.

Permit Requirement: The limit from the permit for that parameter and measurement.

Quantity or Leading: The amount or mass of the parameter discharged during the reporting period in Average quantity discharged during the reporting period after adding each day of discharge, Maximum quantit discharged on the day with the highest amount, and the Unit of measurement (lbs. g. tons, etc.)

Quality or Concentration: The concentration of the parameter discharged during the reporting period in Minimum concentration during the reporting period, Average of all the measurements for the parameter during the reporting period, Maximum or highest concentration discharged during the reporting period, and the Unit of measurement (mg/L, ug/L, sto.)

No. Rr.: The number of sample measurements during the sampling period that exceeded the maximum (minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter zero.

Frequency of Analysis: The number of times the measurement is required to be made by the permit and the number of times the measurement was made.

Sample Type: The type of sample (grab, composite, continuous) required to be taken by the permit and the type that was taken.

Certificate, 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. Date when the report is signed.

Comment and Explanation: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation.

PART B - DAILY SAMPLE RESULTS

Complete one sheet for each centfull, discharge point, or test site where daily sampling is required by the permit. Record the results of daily monitoring for the parameters required to be sampled daily by your permit. Record the data in the units indicated. If there are no feed coliforms detected, enter ND in the row labeled "feed coliform." Use the blank rows as needed.

List the name, cartificate number, and class of all state certified operators. Use additional shocts as necessary.

Permit Number:

FLA012680-001-DW3P

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: Daily Flow % of Permitted Capacity:

Month/Year:

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1				7,3	1	4.8			
	0.026			7.3		5.0			
3	0,022	 		7.3		5.0			
4	0.016								
5	0.016	:		フ・ム		5,0			<u> </u>
6	0.019			7.0		5.0			<u> </u>
7	0.026			7.1		5.0			
8	0.018			7.1		5.0			
9	0.026			7.1		5.0			+
10	0,032			7./	<u> </u>	5.0			+
11	0.022			ļ	ļ				-
12	0.023			7.1		5.0	<u> </u>		
13	0.024			7.1		5.0			
14	0.021		<u> </u>	7./		2.0		 	
15	0.020		ļ	7.1		4.1	 	<u> </u>	
16	0.018	ļ	<u> </u>	7./	+	5.0	 		+
17	0.025	ļ <u></u>	<u> </u>	7.2		5.0		<u> </u>	
18	0.020	 		7.0	+	1.1			
19	0.019	 	 		<1	4.1	<0.10		1
20	0.019	< 2.0	1	7.0	+=1	4.6	10.70		
21	0.023	 	 	7.1		5,0			
23	0.020	+	 	7.0	 	5,0			
24	0.023		+	7.1	 	5.0	T		
25	0.015	 	 	+		1			
26	0.023	 	+	7./		3.2			
27	0.01.3	+		7.0		2,5			
28	0.015	1	+	7.0		3,5			
29	0.025	 	+	71		5.0			
30	0.014		+	7.0		5,0			
31	10.02		+	1.0					

PLANT STAFFING:		1	a de la Na	007747	Name:	Chuck Schundes
Day Shift Operator	Class:		Certificate No:	00//9/	• . • • • • • • • • • • • • • • • • • •	ONG -
Evening Shift Operator	Class:	4	Certificate No:	2125	Name:	DAVIEL ANDREASON
	Class:		Certificate No:		Name:	
Night Shift Operator			Certificate No:		Name:	
Lead Operator	Class:		- · · · · · ·	· · - · - · - · - · - · - · - ·	TUA D	ration / Percolation Powds
Type of Effluent Disposal or R	eclaimed V	Water Reuse:	AASA	P 1 1 (1 (V) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.7.76.00
Limited Wet Weather Discharg	ze Activate	d: Yes: No	: Not Applicable:) II yes, cumulative	uaya di wei	Woodler /
dhad						

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

200 Weathersfield Ave. Altamonte Springs, FL 32714

FACILITY: LOCATION: Crownwood WWTP 4497 NW 73rd Terrace

Ocala, FL

PERMIT NUMBER:

FLA012680-001-DW3P

LIMIT: Final CLASS SIZE: Minor DISCHARGE POINT NUMBER: R001

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

MONITORING PERIOD From: APriL1 REPORT:

GROUP: WAFR SITE NO:

Monthly Domestic

34209

COUNTY:

Marion

THREE MONTH ROLLING ADF: 0.023 % OF PERMITTED CAPACITY 57.5% DMR Date: 4/99

TO: APVIL 30

D			T 11			mgq					
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement					3,2		mg/L	0	CALCULATION	ANDUNE AU
STORET No. 80082 Y Mon.Site No. EFA-01-13427	Permit Measurement.		STATE OF THE STATE	THE STATE OF		% 7		at ing/1946	1. 3.	A Calculation of	Rölling Ahnui Ayg.
CBODS	Sample Measurement					<2.0	<2.0	mg/L	0	Mowthly	Grab
STORET No. 80082 1 Mon.Site No. EFA-01-13427	Permit Measurement					30.0 (Mo.Avg.)	(Max.)	* mg/L		Monthly	Crab
TSS	Sample Measurement					33		mg/c	0	1	1011111
STORET No. 00530 Y Mon. Site No. EFA-0: -13427	Permit Measurement	34.7	Sample of the same	CALL COMMEN	100 TEACH	20.0 (An.Avg.)	The state of the s	#mg/L		Calculation 7	
188	Sample Measurement					1		my/c	0	mouthly	Gras
STORET No. 00530 1 Mon.Site No. EFA-01-13427	Permit Measurement			17:17	W. 144 14	% (Mo.Avg.) :	60 () (Math)			Modern	Crab
рΗ	Sample Measurement				7.0		7,3	S.U.	0	5 DAY week	Grah
STORET No. 00406 T Mon. Site No. EFA-01-13427	Permit Measurement			****	(Min)	The state of the s	WeiVas) ex			reporting to	Grab
Fecal Coliform Bacteria	Sample Measurement					1.1		#/100ML	0	CALEULATION	ROLLING ANNUAL AV
STORET No. 74055 Y Mon.Site No. EFA-01-13427	Permit Measurement			1	At the state of	* 200 A. (An. Avg.)	7 4 74 (f)	*#YT00#IT*	A CONTRACTOR	(e lettletton	

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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 be 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	PHONE NO:	DATE: YY/MM/
Charles G. Schwarfer Head Operator	Charles G. Charles	700-272- 1919	04/05/18

FACILITY NAME: Crownwood WWTP Month/Year: APYIL

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				~		c/	TOOML	0	MOINTHLY	Grab
STORET No. 74055 Mmissiend Efa-Glaim37	Bermit Memutenen				Aspon (Ma Chat, Mean)		800 (Max.)	Wildows		Monthly	Great
TRC for disinfection	Sample Measurement				1./			my/L	0	58 M/5/week	Grab
STORET No. 50060 A MODERNO, EFA-CI - 13427	Parmit Measurement				0.5 (Min.)			/mg/L		5 Days/Week	Grub
Nitrate (as N)	Sample Measurement						40.10	mg/L	0	,	C I
STORES No 00620	Peroli						FAR	mert		Monthly	Grah Cirah
Mon Site No. EFA-01-13427 Flow	Measurement Sample	- 013	0,021	mqd			(Mex.)			=2420/ 1	ELAPSED TIME
STORET No 30010 G	Measurement Permit	0.023	Report	mgd					0	5 DAT NUK	Elapsed Time
Mon.Site No.: DAFA01/3A2DB	Meeturement	3 Month Rolling Avg	(MoAYE)								Meize
CBOD5	Sample Measurement										
STORET No. 89082 U Man.Ste. No. JNF-01-34308	Parmit Mossurement					Pa Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement										
STORET No. 00530 D Mon Bire No. DVF-01-34208	Permit					Report		my/L :		Annually	Cirab
Midisally and Ave. October	Measurement Sample					Annual Sample					
	Measurement Permit										
	Meemirement Sample										
	Measurement Parmit										
	Measurement Sample										
	Measurement										
* Rolling Three Month Average is the	Permit Mataurament										

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

** The annual sample shall be submitted annually on the anniversary date of this permit.

Daily Flow % of Permitted Capacity: Three-Month Average Daily Flow:

cility Name: Crownwood WWTP

			2600	11
Ţ			550,0	01
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Ί.			970.0	L
Ζ.			6100	9
7		l :	910.0	ς
			910.0	Þ
·Z			120,0	٤
Z'			£200	7
<u>'</u> _			9700	1
Э	EEV-01	EEV-01	INE-01	Mon. Site
)	0E\$00	Z8008	0500\$	Code
ıd	(यक्षण) ८८।	CBOD2 (mg/L)	(GDM) wor	
Įď	(1,00,227	CBODS (men 7)	Elow Ovice)	
วลฯ	W3P	15 0-001- DA		Permit Num Month/Year

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

Wal	בפר 47נסון		EAN POLATIONS:		No:	Cartifica Cartifica :susc	Class: Class: Acclaimed Water R ge Activated: Yes	r ent Disposal or I	
	ARINGERSOM	שתונה			S :01 3		Class:		RidZ zain: O Aid2 1d1
	So hundas	huck &	(811DC:				Class:	101213	LATS TWA PQO flid2 v
			015		0.7			577.0	18
	_		2,0		72			P10.00	1
			5E		0.7		 	5700	87 87
			3'2		0.7			510.0	LZ
			3,2		1.7			€10.0	76
					ļ.,,			£70.0	, ,,
			0.5		02			210.0	1
			0'5		0.7			0.020	
	+		9.h		17			5.50.0	
	†	01'0>	1.4	1>	07	,	0.5	6100	oz
			1-1		0.7			610.0	61
	<u> </u>		715		<u> </u>			070.0	81
······································			2.0	-	7.7		4	_570°0	<u> </u>
			11/1		1.7			070.0	91
			0.5		1-7			170.0	\$1 \$1
			0.5		1.7			4500	٤١
			0.5		1.5			E70'0	71
								220.0	11
			0.5		1.7		<u> </u>	7500	01
			0'5 0'5		1.5			810.0	6
			0.5		1.5			970.0	8
			0.5		0.7			6100	9
			0'5		7.7		:	910.0	ς
								910.0	þ
			0'5		5.7			770'0	٤
			0'5		£'Z		 	0.023	2
10			8.4						1
OCCOO	79009	EEV-01	EE-V-01	EEV-01	EEV-01	EEV-01	EEV-01	10-3NI	Code Site
06500	(J/3m)	07900	Disinfect.) (J\gm) 03006	Bacteria (#/100ml) 74055	001-00	06500	28008	0500\$	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

MAILING ADDRESS:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

FACILITY: LOCATION: Crownwood WWTP 4497 NW 73rd Terrace

Ocala, FL

PERMIT NUMBER:

LIMIT:

CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: MONITORING PERIOD

FLA012680-001-DW3P

Final Minor R001

C

GROUP:

REPORT:

Monthly Domestic 34209

WAFR SITE NO:

To: MAY 31,04

COUNTY:

Marion

THREE MONTH ROLLING ADF: 0,020

DMR Date: 4/99

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement					3,2		m9/2	0	CACUAtion	ROLLING AUGUST AUG
STORET No. 80082 SY Mon.Site No. EFA-01-13427	Permit Measurement					% (An.Avg.)	a sept.	##mg/L	•	::: Calculation:::	Rolling Annual Avg.!
CBOD5	Sample Measurement					2,4	2.4	Mak	0	monthly	Gras
STORET No. 80082 1 Mon.Site No. EFA-01-13427	Permit Measurement				* (10 m)	⇒ 30.0 ′ (Mo,Avg.)	60.0 (Max.)	m g/ L		Monthly	CA Grab
TSS	Sample Measurement					3,42		M9/L	G	CALCULATION	Rolling AMA
STORET No. 00530 Y Mon.Site No. EFA-01-13427	Permit Measurement					20.0 (An.Avg.)		mg/L	eren Erent	* Calculation	Rolling Annual
ISS	Sample Measurement					3		M9/L	Ĉ	monthly	6r45
STORFT No. 00520 1 Mon.Site No. EFA-01-13427	Permit Measurement			\$ 10 \$ 10		30.0 5 (Mo.Avg.)	760.0	mg/L		Monthly +	Grab
)	Sample Measurement				7.0		7,5	S.U.		50045 weck	Gras
STÖRET No. 00406 1 Mon.Site No. EFA-01-13427	Permit Measurement			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.0	Tile (The Control	8.5 (Max.)	r⊪S.U'r¦		5 Days/Week	or ⊘ Grab
fecal Coliform Bacteria	Sample Measurement					1,08		#/100/nL	0	CALCULAtion	ROLLING A MAUGE ALL
STORET No. 74055 Y Y Mon.Site No. EFA-01-13427	Permit Measurement	i din Maria			7 yil 14% (14)	200 (An.Avg.)		#/100mL	1	Calculation	Rolling Annual

of the current monthly average and the preceding 11 month's monthly average

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 FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
CHAMES G. Schwades / Lend Ofconter	Chorles I formeda	401-866	04/06/16

FACILITY NAME: Crownwood WWTP Month/Year: MAY 2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement				</th <th></th> <th><1</th> <th>I JOUNL</th> <th>0</th> <th>MONTHLY</th> <th>Grab</th>		<1	I JOUNL	0	MONTHLY	Grab
STORET No. 74055 ManuSine No. EFA-01-13427	Permit Messurament				Report (Mis Geo.Mean)		\$00 (Max.)	#/100mL		Monthly	Grab
	Sample Measurement				0.9			M9/L	0	5 DAYS WEEK	Gr45
STORET No. 2006) A	Permit Messurement				0.5 (Min.)			myt		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement							Mak	0	monthly	GNAG
	remii Meannaren						(Max.)	mel		Monthly	Grab
Flow	Sample Measurement	0.020	0,018						0	5DAYS/Week	Elipsia Time meh
888 888 888 888 888 888 888 888 888 88	Partili Massurantni	COAD 3 Mouth Rolling Ave	Report (Mo.Avg.)	mgt						A Days/Week	Binned Time Meter
	Sample Measurement	800,0000,000,000				322		M9/L		ANIOVALLY	GMb
STORET No. 80082 C	Parmil Massumeren					** Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement					393		MA/L	-	ANNUALLY	Grah
STORET No. 00530 CI	Permit Momuntment					** Keport Amual Sample		fng/L		Annually	Grab
	Sample Measurement										
	Permit Maastiremeni										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Mansurement										

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 ** The annual sample shall be submitted annually on the anniversary date of this permit.

Facility Name: Crownwood WWTP

Permit Number: FLA012680-001-DW3P Month/Year: MAY/2004

Three-month Average Daily Flow: 0,020 Daily Flow % of Permitted Capacity: 45%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01-34208	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	INF-01-34208	INF-01-34208
1	0,020			7,0		4.8			
2	0,020								
3	0.020			7.0		1.2			
4	0,020			20		2.0			
5	0.019			7.0		3.0			
6	0.020			7.0		5.0			
7	0.018			7.3		5,0			
8	0.018	· · · · · · · · · · · · · · · · · · ·		7.2		5.0			
9	0,020								
10	0.020			7.0		1.8			
11	0.019			7.0		2.0			
12	0.017			7.0		5.0			
14	0.019			7.5		5.0			
15	0.019			7.5		5.0			
16	0,023			7.5		5.0			
17	0,020								
18	0.018			7.3		4.0			
19	0,019			2.4		50			
20	0.016			7.5		4.7			
21	0.020			7.5		4.8			
22	0.019		<u> </u>	7.5	<u> </u>	5.0			
23	0.015			2,5		5.0			
24	0,017			7 /		3.9	 	 	
25	0.017			7.5		13.8			
26	0.021			7.4 7.5		3.8	1		
27		2,4	3	7.5	<u> </u>	5.0	£0,10	322	393
28	0,020	<u>~17</u>		7.5		4.3	-0110	1200	<u> </u>
29	0.018			7.4		3.5	 		
30	0.020			7.7		1			
31	0.016			7.5		3.1		1	

PLANT STAFFING: Day Shift Operator	Class:	Ĉ	Certificate No:	1207747	Name:	Charl	'ac 6	Schundes	
•				0///		UNAVE	<u>.cs <i>G</i>.</u>		
Evening Shift Operator	Class:	_A	Certificate No:	0008122	Name:	DANIE	<u>:L S.</u>	ANDERSON	
Night Shift Operator	Class:		Certificate No:		Name:				
Lead Operator	Class:		Certificate No:		Name:				
Type of Effluent Disposal or	Reclaimed '	Water Reuse:	· Ad50	retion Fie	(d -	EVAPOV,	ATION	Percol Ation	Powds
Limited Wet Weather Discha	arge Activate	d: Yes: No	: (Not Applicable	If yes, cumulativ	e days of	wet weather			
discharge:	_		•		•				

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Domestic

34209

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

PERMITTEE NAME:

Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

MAILING ADDRESS:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

FACILITY: LOCATION: Crownwood WWTP

Ocala, FL

4497 NW 73rd Terrace

PERMIT NUMBER:

LIMIT: CLASS SIZE:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

MONITORING PERIOD

С [] From: June 1, 2004

FLA012680-001-DW3P

Final

R001

0,019

Minor

WAFR SITE NO:

GROUP:

To: June 30, 2004

DMR Date: 4/99

COUNTY:

Marion

THREE MONTH ROLLING ADF: UTOTE

						MCD					
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement					3,2		mg/c	0	CALCULAtion	ROLLING ADDION
STORET No. 80082 Y Mon.Site No. EFA-01-13427	Permit Measurement	78.10.10.39	721/24 PM - 1947	7-01 /(4)		20.0° //s (An Avg.)		e for the	and the	ast Calculation are	Rolling Annua
CBODS	Sample Measurement					2,0	2.0	myle	0	monthly	6-100
STORET No. 80082 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit* Measurement					30.0 (Mo.Avg.)	*17 60.0 (Max.)	*img/L			Grab
TSS	Sample Measurement					3,5		mile	0	CALCOLATION	ROLLING AMOUNC
STORET No. 00530 Y Mon, Site No. EFA-01-13427	Permit Measurement		The second second			20.0 (An.Avg.)		mg/L			Rolling Annu
TSS	Sample Measurement					2,0	2.0	m3/L	0	MONTHLY	Grab
STORET No. 00530 1 Mon.Site No. EFA-01-13427	Permit Measurement	700		234		## 30:0 ## (Mo Avg.)	600) Ma				G A Grab
ρH	Sample Measurement				7.4		7,5	5.0,	0	5 DAYS / Week	Grab
STORET No. 00406 1 1	Permit: Measurement		Hat West	en open	Mich		(4) (6)			DayLiveek	i Crab
Fecal Coliform Bacteria	Sample Measurement					1.08		Phoone	1 0_		Rolling AMNUA
STORET No. 74055 Y Mon. Site No. EFA-01-13427	Permit Measurement	**************************************		in the second		ع 200 معدد (An.Avg.)		#ALOOMIL		Calculation	

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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 be 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	PHONE NO:	DATE: YY/MM/D
Charles G. Schundes/Level Operator	Charle School	1919	04/07/12

ITY NAME: Crownwood WWTP

1/Year: JUNE 2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity	or Loading	Units	Qual	tion	Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform Bacteria	Sample Measurement				1			# JOHL	0	Mowthly	Grab
RET No. 74055 Sim No. EFA-01-13427	Permit Messurement				Report (Ata Geo. Mesn)		BOG (Max.)	#/IOOml		Monthly	Grab
for disinfection	Sample Measurement				1.0			mg/L	0	501/ Jwax	Grab
RET No. 5006D A Blue No. EPA-01-13427	Permit. Messurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
ie (as N)	Sample Measurement						1,5	my/c	0	monthly	Gras
RET No. 00620 Site No. 5PA-01-13427	- Fermu - Measurament						ILG (Max.)	mg/L		Monthly	Grab
	Sample Measurement	0.018	0.018	AGD.					0	5 DUS /WILL	ELAPSO TIME METER
RET No. 50050 G Sile No. DVP401+14208	Permit. Measurement	0.040 3 Month	Report (Mo.Avg.)	higd						5 Days/Work	Elapsed Time Meter
D\$	Sample Measurement	Rolling Avg.									
RET No. 80082 () Sjib No. JNP-01-34208	Permit Measurament					** Report Annual Sample		mg/L		Appualty	Grab
	Sample Measurement										
RET No. 00330 Q Sin: No. DNF-01-34208	Permit Measurement					** Ropon Amual Sample		mg/L		Annually	Grab
	Sample Measurement										
	Permii Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

olling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. The annual sample shall be submitted annually on the anniversary date of this permit.

Permit Number: Month/Year:

FLA012680-001-DW3P

JUNC 2004

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0,019
Daily Flow % of Permitted Capacity: 47,5

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
l	0,022			7,5		3./	l		-
2	0.018			7,4		1.0			 -
3	0.017			7,5		4,8		· · · · · · · · · · · · · · · · · · ·	
4	0,015			7.5		4,7			<u> </u>
5	0.015			25		2.1			
6	0.016								
7	0.016			2,4		2,0			
8	0.020			7.4		1.0			
9	0.014	1,0	7.0	7,5	1	えん	1,5		
10	0.022			25		3.0			
11	0,020			7,5		3.4			
12	0.019			7,5		3.5			
13	0.016								
14	0.017			7,5		5.0			
15	0,020			7,5		5.0			
17	0.015			7.5		5.0			
	0.022			7.5		5.0			
	0.019			7.5		5.0			
	0.021			7,5		5.0			
	0.017								
	0,016			7.4		5.0			
23	0.026			7.5		5.0			
	0.013			7.5		50			
25	0.028			7.4		5.0			
36	0.015			7.4		5.0			
	0.019			7,5		5.0			<u> </u>
	0.019								
/	2.019			7.5		5.0			
30	2,021			2.5		5.0			
31	0,023			7.5		57.0			

PLANT STAFFING:				
Day Shift Operator	Class:	Certificate No:	ウクファムフ Name:	Charles G. Schwades
Evening Shift Operator	Class:	1 Certificate No:	00 08122 Name:	DANIEL Anderson
Night Shift Operator	Class:	Certificate No:		- VIII V (CL. 7:7000 A (VIII
Lead Operator	Class:	Certificate No:	Name:	,
Type of Effluent Disposal or	Reclaimed W	ater Reuse:	LSOr Prion Dield - F	Valoration / Percolation Ponds
Limited Wet Weather Disch	arge Activated	: Yes: No: Not Applical	ole If yes, cumulative days of w	ret weather
distharge:			<i>y</i> ,	/

Attach additional sheets if necessary to list all certified operators.

635

Monthly

Domestic

34209

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

200 Weathersfield Ave.

Alternonte Springs, FL 32714

FACILITY: LOCATION: Crownwood WWTP 4497 NW 73rd Terrace

Near Ocala, Sumter County

COUNTY: Marion PERMIT NUMBER:

LIMIT:

Final NA

[]

CLASS SIZE: R001 **DISCHARGE POINT NUMBER:** С PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA012680-001-DW3P

REPORT:

GROUP:

To: JULY 31, LOUY

MONITORING PERIOD From: July 1,204
3 mouth Rolling ADF: 0.017 % OF PERMITE & DATE: 4/99
MGD CAPACITY +2.5 %

Parameter		Quantity of	r Loading	Units	Qua	ity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement					3.2		M9/L	0	CALCULAtion	ROLLING ANNU. AVC. Rolling Annual
STORET No. 8982 Mangilla No. 874-01 (1457	2500 2500 2500 2500					20.0 (An.Avg.)		maji		Calquation	Rolling Annual Avg
CBOD5	Sample Measurement					42.0	< 2.0	My/L	0	MoiNThLY	GIAB
etoret ng angl Monethe ng Stagl:17627	Virol Manufacturi	44.31				30.0 (Ma.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					3,5		M9/L	0	CALCULATION	ROLLING ANNUAL AUG.
STORET No 00330 Y Mos. Ste No. EBA/Q1+13427	Control	198				20:0 (An Ays.)		mg/l.		Calculation	Rolling Annual Ava
TSS	Sample Measurement					2	2	M9/L	0	mowthly	Grab
STORET No. 20530 Medicine No. 25A-01413427	Sendle Commenced					(Ma Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7,4		7,5	5.0.	0	50 My week	G140
STORET No GOAGE Manuster No. 1874-01/13421					(Min.)		(A) (A)(C)	8.0		5 Days/Week	Crati
Fecal Coliform Bacteria	Sample Measurement					1.16		#/100ml	0	CALCULAtion	
ATORET No. 34055 Mondine No. EFA-01-13427	Control of the Contro					200 (An.Ava.) «		#/\00mL		Calculation	Rolling Annua

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 belie 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	PHONE NO:	DATE: YY/MM/DE
Charles G. Schwades Lead operator	Charles L. Khande	1919	04/08/09

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

Thosey HIGH DITLATE, WASTED PRICK TO SHAPLING, D.O. IN AGRATION CLAS ECCURTED. PEDGICLED AN FROM TO AGESTRIN TANKS IN RESPONSE SUBSEQUENT NINEATE SAMPLE LUSS NOLLAR

^{*}Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

FACILITY NAME: Crownwood WWTP Month/Year: JULY 2004 PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter				Frequency of Analysis	Sample Type						
Fecal Coliform Bacteria	Sample Measurement				<1		<1	# COML	0	monthly	Grab
STORET No. 74055 MINISTRING EFA-01-13427	Parmit Messutserent				Report (Mit Geo.Mean)		900 Oversi	W/190mt.		Monthly	Crah
TRC for disinfection	Sample Measurement				1.1			mg/L	0	5 DAYS/WELK	GIAB
STORET No. 10060 A MONBIN NO. BRA-91-13427	Permit Measurement				0.5 (Min.)			myt		5 Days/Wook	Grab
Nitrate (as N)	Sample Measurement						14.6	mg/L	1	mowthly	Grab
STORET No. 06620 MonSite No. (SPA-01-13427	Permii Measurement						JLO (Max.)	me/L		Monthly	Grab
Flow	Sample Measurement	0.017	0.017	mgd					0	5 DAYS/Well	ELAPSED Time Meter
STORET No. 50020 0 Man.Sitt No. INF-01-14208	Portili Administration	C.GAO 3 Moruh	Report (Mo.Avg.)	mgd						4 Days/Week	Elepsed Time Meter
CBOD5	Sample Measurement	Rolling A.T.									
STORET No. 80082 G Mag: Stie No. INF-01-34208	Permit Measurement					** Report Annual Sample		m y /L		Annually	Grab
TSS	Sample Measurement										
ETORET No. 00530 () Minusine No. INF-01-34208	Parmit Messucament					** Kopori Ampual Sample		mg/L		Annually	Grab
	Sample Measurement				·						
	Parnit Measurement										
	Sample Measurement										
	Permit Messyrement										
\$	Sample Measurement										
Rolling Three Month Average is the	Permit Mensurement										

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 ** The annual sample shall be submitted annually on the anniversary date of this permit.

Permit Number: FLA012680-001-DW3P Month/Year: TUCY 2004

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow:

Daily Flow % of Permitted Capacity: 42,5

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
l	0.019			7,5		5,0			
2	0.012			7.5		5,0			
3	0.021			7.5		5.0			
5	0.018			·	ļ				
6	0.022			7.5		5.0			ļ
7	0.021			7.5		5.0			<u> </u>
8	0.018			7.5		5.0			
9	0.021			7.5		5.0	<u> </u>	 	ļ
10	0.013			7,5		5.0			ļ
11	0.024			7.5		5.0	-		ļ
12	0.015			<i>t</i> 2 /		4			<u> </u>
13	0.015			7.4		5.0			
14	0.024			7,4		5.0			
15	0.014			7.4		4.8			
16	0.016			7.4		5.0			
17	0.018			7.5		5.0 5.0		··	
18	0.018			//3		٠,٠			
19	0.019			7.4		5.0			<u> </u>
20	0.023	< 2.0	2	2.4	21	4.3	14.6	,	
21	0.013	7.1		2.4		2.1	, , , ,	···································	
22	0.018			7.4		1.6			
23	0.014			2.4		2.0			
24	0.023			2,4		23			
25	0.013								
26	0.013			7.4		1.1			
27	0.018			7.5		1.5			
28	0.014			7.5		3.9			
29	0.018			7.5	21	1.2	<010		
30	0.016			7,5		1,5			
31	0.016			7.5		2.2			

PLANT STAFFING:		_				
Day Shift Operator	Class:	\mathcal{L}	Certificate No:	007747	Name:	Charles G. Schwades
Evening Shift Operator	Class:	C	Certificate No:	008122	Name:	DANIEL ANDERSON
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:		Certificate No:	007747	Name:	Charles G. Schundes
Type of Effluent Disposal or	Reclaimed V	ater Reuse	Adsor	PrioN F	Teld - E	- VAPORATION / PERCOLATION PORUS
Limited Wet Weather Discha	arge Activated	i: Yes: N	o: Not Applicable?	If yes, cumulat	ive days of w	et weather
Highharge:				-		

Attach additional sheets if necessary to list all certified operators.

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Author Author

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CALCULATION

2 DRAWWORK

-my/chace

DEFARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

1, 1	Y / (YAC)		************	(50)(4)	(BAY (PM)				27 × 1	flatter?	. 1	DESON PALLEMOLIS
denD	Vidtviom Vitinolei		7/ 5 tu	0.08	905					Measurement Sample		22.
Grip)	kidtwom	0	7/841	ε	(1. V (V)						(SKEI-II	OLEON ON THROTH PANEL OF OR MON
BAY	Golffinale)		1/ 8 4		30.0					Measurement		SSI
Rolling Antique	CALCULATION	0	7/64		27,8				acceptant (Sample	2418 5	
8017109				(MAN)	(4VA.0M)					4 1001941		CECOR ON PAROTE
dest) .	Αμμουγγ		7/844	0.09	COE					Messurement Sample	ł	CBOD2
941-9	שיישונית	0	7/6W	1.5	1'8						LENT	CANER OF SIRERAL
* 889					(BAVVV)					Amies.	, A	78008 ON THROITS
leunah gnilloa	DeltaluoleS		TORNY		7'8				1	Sample		CBOD2
ROCEINS AND ANG.	ע שד כחריעוסיף	0	7/6W		1 2	L		-				
0.11.0	Analysis	Ex.		11011	ity or Concentra	Cusin	atinU	guibsod 7	Quantity or		151	emarg4
Sample Type	Frequency of	.oN	stinU		1043 of 1	dimo		Ç			notasM	COUNTY:
1 - 1/10/100/		S Date:	DW	1 4 06-11 1004	1017 1017 % OF ALM	ITORING PERIOF	NOM	C		itator Const.	4497 NW 73rd New Ocala, Su	FOCYLION:
AUG. 31, 2004				, in .	(James V	SCHARGE FROM	NOD			4TW	W boownwood	FACILITY:
					ENL LABE: C IMBEK: K001	HARGE POINT NI	DIZCI			PILZE JE WE	ride anomaniA	
Polly	mo d E		еко		AN	S SIZE:	CP YZ CIWIJ	/ ** w w !	zallivanbau) alit	Florida (Colocal) eld Ave.	Utilities, Inc. of	PERMITTEE NAME:
ују	Mont	:130	PEPO	015680-001-DW3P	FLAC	IT NUMBER:	PERM	(qTWW)	AND A CONTRACTOR	MORNAL TO MACHINE	pp report to: Dep	When Completed mail t
نه در	23 77			001	hassee, FL 32399-24	r Stone Road, Tallal	1, 2600 Blair	SEE notiate liaM	noitantord letera			When Completed mail t
1. 12 S								FIGALIZADIA				4 · N

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. 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 belief STOREST No. THANS.

0.8 (mM)

((BAY/UV)

801

TW001/#

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	oritiv avetage	MOM s'diagra / / pribeser a de l'anno		
	J. S. Minerall	ed Operator (Sunte	G. Schwades Les	(Ch 41/25
15/20/10 6/6/				- TOLLI CINIVAL
16/5///////////////////////////////////	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DE PRINCIPAL EXECUTIVE OFFICER OR	
PHONE NO: DATE: YYMM/DD	THE ACTION THE OFFICE OF ALTHOUGHED AGENT	that increase significant penaltics for services	tion is true, accurate and complete. I am aware	smoini banimdus

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

Measurement

Measurement

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Sample

Fecal Coliform Bacteria

TOPEL TO ANTE THE MEANING

CONCUMPATION AND STATEMENT OF S

FACILITY NAME: Crownwood WWTP Month/Year: AUGUST 2004 PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				<1		9	Plone	0	monthly	Grab	
STORET No. 74055 Mon.Sim No. EFA-01-13427	Permit Meanutement				Report (Mit Can Mean)		BOO (Max.)	#/100mL		Monthly	Great	
TRC for disinfection	Sample Measurement				0.9			mg/L	0	5 DAYSWeek	Grab	
STORET No. 10060 A Monselle No. ERA-01-13427	Permit Meseurement				0.5 (Min.)			mg/L		& Days/Week	Grab	
Nitrate (as N)	Sample Measurement						<0.10 U	mg/L	0	monthly	GrAb	
STORET No. 00620 Monathe No. SPA401413427	Armii Messyrement						(Max.)	fiels		Monthly	Grab	
Flow	Sample Measurement	0.018	0.020	mgd					0	5 DAYS/week	ELAPSed Time Ma	
STORET No. 50000 O Monisile No. (NP401-34208 s.	Permit Adaptarament	C.O40 3.Month Rolling Ave	Report 2 (Mo.Avg.)	mg¢						5 Days/Week	Elapsed Tim Mater	
CBOD5	Sample Measurement	Marking Absorbed										
STORET No. 80082 G Man.Slar No. JNF-01-34208	Parmit Montument					** Kepon Annusi Sample		my/L		Annually	Crab	
TSS	Sample Measurement											
STORET No. 00330 CI Man,Bill No. INF-01-34208	Permit Measurement					** Kopon Annual Samula		mg/L		Annually	Grab	

Sample Measurement

Sample Measurement Permit Massurement Sample Measurement

Permit

Heasurement

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

The annual sample shall be submitted annually on the anniversary date of this permit.

Permit Number: FLA012680-001-DW3P

Month/Year: AUG, 2004

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

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0.018 $_{\odot}$ Daily Flow % of Permitted Capacity: 45 $^{\prime}$

Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) pH (s.u.) Fecal Coliform TRC (For Nitrate (mg/L) CBOD5 TSS (mg/L) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 80082 50050 00530 00400 74055 50060 Code 00620 80082 00530 INF-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 Mon. Site INF-01 INF-01 0.018 0,018 3 0.021 4 1.9 E0,100 0.013 2.1 <1U 0.022 7.5 5.0 0.021 5.0 0.018 5.0 0.014 ō 0.014 10 0.9 7.5 0.029 0.023 7.4 12 0.019 7.4 1.0 13 0.023 14 0.027 15 0.025 0.025 17 4.1 0.020 18 0.019 19 3.6 0.020 20 2.0 0,018 0.020 22 0.018 23 0.018 24 0.021 0.016 26 0.018 27 0.019 28 0.033 30 018 7.6 5.0 31 7,5 0,016

します						
PLANT STAFFING:						1/ / /
Day Shift Operator	Class:	Ċ	Certificate No:	007147	Name:	Charles & Schwades
Evening Shift Operator	Class:	A	Certificate No:	008122	Name:	DANIEL ANDERSON
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	\overline{c}	Certificate No:	007747	Name:	Charles G. Schwades
Type of Effluent Disposal or R	Reclaimed W	ater Reuse:	adsocx	tion Field	- EVAR	Poration / Percel Ation Powds
Limited Wet Weather Discharg	ge Activated:	Yes: No	: Not Applicable	If yes, cumulative	days of wet	weather
discharge:						

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A en Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400 Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP) PERMIT NUMBER: FLA012680-001-DW3P MITTEE NAME: Monthly REPORT: LIMIT: Final ILING ADDRESS: 200 Weathersfield Ave. GROUP: Domestic Altamonte Springs, FL 32714 CLASS SIZE: Minor WAFR SITE NO: 34209 DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE: С CILITY: Crownwood WWTP 4497 NW 73rd Terrace NO DISCHARGE FROM SITE: [] CATION: From: 5 07 MONITORING PERIOD Ocala, FL 60% OF PERMITTED CAPACITY DMR Date: 4/99 THREE MONTH ROLLING ADF: Marion UNTY: 0.020

Parameter		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
2BOD5	Sample Measurement					3.2		M9/L			ROLLING AIUNUAL AUG.
STORET No. 80082 Y. Mon Site No. EFA-01-13427	Permit Measurement		West and the second	an and		A (An Avg.)		7		es (calculation y	Rolling Annua
CBODS	Sample Measurement					2.0	2.0	m9/4	0	Monthly	Grab
STORET No. 80082 1 Mon.Site No. EFA-01-13427	Permit Mensurement					30.0 (Mo.Avg.)	(Max)	A THE LAST		2 Monthly	Grìsb
TSS	Sample Measurement					3,75		Mg/L	0	CALCULATION	ROLLING ANNUAL AUG.
STORET No. 00530 Y Mon. Site No. EFA-01-13427	Permit Measurement		or and the second	THE CHARM		20.0 (An Avg.)					Ralling Annu
TSS	Sample Measurement					1	1	m9/L	0	Monthly	Grab
STORET No. 00530 Mon.Site No. EFA-01-13427	Permit Measurement	225				(Mo.AVE)		. Wa		A SYDDIOLY SYDDIOLY SYDDIOLY SYDDIOL S	CHAD
pН	Sample Measurement				7.4		7.6	S.U.	0	5 DAYS WEEK	Grab
STORET No. 00406 Mon. Site No. EFA-01-13427	Permit:		CONT.		e anni		e valvasies				CSIC COMB
Fecal Collform Bacteria	Sample Measurement					1.15		#/100ML	0	CALCULAtion	ROLLING ANNUAL AUG
STORET No. 74055 Mon. Site No. EFA-01-13427	Permit Mensurement		1	75 4 1977		(An.Avg.)		W/TOOPITA	TX	Calculation	Rolling Anni Avg.

^{&#}x27;Rolling Annual Average is the average of the current monthly average and the precading 11 month's monthly average

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 be 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	PHONE NO:	DATE: YY/MM/C
Charles G. Schwades Lead Operator	Charle & Knowsh	407-869- 1919	04/09/30

FACILITY NAME: Crownwood WWTP Month/Year: Sept. 04

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity	or Loading	Units	Que	Units	No. Ex.	Frequency of Analysis	Sample Type		
Fecal Coliform Bacteria	Sample Measurement				42		42	#/100M	0	monthly	Carl
STORET No. 74055 1 Men.Site No. EFA-01+13427	Permit Measurement				Report (Mo Ges Mean)		BOO (Max.)	William.		Monthly	Gras
TRC for disinfection	Sample Measurement				0.8			mg/L	0	504/ Jweek	Grab
STORET No. 10060 A Monthly No. EFA-01-13427	Pagnit Memprement				(Nib.)			my/L	Ü	5 Days/Weok	Grab
Nitrate (as N)	Sample Measurement						40.10 U	M9/L	0	monthly	Gras
STEPRET No. 00620 Magnitus No. 8PA(01-1342)	Permit Site site ement						(Max.)	met		Monthly	Grab
Flow	Sample Measurement	0,020	0.024	mqd					0	50AY week	ELAPSED Time motors
STORET No. 50030 G Mon.Site No. INP-01-34208	Peruli Manuscrieni	COAD 2 Morah Rolling Avg	Report (Fib.Avg.)	mgd						4 Days/Week	Elepsed Time Meter
CBOD5	Sample Measurement	88.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0									
STORET NE. 80082 (3 Monissio: No. 1979-01-34208	Parenti Moustrement					*9 Keptel Amusi Sample		mg/L.		*****Annually	Gnub
TSS	Sample Measurement										
6TORET No. 00330 C Mon.8hr No. INF-01434208	Permit Mensurement					A Report Amuni Sample		mg/L		Annually	Grati
	Sample Measurement										
	Perna Magniferien										
	Sample Measurement										
	Mossilverieni Sample										
	Measurement										
* Rolling Three Month Average is the	Permit Measurement										

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 ** The annual sample shall be submitted annually on the anniversary date of this permit.

Permit Number:

FLA012680-001-DW3P

Month/Year: Sept/2004

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0.021

Daily Flow % of Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.019			7.4		1.0	1		
3	0.017			7.4		0.8			
	0.021			7.4		0.8		····	
5	0.020		* ·	7.5		5.0		· · · · · · · · · · · · · · · · · · ·	
	0.020								
	0.020			7.5		1.1			
	0.019			7.4		2.5			
	0.018			7.4		3.人			
	0.016			7.5		5.0			
	0.034			7.5		1.0			
	9.030			7.4		1.2			
	0.032								
	0.032			7-6		3.7			
	0.025			7.4		0.9			
	0.030			7.4		4.2			
	0.027			7.5		3.5			
	0.03/			7.5		2.1		· 	
	0.024			7.5		3.7			
	2.023								
	0.023			7.6		4.0			
	0.019	2.0		7.6	<2	5.0	20.100		
/	2.028			7.5		5.0			
(2.019			7.5		1.5			
36	0.020			7.5		5.0			
26	2.020			7.5		4.0			
	2.021								
	2.021			7.5		3.5			
	2.009			2.6		5.0			
10	.036			715		3.0			
30 0	,034			7.5		5.0			
J1								-	

PLANT STAFFING: 100 Day Shift Operator	Class:	1	Continue	6 2 7 7/17		1/ .	
Evening Shift Operator	Class:		Certificate No:	001141	Name:	CHAPLES	6- Schwodos
Night Shift Operator			Certificate No:	008122	Name:	DANICL	Anderson
Lead Operator	Class:		Certificate No:		Name:		
	Class:		Certificate No:	007747	Name:	Charles	G. Schwales
Type of Effluent Disposal or R	eclaimed W	Vater Reuse:	Adsorp	tion Field.	FULDO	Vation /Perc	OLATION PONC
Limited Wet Weather Discharg	e Activated	d: Yes: No:		If yes, cumulative	days of wet	weather	UCATION TONIC
discharge:				• • • • • • • •			
'Attach additional sheets if nec	essary to lis	st all certified	operators.				

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FILE COPY

	is report to: Department of Environmental Protection, Mail Station 35	51, 2600 Blair Stone Road, Tallahassee, FL	32399-2400		UUI I
en Completed mail th	is report to: Department of Environmental Protection, Man Station 55	PERMIT NUMBER:	FLA012680-001-DW3P		Monthly
II ING ADDRESS:	Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP) 200 Weathersfield Ave. Altamonte Springs, FL 32714	LIMIT: CLASS SIZE: DISCHARGE POINT NUMBER:	Final Minor R001 C	REPORT: GROUP: WAFR SITE NO:	Domestic 34209
CILITY: CATION:	Crownwood WWTP 4497 NW 73 rd Terrace Ocala, FL	PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: MONITORING PERIOD	[] From: Oct.1, 2004 58 604		To: Oct. 31, 2000
			% OF PERMITTED	CAPACITY	DIVIN Date. 4///

THREE MONTH ROLLING ADF: 0,0,3 % OF PERMITTED Marion UNTY: Sample Type Frequency of Units No. Quality or Concentration Analysis Quantity or Loading Units Ex. Parameter ROLLING AM 3,2 Sample BOD5 Rolling Annua mg/Liv 20.0° /4 Measurement AY8. energy in the Permit STORET No. 80082 Y. (Aл.Avg.) Measurement. Mon.Site No. EFA-01-13427 2.0 2.0 Sample CBOD: Grab ... (Max.) mg/L Measurement 30.0 STORET No. 80082 Permit (Mo,Avg.) CALCULATION Measurement AMNUST AUSI Mon.Site No. EFA-01-13427 Sample Rolling-Annu Calculation 24 Measurement days de com 410' 1-20.0 Permit STORET No. 00530 Y (An.Avg.) Measurement Mon.Site No. EFA-01-13427. Grab Mowthl Sample Measurement M2003004 STORET No. 00530 Permit (Mo.Avg.) Measurement Mon.Site No. EFA-01-13427 S. U. Sample rig Measurement The same Permit. STORET No: 00406 Rolling grown

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 be 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.

115

She 4 200

AUG.

Rolling Anni

Submitted information is true, account and company	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/C
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER ON	407-869 -	- 1.
	Charle S. Charle	1919	04/10/31
Charles G. Schwades Lead offrator	Cherry S. Cylina		

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

Measurement

Measurement

Permit

Measurement:

Sample

Mon.Site No. EFA-01-13427

STORET No. 74055

Fecal Coliform Bacteria

Mon.Site No. EFA-01-13427 'Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

FACILITY NAME: Crownwood WWTP
Month/Year: October 2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				< \(\chi.0\)		<2.0	#/100ML	0	monthly	Grab
Matistic No. El A.O. 134274	Security Security Chief				Captin (AUX Geo Mean)		BGC (Max)	#/JOHn.		Monthly	Graft
TRC for disinfection	Sample Measurement				1.0			Ma/L	0	50 MY WEEK	Grab
	Pacini Monagement				(MIL)			fig/L		S Days/Week	Grab
Nitrate (as N)	Sample Measurement						<0.10	myle	0	Monthly	Grab
STURBLAN MADE Months sackeralisas	nii Saasaa						(Mar.)	ings.		Monthly	Grac
Flow	Sample Measurement	0.023	0.026	mgd					0	5 DIYS/NEW	Time muter
STORETAL SHOOL D Mark Set No. 10 Feb Set 4201 at 1971	State State	U.OH L. Zibbaran Kanjangang	Report (Mo.Avg.)	ngu						5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement										
STORELNA, BOUZ Most Ste No. 1919/17414208	Permit Magnismen					** Report Annua Sample		mg/L.		ser Amuelly	Greb
TSS	Sample Measurement										
STORESTANDIGOTSO C Mag Signos Energica 204	terenji Steagurguren					** Report Assural Sarupit		mg/L		Amusiy	Cirali
	Sample Measurement										
	Mariti Measurement										
	Sample Measurement										
	Proprii Schemikensi										
	Sample Measurement										
and the same	PETRIL Monturement										

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

** The annual sample shall be submitted annually on the anniversary date of this permit.

Permit Number:

FLA012680-001-DW3P

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0.023

Month/Year: OCTOber 2004

Daily Flow % of Permitted Capacity: 58 /

-	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0,040			7.5		5,0			
2	0.032			7.6		5,0			
3	0.033					ļ			
4	0.033			7.4	<u> </u>	1.0			ļ
5	0.038			7.4		1.3			
6	0.034	<2,0K	2		21W	3.6	10.10 M		
7	0.033			7.4		2,5	 		
8	0.024			7.5		5.0			
9	0.031			7.5		3.7			ļ
10	0.025								ļ
11	0.025			7.6	ļ	1.0			ļ
13	0.030			7,5		1.3			<u> </u>
14	0.017			7.5		1.5			
15	0.022			7.5		1.7			<u> </u>
16	0.027			7.5		5.0			
17	0.023			7.4		1.1	<u> </u>		ļ
18	0.018			7.4	 	5.0			
19	0.018			7.6		1.1			
20	0.024			7.6		5.0			
21	0.027			7.5		4.1			
22	0.018			8.0		2.0			
23	0.022			7.8		5.0			
24	0.031			7. 7		5.0			
25	0.016		,	7.8		5.0			
26	0.027			8.0		5.0			
27	0.018			8.0		5.0			
28	0.018			7.9		5.0			
29	0.01			8.0		50			
30	0.019	****	·						
31	0.018			8.1		5.0			

PLANT STAFFING: 189						,
Day Shift Operator	Class:	C	Certificate No:	007747	Name:	Charles G. Schwades
Evening Shift Operator	Class:	A	Certificate No:	008/22	Name:	DANICL Amilerson
Night Shift Operator	Class:		Certificate No:		Name:	,
Lead Operator	Class:		Certificate No:	007747	Name:	Charles G. Schwades
Type of Effluent Disposal or R	Reclaimed V	Vater Reuse:	Ads	ON Ation Fic	w - E11	A Privation / Percolation Privils
Limited Wet Weather Discharg	ge Activate	d: Yes: No	: Not Applicable:	If yes, cumulative	days of wet	weather
Hittibarge:						

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS:

10 1

Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Crownwood WWTP

4497 NW 73rd Terrace Near Ocala, Sumter County

PERMIT NUMBER: LIMIT:

FLA012680-001-DW3P

Final CLASS SIZE: NΑ

DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE: C NO DISCHARGE FROM SITE: []

3 month

MONITORING PERIOD 0,023

To: NOV. 30, 2004

Monthly

Domestic

COUNTY:

FACILITY:

LOCATION:

Marion

From: NOV, 1,2004 SABOF Perm, Hed DMR Date; 499

REPORT:

GROUP:

Parameter		Quantity o	r Loading	Units	Ou	ality or Concent	ration	Units	No.	Frequency of	Sample Type
		Q	. 20uumg	Omas	, , , , , , , , , , , , , , , , , , ,	Ones	Ex.	Analysis			
CBOD5	Sample Measurement					3.2		ma/L	0	CALCULATION	ANNUAL AUG,
STORET No. 80082 Y Mon Site No. EFA-01-13427	Permit Measurement					20.0 (An:Avg.)		mg/L		Calculation	Rolling Annual Avg
CBOD5	Sample Measurement					2,0	2.0	mak	0	monthly	6116
STORET No. 80082 1 Mon.Bite No. EFA-01-13427	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mega.		Monthly	Grab
TSS	Sample Measurement					3.9		m9/L	0	CALCULATION	ROLLING ANNUAL AUG.
STORET No. 00530 Y Mon.Site No. EFA-01-13427	Permit Measurement					20.0 (An.Avg.)		nfg/i.		Calculation	Rolling Amnual Avg.
TSS	Sample Measurement					2	2	mg/L	0	monthly	Gush
STORET No. 00530 1 Mon.Site No. EFA-01-13427	Permit Measurement					(Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
ρΗ	Sample Measurement				7.6	}	8.2	S.U.	U	50145/weik	Grah
STORET No. 00406 1 Mon.Site No. EFA-01-13427	Permit Measurement				6.0 (Min.)		8,5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1.15	X	PHOOML	0	Calculation	ANNUAL AUT
STORET No. 74055 Y Mon Sire No. EPA-01-13427	Permit Measurement					200 (An.Avg.)		#/100mL		Calcutation	Rolling Annual Avg

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	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades Lead operator	Charles S. Charles	1919	04/11/30

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

FACILITY NAME: Crownwood WWTP Month/Year: November 2004 PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				10		10	100M	0	mondill	Grab
STORET No. 74011 Men:Storing, PFA-01-13427	Permit Messulemen				Report (Mr. Ger. Mean)		800 (Max.)	W/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.8			Mal	0	50145 Nuck	Grab
STORET No. 20060 A MODES DE NO. BEA-01-13427	Parmit Messyrement				0.5 (Mis.)			my/L		5 Days/Week	Grub
Nitrate (as N)	Sample Measurement						0.100	m9/L	0	monthly	GrAb
STURET No. 00620 MON. Bite No. 5PA-01-13427	Permit Mossurement						(Max.)	mg/L		Monthly	Cirab
Flow	Sample Measurement	0,023	0.020	mad					0	5Days/weck	ELAPS-U Time motor
STORET No. 50050 G Man Site No. IMP-01-34208 %	Permit Measurement	COAD 3 Molan Rolling Avg	Report # (Mo.Avg.)	mgt						1 Days/Week	Elapseti Time Meter
CBOD5	Sample Measurement	2000									
STORET No. 80082 G Man Site No. 1NF-01-34208	Permit Monsument					Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement										
STORET No. 00530 C Map.Siz No. INF-01-34208	Permit Measurement					** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement Permit							******************			
	Measurement Sample										
***	Measurement Permit										
	Measurement Sample										
	Measurement Permit Measurement										

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

** The annual sample shall be submitted annually on the anniversary date of this permit.

Permit Number: Month/Year:

November

546

FLA012680-001-DW3P 2004

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0,023 Daily Flow % of Permitted Capacity: 58 %

Flow (MGD) | CBOD5 (mg/L) | TSS (mg/L) pH (s.u.) Fecal Coliform TRC (For Nitrate (mg/L) CBOD5 TSS (mg/L) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) Code 50050 80082 00530 00400 74055 50060 00620 80082 00530 Mon. Site INF-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 INF-01 INF-01 T 0,021 5.0+ 2 0,020 9.1 5,0 3 8.2 0,017 5,0 4 8.1 2.0 U 2 2.021 0.100 5.0 0.018 8,0 5.0 6 0.012 0.1 5,0 0.023 8 8,0 0.023 9 8.0 0.016 5.0 10 0.017 8.1 5.0 11 8.1 0.021 5.0 12 0.019 8.1 5.0 13 8.0 0.019 4.1 14 0.017 15 0.017 8.1 5.0 16 0.016 7.6 2.0 17 0.021 7-6 3.2 18 0.022 7.) 3.0 19 0.017 7.9 5.0 20 0.020 8.1 5.0 21 0.017 22 0.017 5.0 23 0.025 7.8 5.0 24 0.022 1.8 7. 7 25 0.027 3,5 26 0,017 7. 7 3.2 27 0.025 7.*B* 4.6 28 0.023 29 0.023 7.6 2.0 30 0.021 7.6 2.3 31

PLANT STAFFING:								
Day Shift Operator	Class:	C	Certificate No:	007747	Name:	ni.		
Evening Shift Operator	Class:		Certificate No:			Charles	G. Schwades	
Night Shift Operator	Class:		Certificate No:	008122	Name:	DANIEL	Antherson	
Lead Operator	Class:		Certificate No:	(2077117	Name:			
Type of Effluent Disposal or Re	claimed V	Vater Rense:	AD SON PHINE	Field - Filepa		Charles	G. Schwades	
Limited Wet Weather Discharge	e Activate	d: Yes: Not) If yes, cumulative	Agus of war	Perculation	L Pooks	
discharge:		`		/ 11 yes, cultinianve	days of wet	MCMUICI		
Attach additional sheets if nece	ssary to li	st all certified	operators.					

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT PARTY VIVIANCE AND ALGO

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

200 Weathersfield Ave.

Altamonte Springs, FL 32714

FACILITY: LOCATION: Crownwood WWTP 4497 NW 73rd Terrace

Near Ocala, Sumter County

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA012680-001-DW3P Final

NA

[]

DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE: C

NO DISCHARGE FROM SITE:

MONITORING PERIOD

DMR Date: 4/99

REPORT:

GROUP:

To: Dec, 31, 2004

Monthly

Domestic

COUNTY: Marion					month Rolling	10.022	55% OF1	DN Permi' Hod	AR Date	: 4/99 14 eity	. •
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement					3.23		MY/L	0	CALCULATION	AU9,
STORET No. 80082 Y Mon Site No. EFA-01-13427	Permit Measurement					20.0 (An:Avg.)		пуЛ		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement					2.4	2.4	M9/L	0	monthly	Grab
STORET No. 80082 i Mon.Site No. EFA-01-13427	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					4 .		m9/L	0	CALEULAtion	ARNUAL AUG.
STORET No. 00530 Y Mon.Site No. EFA-01-13427	Permit Measurement					20,0 (An.Avg.)		mg/L		Calculation	Rolling Amual Avg.
TSS	Sample Measurement					2.	2.	19/L	0	MONTHLY	Grab
STORET No. 00530 1 Mon.Site No. EFA-01-13427	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
рН	Sample Measurement				7.5	4	18.3	S.V.	0	50044 week	Grab
STORET No. 00406 1 Mon Site No. EFA-01-13427	Pennit Measurement				6.0 (Min.)		8.5 (Max.)	5.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1.25.	/	#/100ML	0	CALCUATION	ROLLING ANNUAL AUG.
STORET No. 74055 Y Mon.Sire No. EFA-01-13427	Permit Measurement					200 (Ал.Āvg.)		#/100mL		Calculation	Rolling Annual Avg

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 penaltics 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	PHONE NO: DATE: YY/MM/DD
Charles G. Schwades Lead operator	Charle S. Klaude	1919 04/12/31

^{*}Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

FACILITY NAME: Crownwood WWTP
Month/Year: 17ecsmber 1204

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				2 /		2/	# Jocal	0	Monthly	Grab
CONTROL OF TAX IS A CONTROL OF TAX							HOMES.	* 2.000		Monthly Market	Qmit
TRC for disinfection	Sample Measurement				1, /			m9/L	0	50AYS WILK	Grab
MENTAL DE LOS DEL LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DEL LOS DE LOS DELLOS DEL LOS DELLOS DEL LOS DELLOS DELLOS DELLOS DELLO	Call				810			en l		S Daywayeek	Cras
Nitrate (as N)	Sample Measurement						0.100	m9/L	0	mouthly	Grab
			4 5				2500	ngt		mowthly Markita	Grat:
Flow	Sample Measurement	0,022	0.019	MED					0	5-DAYS NUEL	ELAPSON Tim
AINE ZEAGTPUROUTANI SI AMA			1517.50	114	4.00					S. Save Vers	
CBODS	Sample Measurement	12000110001000									
CTORECTME ABOUT. NEW SEE NO INFORMATION CO.	A CONTRACTOR					79 Paper Annual Strongie		MAL		A. WArmuelly	Crain .
TSS	Sample Measurement										
R TYPE REPROTO S Mini Sing No. 1887 N. 1547/08						Accipal Strople		1007		Armidiy	,Crail
	Sample Measurement										
	Sample Measurement										
April 177					Care .						
	Sample Measurement										
1000								200		-	

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 The annual sample shall be submitted annually on the anniversary date of this permit.

635 -

Permit Number: FLA012680-001-DW3P

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0.02.2

Month/Year: December 2004

Daily Flow % of Permitted Capacity: 55%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100mi)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.026			7,7	† 	3.7		·	
2	0.019			7.6		2.1			
3	0.021			7.7		3.5			
4	0.021			7.7		4.1			
5	0,019								
6	0.019			7.8		5.0			
7	0.022			7.9		4.9			
8	0.019	2,4	ス	7.7	ス	3.5	0,100		
9	0.024			7.8		4.5			
10	0.022			8.0		5.0		· · · · · · · · · · · · · · · · · · ·	
11	0.024			7. B		3.5			
12	0.021								
	0.021			7.9		4.8			
	0.018			8.1		5,0			
	0.019			7.8		3,5			
10	0.015			8.28.2		5.0			
	0.025			8,3		4.4			
- 10	0.018			7.9		4.0			
- 	0.016				·				
	0.016			7.9		4.3			
	0.016			7.6		1.1			
1	2.023			7.6		2.0			
	2.016			7.6		1.3			
	0.024			7,5		2.3			
36	0.022			7.5		3.1			
-37	0.017								
 (2.017			Z. <i>J</i>		3.7			
	0.018			7.6		5.0			
- 10	0,022			7.7		4.2]
	2,017			7.7		5.0			
31	0.016		ſ	8,2		5.0			

PLANT STAFFING:							
Day Shift Operator Evening Shift Operator Night Shift Operator	Class: Class: Class:	A	Certificate No: Certificate No: Certificate No:	007747	Name: Name:	Charles G. Schwades DANIEL Anderson	_
Lead Operator Type of Efficient Disposal or Re	Class:	C Parra	Certificate No:	007747	Name:	Charles G. Schwades,	_
Limited Wet Weather Discharg discharge: 'Attach additional sheets if nece	e Activated:	Yes: No	Not Applicable	if yes, cumulative	days of we	t weather	_

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FILE COPY

DISCHARGE POINT NUMBER. PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

MONITORING PERIOD

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Fairmanness, 12, 2000 a 100

PERMITTEE NAME: MAILING ADDRESS. Utilities, Inc. of Florida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA012680 Final

From: Dec. 1,2005

Minor

R-00!

IIVC

 \mathbf{I}

REPORT: GROUP:

Monthly Domestic

FACILITY:

Crownwood WWTF

LOCATION:

Ocala, FL

4497 NW 73rd Terrace

DUNTY: Marion		Quantity (or Loading	Units	Qua	lity or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Typ
Parameter										CALCULATION	ROLL, ILMO. A
low, to P/E pond	Sample	0.021		mgd						Calculation	Calculate
PARM Code 50050 Y	Measurement Permit	0.040		mgd		1					Roll. 12 Mo.
PARM Code 50050 Y Mon.Site No. FLW-01	Measurement	(12MADF)1				1			0	50AYS/Week	ELAPSON TI
Flow, total plant	Sample	0.020	0.021	myd						5 Days/Week	Elapsed T
PARM Code 50050 1	Measurement	0.040	Report	mgd							Meter
Mon.Site No. FLW-01	Measurement	(3MADF) ²	(Mo.Avg.)	+	1=0			Carrie +	0	Monthly	CALCULAte
Percent Capacity, (TMADF/Permit	ed Sample Measurement		1		52			Percent		Monthly	Calculat
Capacity) x 100 PARM Code 00180	Permit	1			Report			racan			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Mon.Site No. FLW-01	Measurement				(Percent)3			mali	U	CALCULAtion	ROLL. ILMU
CBOD5	Sample Measurement		1	1		2.48		m9/L	-	Calculation	Calcula
PARM Code 80082 Y	Permit	+				20.0		mg/L		Calculation	Roll. 12 Me
Mon.Site No. EFA-01	Measurement		 			(12 Mo.Avg.)	2 211	mg/L	0	m	Grab
CBOD5	Sample	1				2,00	2.00		-	Monthly Monthly	Gra
PARM Code 80082 1	Measurement Permit					30.0	60.0 (Max.)	mg/L		Wolland	
Mon.Site No. EFA-01	Measurement				 	(Mo.Avg.)	(Max.)	/	1	CALCULAtion	CALCO
TSS	Sample			1	1	4.33		my/c	0	Calculation	Kal ismu
PARM Code 00530 Y	Measurement Permit		+			20.0		mg/L		Calculation	Roll. 12 M
PARM Code 00530 Y Mon.Site No. EFA-01	Measurement					(12 Mo.Avg.)	1	11.5/	+_	11:	Grah
TSS	Sample					4	4	my	0	Moint hLY	Grah Gra
m. m. c 1 passa	Measurement			_	1	30.0	60.0	/mg/L		Monthly '	J G
PARM Code 00530 1 Mon.Site No. EFA-01	Measurement	. 1				(Ma.Avg.)	(Max.)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

	SIGNATURE OF PRINCIPAL EXECUTIVE OF PICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DE
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		40/-HOY-	0/10/
	Charle H. Showsh	1919	06/01/13
Charles G. Schwales/Lead Operator	Charle J. Church		
	-		

DISCRARCE MONT NINC REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF COUNTY: Marion

Month/Year: Dec.

PERMIT NUMBER: H.A.D. 2680

DISCHARGE POINT NUMBER: ROOF

WAFR SITE Ma .: ROD!

Parameter		Quantity or Loading	Units	Qual	Quality or Concentration	tion	Units	S X	Feograpicy of Analysis	Sample Type
Z	Sample			7,3		20	50	0	50075/week	Grab
PARM Code 00406	Permit			5.0		J., 5	J) S		S Days Wock	1 25
Freed Coliform Bacteria	Sample				1,42		74 col/2	0	CALEULATION	Apil. 12 mg. AUG.
PARM Code 14055 Y Mon Site No. EFA-01	Permit				280 (12 Ma.Arg.)		#/100mi.		1	Calculated Roll, 12 Mo. Avg. ⁷
Fecal Coliform Bactons	Sample					_	JMOOI/A	0	Monthly	61.45
PARM Code 74055 1 Mar Site No. EFA-01	Permit Mesementers			Report (Mo Gao Mean)		900 (Max.)	a/10ford		Moretally	gg.
TRC for disinfection	Sample			2,5			1/644	0	5 Dapplumic	Grab
PARM Code 50060 A Mon. Stre No. EFA-01	Permit Measurement			O.S.			Na.		5 Days/Week	Ę.
Nivate (as W)	Sample Measurement					0,100	7/641	0	Mowthin	Grab
PARM Code (00620) Mon. Sie Na. EFA-01	Permit Measurement					12.0	1		Monthly	Grasie
Sucas			-				_			
	Near we ment		, , , , , , , , , , , , , , , , , , , 		mwk		1/6111	0	mwR	MUK
PARM Code 80082 G Mon. Sig No. INF-01	Permit Mensurement				Report Annual Samula		T/All		Asmally	1 5
X 2	Sample				A. C.		1/641	0	Sun	MINE
PARM Code 00530 G Mon Site No. 1NF-01	Permit				Report		3	<u> </u>	Annually*	S.
	Sample Measurement						-	<u> </u>		
	Permit Measurement						_			
	Sample							_		
	Pennit		_				-			

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliforn, use the month's geometric mean.
Rolling Three Month Average is the average of the current month's average and the preceding land (2) months' averages.
The JMADF 36 Cappeny is the JMADF divided by the plant capacity multiplied by 100, Reported as a percent.
The annual sample shall be taken in the mixerfu of February.

CROY - CT IER

0001770700

PA File# FLAD12680-002-DWJP Person matery

** **

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOT

Facility Name: County: Month/Year Marion Dec. /2005

	Flow (MGD) To R001	CBODS (mg/L)	TSS (mg/L)	pH (s u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBODS (ing/L)	TSS (mg/L)
Code	\$0050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
l I	0.023			7.7	***************************************	4.5			1
2	0.016			7.9		5.0	 		
3	0.025			7.9		3.2			
4	0.021					1			
5	0.021			8.0		5.0			
6	0.023	20 U	4	8.0		5.0	0,100	MNR	MNR
7	0.041			8.0		5.0	9,15	77.70	7:7/01
8	0.023			8.L		5.0			
9	0.021			7,3		2,5			<u> </u>
10	0.017			7.8		4.3			
11	0.025								
12	0.026			7.8		3.9			
14	0.020			7.9		4.2			
15	0.018			8.0		5.0			
16	0.020			7.9		5.0			
17	0.021			7.8		3.1			
18	0.019								
19	0.019			8.1		5.0			·
20	0,025			7.9		4.5			
21	0.025			8.1		5,0			
22	0.022			8.1		5.0			
23	0.021			8.1		5.0			
24	0.020			8.1		5.0			
25	0.017	 -		9.1		5.0			
26				8.0					
27	0.018	 -		8.0		5.0			
28	0.026			7.9		5.0			
29	0.021			8.1		5.0			
30	0.020			7.9					
31	0.005			9.0		4.5 5.0			
	0.642	 -		98.5					
	0.021			70.5		124.7			

PLANT STAFFING: Day Shift Operator	Class:	_/4	Certificate No:	0008122	Name:	DANIEL S. Anderson
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lesd Operator PA File # FLA012680-002-DW Version 3/2004	Class: V3P		Certificate No:	0007747	Name:	Charles G. Schurdes

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Roso, Faustrassec, Faus

PERMITTEE NAME: MAILING ADDRESS. Utilities, Inc. of Florida

200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT:

CLASS SIZE:

FLA012680 Final Minor R-00!

DISCHARGE POINT NUMBER. PLANT SIZE/TREATMENT TYPE: III/C NO DISCHARGE FROM SITE: [] From: NoV. 1 Loss

MONITORING PERIOD

REPORT: GROUP:

Domestic

To: Nov. 30 2005

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

OUNTY: Marion	1	Ouantity (or Loading	Units	Qua	lity or Concentration	on		No. Ex.	Frequency of Analysis	Sample Type
Parameter		Quantity							0	EALCULATION	ROLL, ILMO. AV
low, to P/E pond	Sample Measurement	0.021		mgd				 	<u> </u>	Calculation	Calculated
ARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd				-	0	5 DAYS/Week	ELAPSED Tim
Flow, total plant	Sample Measurement	0.020	0.020	mgd		 		-		5 Days/Week	Elapsed Tin
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	(Mo.Avg.)	ingd				Percent	0	Monthly	CALCULAted
Percent Capacity, (TMADF/Permitte Capacity) x 100	Sample Measurement				50 Report			Percent	0	Monthly	Calculate
PARM Code 00180 1 Man.Site No. FLW-01	Permit Measurement				(Percent) ³	1 2 2 3		MY/L	0	CALCULAtion	ROLL, 12MO
CBOD5	Sample Measurement					2,32		mg/L	-	Calculation	Calcula Roll, 12 Mo
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement		-			(12 Ma Avg.) 2.0 U	2.00	my/L	0	Monthly	Grab
CBODS	Sample Measurement Permit			_	<u> </u>	30.0	60.0 (Max.)	rng/L		Monthly	Grat
PARM Code 80082 1 Mon.Site No. EFA-01	Measurement					(Mo.Avg.)	(Max.)	my/L	0	CALCULAtion	Rai Ismu
TSS	Sample Measurement					20.0		mg/L		Calculation	Calcul Roll. 12 M
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement				-	(12 Mo.Avg.)	2	MY/L	0	monthly	Grah
TSS	Sample Measurement Permit				+	30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Crz
PARM Code 00530 1 Mon.Site No. EFA-01	Measurement					(Maa-Avg-)	1 (11,511)			a for obtaining the i	-Cumption 1 br

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 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. DATE: YY/MM/DE

Securities in Commence of the	THE OFFICER OF AUTHORIZED AGENT	PHONE NO:	DATE. PHANDS
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	401-869-	05/12/13
Charles G. Schwales / Lead operator	Charles St. Schoole	1 ///	1

FACILITY NAME: Crownwood WUTPF COUNTY: Marion

PERMIT NUMBER: H.A012680

DISCHARCIE POINT NUMBER: ROOF

WAFR SITE Ma : ROO!

Month V ear Wey, Accis

Parameter	Promp	to ar I making	1 11 11							
		Service of Franch	2		LAUZINY OF CONCONTRINOS	00g	25.0	2 .	Analysis	Sample Type
Sample	9					(1		
PARM Code and the	Measurement	-		7.4		ダイ	50	0	50013/prek	Grab
	Measurement	•		6.59		5'8	S.U.		5 Days Week	E.S
Freud Coliform Bacteria	¥									
	Measurement				1.33		7#(00//*	0	MOLTOL MIGN	an CALCULATED
	Permit				舅		Wicon		Cafeulation	1011, 14 110, 100.
	and and a	+			(12 Mc.Avg.)					Roll. 12 Mo. Ave.
	Massimone			()(2		11 6	1/100 101	F -		,
<u>.</u> .		-	†	\ \ \		7		2	Mointhly	61.45
-	Measurent			Me Car Man		3	w'i Olomi		Monthly	3
TMC for disinfection Sample	3		†	I'M O CHO MCAN		(Max.)				
ا	Measurement			1.7			1/61/1	0	5 DAPANIL	Carh
<				5.0				Т		0217
	Measurement			(Min.)			E		5 Days Week	Ē
	<u></u>						Į.			
PARM Code 00620	Messurement					0.10 ()	7/64	0	Mounthin	Cak
						12.0	1,100	7	711111111111111111111111111111111111111	2000
	incomingues!					(Max.)	} 		Automotive State of the State o	9
CACIOS										- Council
	Mentioner						\\	I		
<u>.</u>					MUNK		7/601		mina	nna
Mon.Site No. IMF-01	Measuremen				Report		mg/L		Annally	3
	-				Annual Sample					
PARM Code mora	Measurement				mork		// ow		Wan. a	0 1 20 000
7	Measurement				Report		, //		////U//	MININ
Sample	le le le le le le le le le le le le le l				Annual Sumple		•			5
Measur	Measurement			-						
Permit										
Measu	Measurement									
Meson	Manage							1		
Person	T. Carlotte									
Mess	Measurement							T		
			_	-				-	_	_

Rolling Twelve Month Average is the average of the current monds's average and the preceding eleven (11) months' averages. For Focal Coliform, use the monds's average and the preceding ben (2) months' averages.
The BMADF % Capacity is the BMADF divided by the plent capacity melliphied by 100, Regeried as a percent.
The annual sample shall be taken in the minth of February.

CROTICTICA

000133030C

PA File# PLABI 2680-002-DWJP TELEBOU DATE

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROLL

County: Month/Year:

χ¹

Marion 30,2005

	Flow (MGD) To R001	CBÓDS (mg/L)	TSS (mg/L)	pH (s u.)	Feest Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (nug/L)	CBODS (ing/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	800\$2	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.011			8.1		5.0			
2	0,023			8.2		5,0			
3	0,020			8.1		4.9			
4	0.020			8.1		5.0			
5	0.018			8.0		4.5			
6	0.025								
7	0.015			8.1		5,0			
8	0.013	2.00	1_2	8,2	2U	5.0	0.100	MNR	MNR
9	0016			8.0	 	4.8			
10	0.021			7,9	<u> </u>	4.4			
11	0.021			8.1		5,0			
12	0.022			7.9		4.0			ļ
13	0.022								
14	0.02			7.9	ļ	3,8			
16	0.016			7.9		3,7			
17	0.018			7.4		1,7		~ 	
18	0.017			7.6		3.0			
19	0.020			7,9 7,9		3.9			
20	0,020			7,7		3:7			
21	0.021			8.0		5,0			
22	0.02			8.0		5,0			-
23	0.021			8,0		5,0			
24	0.023			7,3		1.2			
25	0.018			7,9		4.1			
26	0.014			8,0		5.0			
27	0.021			1//					
28	0.04			8.0		5.0			
29	0.023			7.4		2.2			
30	0.023		1	7.6		4.3			
31									
Total	0,597	2.0L	2	205.5	24	110,5			
Ma. Ave	0.020	2.04	2	7.9	24	4.25	0.10L		

	•					
PLANT STAFFING: Day Shift Operator	Class:	<u> </u>	Certificate No:	008122	Name:	DANIEL ANDERSON
Evening Shift Operator	Class:		Cenificate No:	-	Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Leed Operator PA File # FLA012680-002-DW Version 3/2004	Class: /3P		Certificate No:	007747	Name:	Charles G. Schwades



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

Laboratory Analytical Report Florida DOH Laboratory Certification # E83265

Utilities Incorporated

200 Weathers Field Ave Attamonte Springs, Florida 32714

Submission Number: 0512587

System Name: Crownworld WWTP Sempler Name: Daniel S. Anderson

Date Sample Received: 11/08/05 Time Sample Received: 10:50 AM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdi) Units / Method	Result	DQ	Analysis Date	_ •] :: <u>九</u>
0812587	Effluent Fecel	11/08/05	0907 hrs	Fecal Coliform in (1 colony) #/100mLs by SM9222D	2	u	11/06/05	11:45 AM	F:IP
0512588	Effluent	11/08/05	0912 hrs	TSS in (1) mg/L by \$M2540D	2		11/10/05		DA
				CHOD(5 day) in (2.0) mg/L by SM6210B	2.0	u	11/09/05	12:40 PM	· /L
			į	Nitrate as N in (0.10) mg/L by EPA353.2	0.10	u	11/08/05	3: 52 PM	YA.

U - The parameter was analyzed but not detected. Detection timit for fecal coliform elevated due to sample dilution.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request). This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier If you have questions regarding this report please cell Lies Saupp at (352) 625-2822.

Respectfully Submitted by:

Liss K. Saupp, Charles B. Saupp, or Michael Morse

Technical Director

Date: November 16, 2006

Page 1 of 1

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

17:71

COOT ICT

150

FACILITY: LOCATION:

PERMITTEE NAME:

MAILING ADDRESS:

Crownwood WWTF 4497 NW 73rd Terrace

Utilities, Inc. of Florida

200 Weathersfield Avenue

Allamonte Springs, FL 32714

Ocala, Fl.

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680 Final Minor

REPORT: GROUP:

Monthly Dornestic

R-001 DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIVC

MONITORING PERIOD

NO DISCHARGE FROM SITE:

COUNTY:

Marion

Parameter		Quantity	Quantity or Loading		Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.021		Mad	·				<u> </u>	CAlculation	Roll 12mg 4vy
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		Engd						Colculation	Calculated Roll. 12 Mo. Av
Flow, total plant	Sample Measurement	0.020	0.020	mgd					0	5 DAYS/WOLL	ELAPSED Tim
PARM Code 50050 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ¹	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				50			Percent	0	mowthly	CALCULATED
PARM Code 00180 Mon.Site No. FLW-01	Pormit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBODS	Sample Measurement					2.31		male	0	CALCULATION	Rail ILMO
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		ing/L		Calculation	Calculated Roll, 12 Mo. Av
CBODS	Sample Messurement					1,1	2.2	my/L	0	mointhly	Grah
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					4.0		my/c	0	CALCUlation	CALCULATE ROLL 12 MO-AL
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		ang/L		Calculation	Calculated Roll. 12 Mo. A
TSS	Sample Measurement					1	2	M5/L	Ò	Monthly	Grab
PARM Code 00530 1 Man.Sile No. EFA-01	Permit Measurement				<u> </u>	30.0 (Mo.Ave.)	60.0 (Max.)	mg/L	<u> </u>	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	PHONE NO:	DATE: YY/MM/DD
Charles G. Schundes / Lead operator	Carle I Shurch	407-869 1919	05/11/14

FACILITY NAME: Crownwood WWTF COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROOF

WAFR SITE No.: ROO!

Month/Year: OCT. 2005

Parameter		Quantity or Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.1		8.1	SU	0	5 DAYS/Weell	Grab
PARM Code 00406 1 Mon.Site No. EPA-01	Permit Measurement			6.0 (Min.)		E.5 (Max.)	S.U.		5 Days/Work	Cirate
Fecal Coliform Bacteria	Sample Measurement				1.25		#/100 ml	0	CALCULATION	ROLL. 12 MO. AU
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Celculation	Calculated Roll, 12 Mo. Avg.
Focal Coliform Bacteria	Sample Measurement			4111		111	7/100 ML	0	Mointhly	Grab
PARM Code 74055 L Mon.Site No. EFA-01	Permit Measurement			Report (Mo.Geo.Mean)		800 (Max.)	si/100mL		Monthly	Gnab
TRC for disinfection	Sample Measurement			1.0			mg/L	0	5DAYS/WORL	Grab
PARM Code 50060 A Mon.Sive No. EFA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Crab
Nitrate (as N)	Sample Measurement					0.10 U	mg/L	0	mouthly	GRAL
PARM Code 00620 1 Mon.Site No. EFA-01	Pennit Measurement					12.0 (Max.)	mg/L		Mouthly	Grab
CAODS	Sample			-			0.1.0	-		no n. 0
PARM Code 80082 G Mon.Sic No. INF-01	Measurement Permit Measurement			 	M IV R Report Annual Sample		MUR		MNR Annually	MNR Grate
TSS	Sample Measurement				MNR		MNR		MNR	MNR
PARM Code 00530 G Mon Site No. INF-01	Pennil Measurement				Report Annual Sample		me/L.	<u> </u>	Annually ⁴	Grab
	Sample Measurement				Tanada da (1941		†	<u> </u>		
	Permit Measurement								 	
	Sample Measurement									
	Permit Measurement						1			

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feed Coliform, use the monthly geometric mean. Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The annual sample shall be taken in the month of February.

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

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: 1.001

Facility Name: County: Month/Year

Marion October 2005

	Flow (MGD) To R001	CBÓDs (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (ntg/L)	CBODS (mg/L)	TSS (mg/I
Code	50050	80082	0053C	00406	74055	50060	00620	\$00\$2	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.016			8,1		5.0			
2	0,023								
3	0.023			2.8		5.0			
4	0.016					5,0			
5	0.01			8.0		4.8			
6	0.016			7.3		1.2			
7	0.019			7.5		2.5			
8	0.021			7.		1.0			
9	0.022								
10	0.022			7.6		2.9			
11	0.016			7-7		3.7			
12	0,020	212	2	8.1	10	5.0	0.100	MNR	MNR
13	0.018			1.9		50			<u> </u>
14	0.077			8.0	· · · · · · · · · · · · · · · · · · ·	50			
15	0.021			B. I		5.0			
16	0.021								
17	0.022			8.2		5.4			
18	0.015			7.8		3.6			<u> </u>
19	0.019			7.7		3.4			
20	0.020			7.9		4.0	<u> </u>		
21	0.020			8.1		5.0			
22	0.023			8.1	***************************************	5.0			
23	0.022				V				<u> </u>
24	0.023			B.0		4.5			<u> </u>
25	0.01L			8.0		4.2			L
26	0.020			7.9		2.6			
27	0.017			7.9		1.9			
28	0.070			8.1		5.0			
29	0.023			8.1		2.4			
30	0.023								
31	0.023			8.0		3.2			
Total	0.619	2.2		219.42	5.1 10	101.3	0.10 U		
Ma. Ave	0.020	2.2	2	3.4 7		3.9	0.104		

					~			
PLANT STAFFING: Day Shift Operator	Class:	<u>A</u>	Certificate No:	0008122	Name:	DANIEL	S. Anderson	
Evening Shift Operator	Class:		Certificate No:		Name:			
Night Shift Operator	Class:		Certificate No:		Name:			
Lead Operator	Class:	<u></u>	Certificate No:	007747	Name:	Charles	G. Schundes	
PA File # FLA012680-002-D Version 3/2004	W3P							

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ביים און גודים



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

Submission Number: 0511758

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

Laboratory Analytical Report

Florida DOH Laboratory Certification # E83265

Utilities incorporated

200 Weathers Field Ave Altamonte Springs, Florida 32714

System Name: Crownwood WWTP

Sampler Name: Daniel S. Anderson

Date Sample Received: 10/12/05 Time Sample Received: 12:35 PM

Sample Number	Sample Location	Date Collected	Time Collected	Perameter / (mdi) Units / Method	Result	DQ	Analysis Date		Tec 1
0511756	Effluent	10/12/05	1014 hrs	CBOD(5 day) in (2.0) mg/L by SM5210B	2.2		10/13/05	3:25 PM	11
				TSS in (1) mg/L by SM2540D	2		10/14/05		W.
				Nitrate as N in (0.10) mg/L by EPA363.2	0.10	U	10/12/05	4:17 PM	₩.
0511757	Effluent Bact	10/12/05	1014 hrs	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1	u	10/12/05	1:25 PM	Κ.

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request). This document and the easoclated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier If you have questions regarding this report please call Lies Saupp at (352) \$25-2822.

Respectfully Submitted by:

Lisa K. Saupp, Charles B. Saupp, or Michael Morse/

Date: October 20, 2005

Page 1 of 1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Utilities, Inc. of Florida

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

DISCHARGE POINT NUMBER:

NO DISCHARGE FROM SITE:

MONITORING PERIOD

PLANT SIZE/TREATMENT TYPE:

LIMIT:

CLASS SIZE:

FLA012680 Final

Minor R-001 III/C

From: Seft. 1,2005

REPORT:

GROUP:

Monthly

To: SEPT 30,100

Domestic

FACILITY:

Crownwood WWTF

LOCATION:

4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity	Quantity or Loading Units Quality or Concentration		Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.022		Agd					0	CALCULATION	ROLL 12MO. A
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd		·				Calculation	Calculated Roll. 12 Mo. Av
Flow, total plant	Sample Measurement	0.021	0.019	myd					0	5 DAY / WILL	ELAPSed Tim Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				48			Percent	0	mowther	CALCULATED
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent	<u> </u>	Monthly	Calculated ³
CBODS	Sample Measurement					2.3		my/L	0	CALCULAtion	ROLL LIME AND
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
CBOD5	Sample Measurement					227	22#	mg/L	0	monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					4.0		m4/L	0	CALCULAtion	ROLL. 12MO. A.
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
TSS	Sample Measurement					2	2	MAL	0	Mowthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades Lead operator	Charles S. Schmode	869-1919	05/10/17

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROOT

GOLDEN HILLS

3526227090

09:49

10/12/2005

Month/Year: 5 CPT./2005

COUNTY: Marion

FACILITY NAME: Crownwood WWTF

Parameter		Quantity or Loading	or Loading Units Quality or Concentration			ion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5		8.1	S.U.	0	5 DAY/Week	Grab
PARM Code 00406 1 Mon.Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.			- Counted
Focal Coliform Bacteria	Sample Measurement				1.25		#/100ml	0	CALCULATION	Roll ILM. AV9
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Roll. 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement			410		10	#/wmL	0	Monthly	Grab Grab
PARM Code 74055 l Mon.Site No. EFA-01	Permit Measurement			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	
TRC for disinfection	Sample Measurement			1.2			mg/L	0	5 DAYS/WEEK	Grah
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement			0.5 (Min.)			rhg/L		S Days/Week	Grah
Nitrate (as N)	Sample Measurement					0.10 0	Mg/L mg/L	0	Monthly Monthly	Grah
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
							-	-	1	
CBODS	Sample Measurement				MNR		MNR	-	MNR	MNR
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually	Gnab
TSS	Sample Measurement				MNR		MNR		MNR	MNR
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually 4	Gnab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean. Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

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

The annual cample shall be taken in the month of February.

Facility Name:

Crownwood WWTF

County:

Nonth/Year:

′ . . .

Marion Spr. 2005

Permit Number: FLA012680 DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bactería (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-0i	INF-01	INF-01
1	0,025			7.8		5.0			
2	0.022			7.8		5.0			
3	0.024			7-8		5.0			
4	0.018								
5	0.018			7.6		3.5			
6	0.017			7.9		5.0			
7	0.015			8.0		5.0			
8	0.013		1	7.5		1,2			
9	0.010			8.1	· · · · · · · · · · · · · · · · · · ·	5,0			
10	0.025			8.1		5.0			
11	0.017								·
12	0.017			7.9	14	5.0	0.104		
13	0.015	2.2		7.9		4.2			
14	0.016		2	7.7		2.7			
15	0.018			7.6		1.1			
16	0.018			7.9		4.5			
17	0.020			7.7		15			
18	0.021								
19	0.021			7.7		3,5			
20	0.015			7.6		1.2			
	0.017			7.9		4.8			
22	0.020			7.9		4.6			
24	0.022			7.9		4.5			
25	0.020			7.6		1.3			
26	0.023	<u> </u>		77		70			
27	0.023			7,7		2.8			
28	0.013			7.7		1.5			
29	0.015			7.8 7.9		3.4			
30	0.021			7.7		7/3 (- c)			
31	0.017			8.1		5.0	-		
	0.006		+	267		05.0			
Mo. Ave	0.556			263.1		95.8	····		
MO. AVE	0.019			7.8		3.7			

PLANT STAFFING: Day Shift Operator	Class:	A	Certificate No:	0008122	Name:	DANIEL S. Anderson
Evening Shift Operator	Çlasş:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	007747	Name:	Charles G. Schwales
PA File # FLA012680-002-DV	V3P					

Version 3/2004



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

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

Laboratory Analytical Report Florida DOH Laboratory Certification # E83265

Utilities Incorporated

200 Weathers Field Ave Altamonte Springs, Florida 32714

> System Name: Crownwood WWTP Sampler Name: Daniel S. Anderson

Date Sample Received: 10/12/05 Time Sample Received: 12:35 PM Submission Number: 0511758

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis Date	Analysis Time	Tech
0511756	Effluent	10/12/05	1014 hrs	CBOD(5 day) in (2.0) mg/L by SM5210B	2.2		10/13/05	3:25 PM	IJ
				TSS in (1) mg/L by \$M2540D	2		10/14/05		WL
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10	U	10/12/05	4:17 PM	WL.
0511757	Effluent Bact	10/12/05	1014 hrs	Fecal Colliform in (1 colony) #/100mLs by SM9222D	1	U	10/12/05	1:25 PM	KL

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request). This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier If you have questions regarding this report please call Lisa Saupp at (352) 825-2822.

Respectfully Submitted by:

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

Technical Director

Date: October 20, 2005

Page 1 of 1

DEPARTMENT OF ENVIRONMENTAL 1

TECTION DISCHARGE MONITORING REPORT - PART A

635

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680 Final

Minor

R-001

III/C

PORT:

REPORT: GROUP: Monthly Domestic

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

[]
From: <u>AUGUST 1, 2005</u>

To: 10905 31,2005

COUNTY:

Marion

Ocala, FL

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.022		mgd					0	CALCULATION	ROL ILMO AV9.
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF)		mgd						Calculation	Calculated Roll. 12 Mo. Avg. ¹
Flow, total plant	Sample Measurement	0.022	0.022	m9d					0	50115/Week	ELAPSED Time meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				55			Acroest	0	Monthly	caleulated
PARM Code 00180 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBODS	Sample Measurement					2,3		19/L	O	CALCULATION	ROLL IL MO AUG.
PARM Code 80082 Y Mon Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Avg.
CBOD5	Sample Measurement	Pro- Gibe				2.0 U	2.0 U	M9/L	0	mouthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					3.9		m9/L	0	CALCULATION	CALECTATED AUG
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Rolt. 12 Mo. Avg. ¹
TSS	Sample Measurement					4	4	M9/L	0	mouthly	Gunh
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of faw 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			
WANTE THE CONTRIBUTE EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
		1-407.869-	a chal
Charles G. Schwades/Lead operator	Charles & handle	1919	03/04/14
THE CHANGE OF THE	Markey / a handle	1	l _'

GOLDEN HILLS

3526227090

12:05

09/13/2005

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: ROOT

Month/Year: August/2005

Parameter		Quantity or Loading	Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sаптріе Туре
рH	Sample Measurement			7,3		7.8	S.U.	0	50AYS/WELK	Grab
PARM Code 00406 1 Mon.Site No. EFA-01	Permit Measurement			6.Q (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Feeal Coliform Bacteria	Sample Measurement				1.3		#/100mL	0	CAL	CAL. ROLL 12 MO. AVA.
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Messurement				200 (12 Mp.Avg.)		#/100mL		Calculation	Roll 12 Mo. AV9. Calculated Roll. 12 Ma. Avg.
Fecal Coliform Bacteria	Sample Measurement			<1 U		1	#/loomL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Montkly	Gnab
TRC for disinfection	Sample Measurement			69			mg/L	0	504/5/weik	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement			0.5 (Min.)			mg/L.		5 Days/Week	Gnab
Nitrate (as N)	Sample Measurement		<u> </u>			0.28 1	mg/L	0	MONTHLY	GVAD
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Measurement					12.0 (Max.)	π1g/L	<u> </u>	Monthly	Grab
CBOD5	Sample Measurement				MNR		MNR		MIUR	MNR
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L.		Annually	Grab
PARM Code 00530 G	Sample Measurement				MNR		MNR		mnx	MNR
Mon.Site No. INF-01	Permit Measurement		<u> </u>		Report Annual Sample		mg/L		Annually	Gnab
	Sample Measurement Permit		1							
	Measurement Sample		 							
	Measurement Permit		ļ	<u> </u>						
	Measurement									

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

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

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

The annual sample shall be taken in the month of February.

Facility Name:

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOL.

County:
Nonth/Year:

Crownwood WWTF
Marion Marion AugusT/2005

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.020			7,3		1.9			
2	0.021	20 U	4	7.6		5.0	0.28		
3	0.021			7.5		4.2			
4	0,025			7.6		5.0			
5	0.023			7.6		5.0			
6	0.025			7.6_		5.0			
7	0.023								
8	0.023			7,6		5.0			
9	0.019			7. 7		5.0			
10	0.023			7.8		5.0		 	
11	0.023			78		50			
12	0.025			7.8		2.5			
13	0.025			7.8	-	5.0			
15	0.024			77		~			
16	0.024					4.5			
17	0.025			7.8		5.0			· · · · · · · · · · · · · · · · · · ·
18	0.017			7.8		4-9			
19	0.021			7.7		4.2			
20	0.020			7.6 7.6		4.0			
21	0.025			7.6		4.5			
22	0.019			7.7		4.9			
23	0-021			7.8		5.0			
24	0.019			7.8		3.8			
25	0.020			7.7		3.5			
26	0.021			7.7		4.0			
27	0.023			7.7		4.2			
28	0.020								
29	0.020			7.6		3,6			
30	0.012			7.8		5.0			
31	0.015			7.7		3.4			
Total	0.67								
Mo. Ave	0.022			7.6		4.4			

PLANT STAFFING: Day Shift Operator	Class:	<u>A</u>	Certificate No:	0008122	Name:	DANIEL S. Anderson
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator PA File # FLA012680-002-DV Version 3/2004	Class: V3P	<u>C</u>	Certificate No:	007747	Name:	Charles G. Schwades



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

10865 East State Road 40 • Silver Springs, Florida 34486-2349

Laboratory Analytical Report
Florida DOH Laboratory Certification # E83265

Utilities Incorporated

200 Weathers Field Ave Altamonte Springs, Florida 32714

Submission Number: 058410

System Name: Crownwood WWTP Sampler Name: Daniel S. Anderson

Date Sample Received: 08/02/05 Time Sample Received: 11:40 AM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdi) Units / Method	Result	DQ	Analysis Date	Analysis Time	Tech
058410	Effluent Fecal	08/02/05	1037 hrs	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1		08/02/05	2:45 PM	KL
068411	Effluent	08/02/05	1043 hrs	CBOD(5 day) in (2.0) mg/L by SM5210B TSS in (1) mg/L by SM2540D	2.0 4	u	08/03/05 08/03/05	3:15 PM	JJ JJ
				Nitrate as N in (0,10) mg/L by EPA353.2	0.28	i	08/02/05	3:51 PM	WL

U - The parameter was analyzed but not detected.

I - Analyte detected below quantitation limits / below calibration range.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards of are qualified accordingly. DQ = Data Qualifier

If you have questions regarding this report please of the Saupp at (352) 825-2822.

Respectfully Submitted by:

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

Technical Director

Date: August 12, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680 Final Minor

R-001

III/C

REPORT: GROUP:

Monthly Domestic

FACILITY:

Crownwood WWTF

NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

From: JULYILOUS

To: JULY 31, 2005

LOCATION:

4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0,017		mad					0	CALCULATION	Row 1-Mi. Avg Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd mgd						Calculation	Roll. 12 Mo. Av
Flow, total plant	Sample Measurement	0.071	0.023	mad					Ò	5 DAYS/well	ELAASED Time
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				57.5			Percent	0	mowihly	CAlexated
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBODS	Sample Measurement					3.3		mg/c	0	CALCULATION	
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
CBOD5	Sample Measurement					2.3	2.3	ma/L	0	mouther	Grah
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					3,8		myle	0	CALCULATION	CALLULATION AU
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
TSS	Sample Measurement					4	4	ma/c	Ö	Monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

A Laboratory of the Control of the C					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTI	JORIZED AGENT SIGNATUR	DE OF DDINCIDAL EVECTION	E OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
The state of the s	TOWNS OF THE STORY TON	KGOOF FRINCIPAL EXECUTIV	E OFFICER OR AUTHORIZED AGENT	PHONE NO:	DICTE: TT/MIM/DD
		-//			
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- Marie - It was I a dispose	a)^	1 (4 1/1)		1010	105% 7/1-
Charles G 2 Chandles / Lend Offer Ato	Man	1. 7. 1.		1777	UV/0 ///S
					1 / / /
,					

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: JULY 2005

Parameter		Quantity or Loading	Units	Qual	ity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.2		7.7	S.U.	0	5 DAYS WEEK	6116
PARM Code 00406 1 Mon.Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			V/	1,2	(11111)	#/100ML	0	CALENLATION	ROLL. IZMO AUG
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement			< lU	(12 Mo.reg.)	2	#/100 ML	0	mowthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement		 	Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement		1	1.1		, ,,,,,,,	M9/L	0	50+15/week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					KO.10 U	M9/L	0	Monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
			 					-		
CBOD5	Sample Measurement				MNR		MNR	-	MNR	1
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement		 		Report Annual Sample		mg/L		Annually ⁴	M NR Grab
TSS	Sample Measurement				MNR		MNR		MNR	MNR
PARM Code 00530 G Man.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L.		Annually ⁴	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement						T			

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

The annual sample shall be taken in the month of February.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

Facility Name: County: Month/Year:

Crownwood WWTF

Permit Number: FLA012680 DISCHARGE POINT NUMBER: R001

Marion
JULY 2005

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria	TRC (For Disinfect.)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
					(#/100ml)	(,			
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
ı	0.021			7.6		4.5			
2	0.024			7.6		5.0			
3	0.021								
4	0.024			7.5		2.8			
5	0.021			7.5		2.B 3.5			
6	0.020			7.4		2.0			
7	0.024			7.6					
8	0.020			7.6		5.0			
9	0.022			7.5		5,0			
10	0.024								
11	0.025			7.5		4.4			
12	0.029	2,3	4	7.5	_2_	5.0	(O,10U		
13	0.023			7.5		5,0			
14	0.025			7.5		5.0			
15	0.022			7.5		5.0			
16	0.024			7.5		4,3			
18	0.026			7 -	·				
19	0.026			7.5		5.0			
20	0.031			7.6		5.0			
21	0.018			7.5		5.0			
22	0.027			7.4		5,0	<u>_</u>		
23	0.027			7.7		5.0			
24	0.027			/./		3.0			
25	0.017			7,5		C ()			
26	0.017			7.5		5.0			
27	0.018			7.4		5.0			
28	0.022			7.2		1.1			
29	0,023			7.2		1,3			
30	0.024			7.3		2.2			
31	0.020			7.5		7.0			
Total		2.3	- u	194-7	2	109.8	(0,10 U		
Mo. Ave		2.3	4	7.5	2		60,10 U		

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	007747	Name:	Charles	<i>G</i> .	Schwades	
Evening Shift Operator	Class:	_A	Certificate No:	008122	Name:	DANICL	<u>S,</u>	Anderson	
Night Shift Operator	Class:		Certificate No:		Name:				
Lead Operator	Class:		Certificate No:	007747	Name:	Charles	C.	Schwades	

PA File # FLA012680-002-DW3P

Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680 Final

Minor DISCHARGE POINT NUMBER: R-001

PLANT SIZE/TREATMENT TYPE: III/C NO DISCHARGE FROM SITE:

MONITORING PERIOD

REPORT: GROUP:

Domestic

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

From: June 1, 2005

To: June 30, 2005

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.021		mad					0	CALCULATION	ROLL. 12MO. AV9
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd						Calculation	Calculated Roll. 12 Mo. Avg
Flow, total plant	Sample Measurement	0.021	0.021	mgd		,			0	50045 week	ELAPSED Time
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				52%			Percent	0	mouthly	CALCULATED
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBODS	Sample Measurement					2.1		mg/L	0	CALCULATION	Roll 12 Ma Aug
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Roll, 12.100, Avg Calculated Roll, 12 Mo. Avg
CBOD5	Sample Measurement					2.0	2.0	mg/L	δ	mouthly	Grab
PARM Code 80082 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					3.0	<u> </u>	m9/L	0	CALCULAtion	ROLL 12 MO. AUS
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg
TSS	Sample Measurement					4	Ц	mg/L	0	monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	T -	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 th 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.

Charles G. Schwades / Lend Operator Churles & Charles 9 05/06/30	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
	Charles G. Schwades / Lend Operator	Charles I Chinales	/ 00 /	05/06/30

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF

COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: JUNE 2005

Parameter		Quantity or	Loading	Units	Qual	ity or Concentrat	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.5		7.8	S.U.	0	50AYS/week	Grah
PARM Code 00406 1 Mon.Site No. EFA-01	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1.16		7/100ML	0	CAL	Koil IL MO. AU Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Measurement					200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement				41		2	#/100ml	U	mowthly	Grab Grab
PARM Code 74055 I Mon.Site No. EFA-01	Permit Measurement				Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement							mg/L		50145 week	Gras
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				/. 人 0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						0,10 0	maje		Monthly	Gust
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
				-					-	-	
CBOD5	Sample .			-					-		
PARM Code 80082 G	Measurement Permit	-				Report		mg/L	-	Annually	Grab
Mon.Site No. INF-01 TSS	Measurement Sample			+		Annual Sample			1-	 	
PARM Code 00530 G Mon.Site No. INF-01	Measurement Permit Measurement					Report Annual Sample		mg/L		Annually ⁴	Grab
Profession 110. HVI 701	Sample Measurement				T	, amuat out the					
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean. Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

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

The annual sample shall be taken in the month of February.

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County:

Marion

JUNE 2005

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
I	<u> </u>	2.0	4	7.5	2	3.1	0.100		
2	0.019			7.5		2.5			
3	0.027		 	7.6		3,2			ļ
4	0.013		1	7.6		3.5			
5	0.038		<u> </u>	7.7		4.1			
6	0.019			7.6		2.5			
7	0.016			7.6		3.7			ļ
8	0.023			7.5		3./_			
9	0.016			7.5		2.3			
10	0.023			75		4.5			
11	0.016			7.6		5.0	 		
12	0.029								-
13	0.029			7.6	ļ	5.0			
14	0.021			7.5	 	2.1			-
15	0.023			7.7	ļ	4.2 3.9			
16	0.023			7.6	 				
17	0.022			7.5		4.3			
18	0.024			7.7		5.0	+		
19	0.018		<u> </u>			4.7	 		
20	0.019		_	7.6	-	5.0			
21	0.019			7.6	 	4.1			
22	0.025			7.5		5.0			
23	0.023			7.8		1.7			
24	0.013	ļ		7.6		2.1			
25	0.021	 	-	1.6		1			
26	0.020		+	7.5		1.2			
27	0.020			7.6		2.2			
28	0.016			7.6		4.4			
29	0.023	 		7.6		2.5			
30	0.020			 					
31	100		-	 					
Total	0.629	ļ		+					

PLANT STAFFING: Day Shift Operator	Class:	Certificate No:	007747 Name:	Charles G. Schwades
Evening Shift Operator	Class: A	Certificate No:	008122 Name:	DANIEL S. ANderson
		Certificate No:	Name:	
Night Shift Operator	Class:	Certificate 1.0.	- /3	Charles & Calquades
Tend Operator	Class:	_ Certificate No:	007747 Name:	Charles of Schwings

PA File # FLA012680-002-DW3P Version 3/2004



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

Laboratory Analytical Report
Florida DOH Laboratory Certification # E83265

Utilities Incorporated

200 Weethers Field Ave Alternonte Springe, Florida 32714

> System Name: Crownwood Sampler Name: Chuck Schwades

Date Sample Received: 06/01/05
Time Sample Received: 10:30 AM

Submission Number: 055840

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result		Analysis Date	Analysis Time	Tech
055840	Effluent	06/01/05	0915	CBOD(5 day) in (2.0) mg/L by SM5210B	2.0	U	06/01/05	3:25 PM	n
900010				TSS in (1) mg/L by SM25400	4		06/01/05		WL
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10	U	06/01/05	3:51 PM	WL.
055841	Effluent	08/01/05	0915	Fecal Coliform in (1 colony) #/100mLs by SM9222D	2		06/01/05	12:30 PM	KL

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criterie (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

If you have questions regarding this report the second authority at (352) 525-2822.

Respectfully Submitted by:

Liaa K. Saupp

Laboratory Director

Date: June 9, 2005

Page 1 of 1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA012680

Final Minor

DISCHARGE POINT NUMBER: R-001 PLANT SIZE/TREATMENT TYPE: III/C

NO DISCHARGE FROM SITE: MONITORING PERIOD

From: MAY 1, 2005

REPORT: Domestic

So: MAY 31, 2005

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity or Loading		Units	S Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.020		mad					0	CALCULATION	ROLLIL MO. AL
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd				·		Calculation	Calculated Roll. 12 Mo. Av
Flow, total plant	Sample Measurement	0.022	0.020	mgd					0	50AYS/WEEK	ELAPSED Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd					0	5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				50			Percent	0	monthly	CALLVIATED
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBOD5	Sample Measurement					2,3		M9/L	0	CALCULATION	ROLL. ILMO. AV
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
CBOD5	Sample Measurement					2.7	2.7	mg/c	0	monthly	Grah
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					3,5		m9/L	0	CALCULAtion	ROLL. 12 MO. A.
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
TSS	Sample Measurement					6	6	m4/L	0	monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L,		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades /Lead Operator	Charle S. Lehunder	407-869 1919	05/06/01

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF

COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: MAY 2005

Parameter		Quantity o	or Loading	Units	Qual	ity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2		7.8	S.U.	0	50AYS Week	6116
PARM Code 00406 1 Mon.Site No. EFA-01	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1.17		P/100ML	U	CALCULATION	ROLL 12 MO AUG
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Measurement					200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement				<1		<	#/100 ML	0	monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement				Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0			m9/L	0	50AYS/week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						0.10 0	mg/L	0	monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5									-		
	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually 1	Grab
TSS	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L.		Annually ⁴	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement			1							

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

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FILE COPY

Final

Minor

R-001

III/C

[]

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

LIMIT: CLASS SIZE:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

MONITORING PERIOD

FLA012680

From: APril 1,2005

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0,021		mgd					0	CALCULATION	ROLL, 12-MO AL
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd						Calculation	Roll. 12 Mo. Av
Flow, total plant	Sample Measurement	0.023	0.023	myd					0	5014 yweek	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement				58			Percent	0	morethly	CALEVIATED
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBODS	Sample Measurement					2.02		m9/L	0	Calculation	RUL 12MG A
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
CBOD5	Sample Measurement					2.8	2-8	MYL	0	mointhly	GMB
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	rng/L		Monthly	Grab
TSS	Sample Measurement					2,33		myL	0	CALCULATION	ROLL IX MU A
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement				:	20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. A
TSS	Sample Measurement					4	4	MY/L	0	MOWHLLY	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe to 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	PHONE NO:	DATE: YY/MM/DD
Charles G Schwydes / Lend Operator	Charles S. Shurade	869-1919	05/05/06

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

FACILITY NAME: Crownwood WWTF

COUNTY: Marion

Month/Year: 4/r.L 2005

Parameter		Quantity or Loading	Units	Quali	ty or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Н	Sample			7,2		7,7	S. V.	0	50AYS/week	GrAB
PARM Code 00406 1 Mon.Site No. EFA-01	Measurement Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				1.16		7/100 ML	0	CALCULATION	ROLL 12 MU
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Av
Fecal Coliform Bacteria	Sample Measurement			<1		< 1	4/100 ML	0	Monthly	Gras
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement			42			mg/L	0	50xy fweek	Grib
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					0,10 U	my/L	0	monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement									
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually ⁴	Grab
TSS	Sample Measurement									
PARM Code 00530 G Man.Site No. 1NF-01	Permit Measurement				Report Annual Sample		mg/L	<u> </u>	Annually ⁴	Grab
TWO IN THE VI	Sample Measurement Permit							ļ		
	Measurement Sample							-		
	Measurement Permit							-		-
	Measurement									

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

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

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

The annual sample shall be taken in the month of February.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

LIMIT:

FLA012680 Final Minor

From: MAICHI, 2005

R-001

III/C

CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: MONITORING PERIOD REPORT: GROUP: Monthly
Domestic

635

To: MARCH 31,2005

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.021		mad					0	CALCULATION	CALCULATED
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd						Calculation	Calculated Roll. 12 Mo. Avg
Flow, total plant	Sample Measurement	0.022	0.024	mgd					0	50AYS/Week	1
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				60			%	0	monthly	CALCULATED
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBODS	Sample Measurement					2.2		m/L	0	CALCULATION	CALCULATED AUT
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
CBOD5	Sample Measurement					3,1	3.1	mg/c	0	monthly	Grab
PARM Code 80082 i Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					3.0		my/c	0	CALCULAtion	Roll- 12 Mig Aly
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Av
TSS	Sample Measurement					6	6	M9/L	0	monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades/lend Operator	Charles I. Shoul	401 869-1919	05/04/05

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

FACILITY NAME: Crownwood WWTF COUNTY: Marion

Month/Year: March 2005

Parameter		Quantity or Loading	Units	Qual	ity or Concentrat	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample			7,2		8.0	S. V.	0	5014 ywar	Grab
PARM Code 00406 1	Measurement Permit		 -	6.0		8.5	S.U.		5 Days/Week	Grab
Mon.Site No. EFA-01	Measurement		1	(Min.)		(Max.)				CALCULATED
Fecal Coliform Bacteria	Sample				1.16		HIMM	0	CALCULATION	ROLL ILMO AVY
	Measurement				1,16			<u> </u>	Calculation	Calculated
PARM Code 74055 Y	Permit				200		#/100mL		Calculation	Roll. 12 Mo. Avg
Mon.Site No. EFA-01	Measurement				(12 Mo.Avg.)		+,			1
Fecal Coliform Bacteria	Sample		ļ	<		<1	4/100ML	0	Monthly	Grab
	Measurement			Report		800	#/100mL	1	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement			(Mo.Geo.Mean)		(Max.)				
TRC for disinfection	Sample Measurement			0.6			m/L	0	5DAYS/WULL	Grab
PARM Code 50060 A	Permit		- 	0.5			mg/L		5 Days/Week	Grab
Mon.Site No. EFA-01	Measurement	1		(Min.)						
Nitrate (as N)	Sample					0.10 U	mile	0	Monthly	6116
	Measurement							10		Grab
PARM Code 00620	Permit		1			12.0	mg/L	1	Monthly	Grau
Mon.Site No. EFA-01	Measurement					(Max.)		 	 	
			_					-		
CBOD5								 	-	
CBOD3	Sample Measurement	1	1	1		ļ	1	1		
PARM Code 80082 G	Permit	 			Report	-	mg/L	1	Annually 4	Grab
Mon.Site No. INF-01	Measurement		}		Annual Sample	1				
TSS	Sample							T		
	Measurement									
PARM Code 00530 G	Permit				Report		mg/L.	1	Annually ⁴	Grab
Mon.Site No. 1NI ² -01	Measurement				Annual Sample					
	Sample		1		1		[(
	Measurement				 			+	+	
	Permit Measurement		1	1	1	1	1			1
	Sample	 						+		-
	Measurement		1			1	1			
	Permit					1		1		
	Measurement		!	}		1	1	1		

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

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

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

⁴ The annual sample shall be taken in the month of February.

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Month/Year:

Marion March 2005

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.018			7.6		5.0			
2	0.023			7.5		3,7			
3	0.020			7.4		3.4			
4	0.020			7.9		0,8			
5	0.025			7.7		4.0			
6	0.023								
7	0.024			7.3		3.7			
8	0.026			7.3		3./			<u> </u>
9	0.020			7.2		2.3			
10	0.028			7.4		1.5			
11	0.016			8.0		3.5			ļ
12	0.025			8.0		.3.0			
13	0.019						- 17 11		
14	0.030	3,1	6	7.4	10	3.6	0.100		
15	0.025			7.4		3./			
16	0.024			7.4		1.4			
17	0.020			7.3		0.8	<u> </u>		
18	0.017			2.2		0.6			
19	0.031			7.3		3.8	-		
20	0.024								
21	0.025			7.9		1.1			
22	0.017			7.8		1.0			
23	0.022			7.7		2.8	 		
24	0.020			7.4		3.5			
25	0.018		<u> </u>	7.3		0.7	 		
26	0.037		 			017			
27	0.028			7 3		3.8			
28	0.028		<u> </u>	7.3		4.3			
29	0.026			7.7		5.0			
30	0.028			7.3		5.0			
31	0.020			2.3		3.0			
Total	0.737						 		†
Mo. Ave	737			<u> </u>		L			

	• • •					
PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	007747	Name:	Charles G. Schwades
						- I a A lovenid
Evening Shift Operator	Class:	A	Certificate No:	008122	Name:	DANIELS, Anderson
Stelling China Sp		17	Certificate No:	007279	Name:	WILLIAM H. COATS
Night Shift Operator	Class:					
	C 1	1	Certificate No:	007747	Name:	Charles G. Schwades
Lead Operator	Class:		Certificate 140.	00////	•	-41/m-10-4

PA File # FLA012680-002-DW3P

Version 3/2004



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

Laboratory Analytical Report

Florida DOH Laboratory Certification # E83265

Utilities Incorporated

8021 NW 49th Street Road Ocala, Florida 34482

System Name: Crownwood WWTP

Sampler Name: Chuck Schwades

Date Sample Received: 03/14/05 Time Sample Received: 11:55 AM Submission Number: 052735

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis Date	Analysis Time	Tech
052735	Effluent	03/14/05	1100	CBOD(5 day) in (2.0) mg/L by SM5210B	3.1		03/14/05	3:40 PM	J J
				TSS in (1) mg/L by SM2540D	6		03/18/05		JJ
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10	U	03/14/05	3:42 PM	WL
052736	Effluent	03/14/05	1100	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1	U	03/14/05	3:15 PM	RP

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by:

Lisa K. Saupp

Laboratery Directo

Date: March 28, 2005

Page 1 of 1

ORERATOR

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CUKKECTED COPY. DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS:

Utilities, Inc. of Florida

SS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: LIMIT: FLA012680 Final Minor

R-001

III/C

CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: MONITORING PERIOD []
From: Feb suary 1,2005

REPORT: Monthly GROUP: Domestic

635

To: Feb. 28,2005

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	Olohl		MgD					0	CALCULATION	calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd						Calculation	Calculated Roll. 12 Mo. Av
Flow, total plant	Sample Measurement	0,020	0.023	MGD					0	5 DAYS/WELK	ELAPSED TIME
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53			%	0	MONTHLY	CALCUATED
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ³
CBOD5	Sample Measurement					2,2		MY/L	0	CALCULATION	CALEVEATED
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		rng/L		Calculation	Calculated Roll. 12 Mo. Av
CBOD5	Sample Measurement					2.1		Ma/L	0	MowthLy	Grab
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					2.75		mg/L	0	CALCULAtion	ROLL IAME AC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Av
TSS	Sample Measurement					8		mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

1 certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe th 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	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades/Lead oferster	Charle & Church	1919	05/03/01

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

FACILITY NAME: Crownwood WWTF

Month/Year: February 2005

Parameter		Quantity or Loading	Units	Qual	ity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
ьн	Sample Measurement			7.3		7.6	S.U.	0	504/5/weck	Grab
ARM Code 00406 1	Permit			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Aon.Site No. EFA-01 Fecal Coliform Bacteria	Measurement Sample		1	(commy	1,17	<u> </u>	7/100mL	0	CALCULAtiON	ROLL. IL MO: 40
ARM Code 74055 Y	Measurement Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Av
Mon.Site No. EFA-01 Fecal Coliform Bacteria	Sample Measurement						#/100ML	0	monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement			1.1			m9/L	0	50AY Week	
PARM Code 50060 A Mon.Site No. EFA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					0110 U	mg/L	0	MONTHLY	Grab
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
								-		-
CBOD5	Sample		-		REPORT	2 -	1	-	4444111	
CRODS	Measurement				ANNUAL SAMPLE	200	M9/L	0	ANNUALLY	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually ⁴	Grab
TSS	Sample Measurement				ANNUAL SAMPLE	160	mg/L	0	AUNUALLY	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually ⁴	Grab
	Sample Measurement									
	Permit Measurement							_		
	Sample Measurement									
	Permit Measurement									<u> </u>

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

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Month/Year:

Marion Feb 2005

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
i	0.020			7.4		5.0			
2	0.018			7.5		5.0			
3	0.030			7.4		4.2			
4	0.019			7.4		5.0			
5	0.023			7. <i>3</i>		4.5			
6	0.017								
7	0.017			7.6		4.1			
8	0.021			7.4		1.2			
9	0.018	2,1	8	7.5	<10	4.0	0.100	200	160
10	0.023			7.3		3.6			ļ
11	0.014			7.6		5.0			
12	0.023			7.4		4.3		·	ļ <u> </u>
13	0.026	· · . · · · · · · · · · · · · · · · · ·		7 ~					
15	0.026			7.5		5.0		·	
16	0.016			7.4		3.6			
17	0.020			7.4		3.9			
18	0.022			7.6 7.6		1.7 4.5		····	
19	0,024			7.5		5.0			
20	0:022					<i></i>			
21	0.022			7.3		1.8			
22	0.028			7.4		1.5			
23	0.016			7.5		5.0			
24	0.030			7.4		3.1			
25	0.020			7.3		5.0			
26	0.027			7.4		1.1			
27	10,022								
28	0.019			7.3		1.5			
29									
30									
31									
Total	0.5990	606							
Mo. Ave	0.0210	الده							

	06					
PLANT STAFFING: Day Shift Operator	Class:	\mathcal{C}	Certificate No:	7747	Name:	Charles G. Schwades
Evening Shift Operator	Class:	A	Certificate No:	8122	Name:	DANIEL S. ANderson
Night Shift Operator	Class:	(Certificate No:	72.79	Name:	William H. COATS
Lead Operator	Class:	<u> </u>	Certificate No:	7747	Name:	Charles G. Schwades

PA File # FLA012680-002-DW3P Version 3/2004



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

Laboratory Analytical Report
Florida DOH Laboratory Certification # E83265

Utilities Incorporated

8021 NW 49th Street Road Ocala, Florida 34482

Submission Number: 051653

System Name: Crownwood Sampler Name: Chuck Schwades

Date Sample Received: 02/09/05 Time Sample Received: 2:10 PM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	Analysis Date	Analysis Time	Tech
051653	Influent	02/09/05	1330	CBOD(5 day) in (2.0) mg/L by SM5210B	200	02/10/05	10:45 AM	JJ
				TSS in (1) mg/L by SM2540D	160	02/11/05		IJ
051654	Effluent	02/09/05	1325	CBOD(5 day) in (2.0) mg/L by SM5210B	2.1	02/10/05	10:45 AM	JJ
				TSS in (1) mg/L by SM2540D	8	02/11/05		JJ
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10 U	02/10/05	2:07 PM	WL
051655	Effluent	02/09/05	1325	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1 U	02/09/05	4:25 PM	RP

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly.

If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by:

Lisa K. Saupp

Laboratory Director

Date: February 18, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTA

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

PERMITTEE NAME:

MAILING ADDRESS:

Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)

200 Weathersfield Ave.

Altamonte Springs, FL 32714

FACILITY: LOCATION: Crownwood WWTP 4497 NW 73rd Terrace

Near Ocala, Sumter County

PERMIT NUMBER:

LIMIT: CLASS SIZE: FLA012680-001-DW3P Final

NA

REPORT: GROUP:

Monthly Domestic

DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE: C NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: JAN. 1, 2005

To: JAN. 31, 2005

COUNTY: Marion		3 MONTH ROLLING ADF 0.020 DMR Date: 4/99 50% OF Permitted CAPACITY									
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement					3.25		m9/L	0	CALCULATION	ROLLING ANNUAL
STORET No. 80082 Y MontSire No. EFA-01-13427	Permit Measurement					20.0 (An.Avg.)		mg/L		Calculation	Rolling Annual Ävg.
CBOD5	Sample Measurement					2.2	2.2	mg/L	Ŏ	Mowthly	Grap
STORET No. 800K2 Mon,She No. EFA-01-13427	Permit Meusurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					4,25		mg/L	0	CALCUATION	Adding Admuni
STORET No. 00530 Y Mon.Site No. EFA-01-13427	Permit. Measurement					20.0 (An.Avg.)		ing/L		Calculation	Rolling Amual
TSS	Sample Measurement					4	4	ma/L	0	mowthly	**************************************
STORET No. 00530 1 Mon.Site No. EFA-01-13427	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L.		Monthly	Grah Grah
při	Sample Measurement				7,2		7.9	5. U,	0	50441/week	Grab
STORET No. 00406 Mon Site No. EFA-01-13427	Permit Mensurement				6.0 (Min.)		8.5 (Max.)	8.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1,23		8/100ML	0	CALCULATION	Moiling Amount
STORET No. 34055 Y Mon.Sire No. EFA-01-13427	Permit Measurement					200 (An Avg.)		#7100mL		Calculation	Rolling Anoual Ave

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 OF AUTHORIZED AGENT	PHONE NO: DATE: YY/MM/DD
Charles G. Schwades Lead Operator	Charles School	1919 05/01/31

^{*}Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTP Month/Year: JAKUARY 2005 PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity	Quantity or Loading U		Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1			#/iooml	0	Monthly Monthly	Grah Grah	
STORET No. 74055 1 Mon Site No. EFA+01-13427	Permit Measurement				Report (Mn.Gen.Mean)		800 (Max.)	#/100ml.		Monthly	Grab	
TRC for disinfection	Sample Measurement				1.0			my/L	0	5 DAYY/www	Gran	
STORET No. 50060 A Mon Site No. EFA-01-13427	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab	
Nitrate (as N)	Sample Measurement				(472111.)		0.15	M9/L	0	Monthly	Grah	
STORET No. 00620 1 Mon Site No. EFA-01-13427	Permit Measurement						12.0 (Max.)	mg/f.		Monthly	Orab	
Flow	Sample Measurement	0.020	0.020	mgd					0	50417/week	ELAPSED Time	
STORET No. 50050 G Mon.Site No. INF-01-34208	Permit Mensurement	0.040 3 Month Rolling Avg.	Report (Mo.Avg.)	mgd						5 Days/Weck	Elapsed Time Meter	
CBOD5	Sample Measurement											
STORET No. 80082 G Mon Site No. INF-01-34208	Permit Measurement					** Report Annual Sample		mg/L		Annualty	Grab	
TSS	Sample Measurement											
STORET No. 00530 (1 Mon.Site No. INF-01-34208	Permit Measurement					** Report Annual Sample		mu/L		Annually	Grab	
	Sample Measurement											
	Permit Measurement											
	Sample Measurement											
	Permit Measurement											
	Sample Measurement											
	Permit Measurement											

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

** The annual sample shall be submitted annually on the anniversary date of this permit.

Golden Hills Docket No. 060253-WS

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2005

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

July 29, 2005

Ms. Cari Butler, Environmental Specialist Florida Department of Environmental Protection Southwest District Office 3804 Coconut Palm Drive Tampa, FL 33619

RE: Compliance Inspection GoldenHills Golf & Turf PWS ID No. 642-4076 Marion County

Dear Ms. Butler:

This office is in receipt of your correspondence dated July 19, 2005 regarding the above referenced facility.

At the time of inspection the concrete apron that surrounds well #1 was found to be cracked. This correspondence serves to inform you that this item has been corrected as of the date of this letter.

Should you have any concerns or questions, I can be reached directly at 407.869.8588, extension 226.

Sincerely,

UTILITIES, INC. OF FLORIDA

Bryan K. Gongre

Assistant Operations Manager



Department of **Environmental Protection**

ORIGIBG CCPF.BC

Jeb Bush Governor

Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Colleen M. Castille Secretary

July 19, 2005

1/29/05 see attached response

Mr. Patrick Flynn Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714

Re:

Compliance Inspection Golden Hills Golf and Turf PWS-ID No. 642-4076 Marion County

Dear Mr. Flynn:

The attached compliance inspection was conducted on the referenced public water system. You are requested to correct all listed deficiencies and to notify this office within 30 days, in writing, of your action.

If you have any questions, please contact me at (813) 744-6100, extension 461.

Sincerely,

Cari Butler

Environmental Specialist Drinking Water Section

CB

Attachment

Printed on recycled paper.

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File: 19.1/600/630

COMPLIANCE INSPECTION

OWNER/ADDRESS
Mr. Patrick Flynn
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

SYSTEM NAME

Golden Hills Golf and Turf

COUNTY Marion

SYSTEM TYPE C

ID# 642-4076

DATE OF INSPE	CTION: 7/12/05
SUPERVISOR:	Gerald Foster
INSPECTOR:	Cari Butler

Check List:
(Well Protection - Housing _ Security Fencing
(Well Abandonment
*(Sanitary Seal _ Disinfection Port _ Conduit Piping
*(X) 6' x 6' x 4" Concrete Apron - Cracked X Missing I Inadequate size
(Raw Water Tap - Missing Threaded Wrong location .
*() Check Valve - Inoperable Missing Wrong location
(Time Clock / Flow Meter - Missing Broken Make Badger
*(Sanitary Hazard
(Water Pressure Gauge - Missing Broken/Cracked
(Water Pressure Adequate On/Off P.S.I.
*(Disinfection Free Cl ₂ Residual Plant mg/l Remote 1.55 mg/l
A minimum of 0.2 mg/l chlorine residual must be maintained at all times throughout the distribution
system Chlorinator make <u>Stenner</u> gpd
*() Gas Chlorination: Need Separate Room Cross-Ventilation
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
*() Alarm Requirements Of New/Modified Systems After 1/1/93
*(Cross-Connection - Location:
*(Auxiliary Power/Second Well (For 350 persons/150 connections) Generator
Needs Auto Start Operated Monthly - Yes No
*() Certified Operator Name: Chuck Schwades Number C-7368
() Maintenance Logs
(NSF or UL Approved Chlorine Yes No No
(OTHER TREATMENT - Softeners Aerators Other Other
() Miscellaneous
(NO DEFICIENCIES THIS DATE
· · · · · · · · · · · · · · · · · · ·
*(X) REQUIRES REINSPECTION
COMMENTS
Well pad for well #1 has small cracks that need to be sealed.

Enclosed are 12 warning point stickers that were requested by the operator.

Golden Hills

Docket No. 060253-WS

25.30-440(6) Permits

Test Year Ended December 31, 2005



Department of Environmental Protection

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

David B. Struhs Secretary

In the Matter of an Application for Permit by:

Utilities, Inc. of Florida Mr. Patrick Flynn Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714 March 23, 2004

PA File No. FLA012680-002-DW3P Marion County Crown Crownwood WWTF

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA012680 to operate a domestic wastewater treatment facility issued pursuant to Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. 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, 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.

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

Petitions by the applicant or any of the persons 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), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within fourteen days of receipt of notice shall

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Utilities, Inc. of Florida Crownwood WWTF PA File No. FLA012680-002-DW3P/NR

constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

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

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

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

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

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

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

Utilities, Inc. of Florida Crownwood WWTF PA File No. FLA012680-002-DW3P/NR

Executed in Tampa, FL

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Timothy J. Parker, P.E.

Water acilines Administrator

Southwest District

3804 Coconut Palm Drive Tampa, FL 33619-1352

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on 3/23/04 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to s. 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Smola Bueles march 23, 2004

(Clerk)

(Date)

Copies Furnished To:

George J. McDonald, P.E., McDonald Group International, Inc.

Daniel S. Anderson, Utilities, Inc. of Florida, Operator

FDEP - Pete Burghardt, Environmental Specialist



Department of Environmental Protection

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

David B. Struhs Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities, Inc. of Florida

PERMIT NUMBER:

FLA012680

PA FILE NUMBER: ISSUANCE DATE: EXPIRATION DATE:

FLA012680-002-DW3P

March 23, 2004 March 22, 2009

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714 (407) 869-1919

FACILITY:

Crownwood WWTF 4497 NW 73rd Terrace Ocala, FL Marion County

Latitude: 29° 14' 02" N Longitude: 82° 14' 26" 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:

Operation of an existing 0.040 mgd three month average daily flow (3MADF), Type III, extended aeration domestic wastewater treatment plant consisting of: four (4) aeration basins of 37,200 gallons, one (1) clarifier of 6,500 gallons volume and 86 ft² surface area, one (1) chlorine contact chamber of 1,400 gallons volume and one (1) digester of 3,500 gallons volume. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.040 mgd twelve month average daily flow (12MADF) permitted capacity rapid infiltration basin system (R001). R001 consists of a two (2) cell percolation/evaporation pond system of 23,350 square feet total bottom area. Land application system R001 is located approximately at latitude 29° 14′ 02" N, longitude 82° 14′ 26" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 15 of this permit and the accompanying Discharge Monitoring Report (DMR).

"Yore Proceeding Leas Process"

Printed on recycled paper.

FACILITY:

Crownwood WWTF

PERMITTEE: Utilities, Inc. of Florida

PERMIT NUMBER:

FLA012680

COUNTY:

Marion

1. 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 R001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	0.040 12MADF ¹	-	-	-	5 Days/Week	Calculated Rolling 12 Mo. Avg. 1	FLW-01	See Cond.I.A. 3 & 4
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	mg/l	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
рН	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100ml	Maximum		See Permit Condition LA.5.			Monthly	Grab	EFA-01	
Total Residual Chlorine (For Disinfection)	mg/l	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.6
Nitrogen, Nitrate, Total (as N)	mg/l	Maximum	_	-	-	12.0	Monthly	Grab	EFA-01	

¹Rolling 12 Month Average is the average of the current monthly average and the preceding 11 months' monthly average

FACILITY: PERMITTEE:

Crownwood WWTF Utilities, Inc. of Florida

as described below:

PERMIT NUMBER: COUNTY:

FLA012680 Marion

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

Monitoring Location	Description of Monitoring Location
EFA-01	After disinfection and prior to discharge to the two (2) cell percolation/evaporation pond system.
FLW-01	Elapsed time meters at the master lift station.

- 3. The twelve-month average daily flow to reuse system R001 [measured at the master lift station] shall not exceed 0.040 mgd calculated as a rolling average. [62-600.400(3)(b)]
- 4. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
- 5. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
- 6. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]

FACILITY: PERMITTEE:

Crownwood WWTF Utilities, Inc. of Florida PERMIT NUMBER: COUNTY:

FLA012680 Marion

B. Other Limitations and Monitoring and Reporting Requirements

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

				Limitations Monitoring Requirements						
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	-	0.040 3MADF ¹	·-	-	5 Days/Week	Elapsed time meters on pumps	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (TMADF/Permitted Capacity) x 100	Percent	Maximum	-	Report (Mo.Total)	-	-	Monthly	Calculated	FLW-01	
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	-	Report	-	-	Annually ²	Grab	INF-01	See Cond.I.B.4, 7
Solids, Total Suspended	mg/l	Maximum	-	Report	-	-	Annually ²	Grab	INF-01	See Cond.I.B.4, 7

¹Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. ²The annual sample shall be taken in the month of February.

FACILITY: PERMITTEE: Crownwood WWTF Utilities, Inc. of Florida PERMIT NUMBER:

FLA012680

COUNTY:

Marion

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

Monitoring Location	Description of Monitoring Location
INF-01	At headworks, prior to treatment and ahead of return activated sludge line.
FLW-01	Elapsed time meters at the master lift station.

- 3. The three-month average daily flow to the treatment plant shall not exceed 0.040 mgd.
- 4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 5. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
- 6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department at the address specified in Permit Condition I.B. 9. postmarked by the twenty-eighth (28th) of the month following the month of operation.

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

9. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department by the twenty-eighth (28th) of the month following the month of operation at the address specified below: \[\int \frac{62-620.610(18)}{62-601.300(1), (2), and (3) \]

FACILITY: PERMITTEE:

Crownwood WWTF Utilities, Inc. of Florida

PERMIT NUMBER:

FLA012680

COUNTY:

Marion

Florida Department of Environmental Protection Wastewater Facilities Regulation Section, Mail Station 3551 Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

10. 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 Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection Southwest District Office 3804 Coconut Palm Drive Tampa, Florida 33619-1352

Phone Number - (813) 744-6100 FAX Number - (813) 744-8198 Water Facilities, All FAX copies shall be followed by original copies. Email to: employeefirstname.lastname@dep.state.fl.us

II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this Facility is transport to Central Process RMF (FLA010776) for further treatment or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Chapter 62-640.880(1)(c) along with a written notification to the Department at least 30 days before transport of the residuals.
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
- 4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
- 5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 6. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8 and 62-701.300(1)(a)]
- 7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

8. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department if the storage lasts longer than 30 days. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R001)

- 1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- 2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 3. The annual average hydraulic loading rate to the rapid infiltration basins shall be limited to a maximum of 2.75 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 4. Rapid infiltration basins normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
- 5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
- 6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

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7. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

A Class C or higher operator for ½ hour/day for 5 days per week and a weekend visit. The lead operator must be a Class C operator, or higher.

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

- 2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that flow, pH and total residual chlorine (for disinfection) are monitored in accordance with Part I of this permit. [62-699.311(1)]
- 3. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. A certified operator shall be on call during periods the plant is unattended. [62-699.311(5)]
- 4. The application to renew this permit shall include an updated Capacity Analysis Report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 5. The Reduced Pressure Zone (RPZ) backflow preventer (s) shall be installed on all potable water lines to the treatment plant and tested annually. [62-555]
- 6. 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)]
- 7. 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

There are no scheduled events at the time of issuance.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

- 1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)] [62-640.700(2)(b)]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]

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6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

- a. Which may cause fire or explosion hazards; or
- b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
- c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
- d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department Southwest. [62-620.610(2)]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of

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personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 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 Southwest personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department Southwest may be used by the Department Southwest 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)]

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> 11. When requested by the Department Southwest, 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 Southwest 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 Southwest, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]

- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 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 Southwest 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
 - 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).

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- 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)]

- 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.
 - 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:
 - For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

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- a) Name, address, and telephone number of person reporting;
- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- c) Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

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

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c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

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

[62-620.610(23)]

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Timothy J. Parker, P. E.

Water Facilities Administrator

Southwest District

3804 Coconut Palm Drive

Tampa, FL 33619-1352

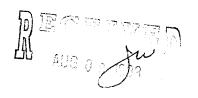
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT 2379 3ROAD STREET (U.S. 41 SOUTH) 3ROOKSVILLE, FLORIDA 34609-6899 (352)796-7211 OR 1-300-423-1476(FLORIDA ONLY) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

UTILITIES INC OF FLORIDA

200 WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL 32714-4099



SUBJECT: EXTENSION - WATER USE PERMIT NO. 5643.04

(golden Hills)

DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 12/23/15. THROUGH A PROCESS OF RANDOM SELECTIONS BY COMPUTER, THE DISTRICT HAS EXTENDED THE EXPIRATION DATE OF CERTAIN PERMITS WITH ANNUAL AVERAGE DAILY WITHDRAWALS OF LESS THAN 500,000 GALLONS. THIS PROCESS WILL ENSURE THAT THE NUMBER OF RENEWAL APPLICATIONS RECEIVED IN ANY ONE YEAR DOES NOT EXCEED OUR CAPACITY TO EVALUATE AND PROCESS THE APPLICATIONS.

THIS EXTENSION OF PERMIT DURATION DOES NOT REQUIRE ANY ACTION ON YOUR PART AND IS AT NO COST TO YOU. HOWEVER, YOU WILL NEED TO UPDATE YOUR RECORDS SO THAT YOU WILL FILE AN APPLICATION FOR RENEWAL DURING THE YEAR PRIOR TO THE NEW EXPIRATION DATE.

ALTHOUGH THE EXPIRATION DATE OF YOUR PERMIT HAS BEEN EXTENDED, YOU ARE STILL REQUIRED TO COMPLY WITH ALL THE TERMS AND CONDITIONS OF YOUR PERMIT. FOR EXAMPLE, IF YOUR PERMIT WAS ISSUED WITH CONDITIONS REQUIRING DATA, REPORTS, ETC. TO BE SUBMITTED, YOU MUST CONTINUE TO SUBMIT ALL SUCH REQUIRED INFORMATION AT THE REGULAR INTERVALS SPECIFIED IN THE CONDITIONS OF YOUR PERMIT. FOR ANY PERMIT CONDITION THAT HAS THE EXPIRATION DATE AS THE DATE BY WHICH ACTION, REPORT SUBMISSION OR OTHER COMPLIANCE IS REQUIRED, THE PREVIOUS EXPIRATION DATE APPLIES, NOT THE NEWLY EXTENDED EXPIRATION DATE.

AS A FURTHER REMINDER, YOUR EXTENDED PERMIT IS STILL SUBJECT TO AND MUST COMPLY WITH ALL APPLICABLE DISTRICT RULES, INCLUDING THOSE RELATING TO:

- THE CONDITIONS OF ISSUANCE FOR WATER USE PERMITS, AND RELEVANT ESTABLISHED MINIMUM FLOWS AND LEVELS AND ASSOCIATED PREVENTION AND RECOVERY STRATEGIES, AND CAN BE MODIFIED OR REVOKED FOR NONCOMPLIANCE WITH THE PERMIT, DISTRICT RULES, AND CHAPTER 373, FLORIDA STATUTES.

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IF THE WITHDRAWALS ON THE REFERENCED PERMIT ARE NO LONGER IN USE OR IF YOU HAVE SOLD THE PROPERTY, PLEASE INFORM US BY RETURN LETTER. ALSO, PLEASE PROVIDE THE NAME AND MAILING ADDRESS OF THE NEW OWNER.

IF YOU HAVE ANY QUESTIONS ABOUT THIS ONE-TIME EXTENSION OF YOUR PERMIT DURATION, PLEASE CONTACT STEVE DESMITH IN OUR BROOKSVILLE REGULATION DEPARTMENT AT (352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, INDICATING THAT YOUR PERMIT EXPIRATION DATE IS NOW 12/23/15. WE APPRECIATE YOUR ASSISTANCE IN THIS MATTER AND IT WILL HELP US TO SERVE YOU BETTER IN THE FUTURE WHEN YOU SUBMIT YOUR RENEWAL APPLICATION.

SINCERELY,

(SIGNED)
BJ JARVIS, DIRECTOR
RECORDS AND DATA DEPARTMENT

3JJ/

CC: FILE OF RECORD - WATER USE PERMIT NO. 5643.04



An Equal Opportunity Employer

Southwest Florida Water Management District 2379 Broad Street • Brooksville, Florida 34609-6899 • 1-800-423-1476 (Florida Only) or

(904) 796-7211 • SUNCOM 628-4150 • T.D.D. Number Only (Florida Only): 1-800-231-6103

7601 Highway 301 North Tampa, Florida 33637-6759 (813) 985-7481 SUNCOM 578-2070

170 Century Boulevard Bartow, Florida 33830-7700 (813) 534-1448 SUNCOM 572-6200

111 Corporation Way Venice, Fioriaa 34292-3524 (813) 483-5970 SUNCOM 549-5970

2303 Highway 44 West Inverness, Florida 34453-3809 (904) 637-1360

December 10, 1993

Charles A. Black Chairman, Crystal River Roy G. Harrell, Jr. Vice Chairman, St. Petersburg Sally Thompson Secretary, Tampa Joe L. Davis, Jr. Treasurer, Wauchula Ramon F. Campo Brandon James L. Cox Lakeland Rebecca M. Eger Sarasota John T. Hamner Bradenton Curtis L. Law Land O' Lakes James E. Martin St. Petersburg Margaret W. Sistrunk Odessa

> Peter G. Hubbell **Executive Director** Mark D. Farrell Assistant Executive Director Edward B. Helvenston General Counsel

Mr. Donald Rasmussen, Vice President Utilities Inc., of Florida 200 Weathersfield Avenue Altamonte Springs, Florida 32714

PERMIT MODIFICATION BY LETTER Subject:

Permittee Name: Utilities Inc., of Florida

Water Use Permit No. 205643.04

County: Marion

Reference:

Chapter 40D-2, Florida Administrative Code (F.A.C.); Section 40D-2.331(2) (b), F.A.C.

Dear Mr. Rasmussen:

The request for letter modification of Water Use Permit No. 205643.03 has been evaluated, and we are pleased to notify you that the modification is authorized based on the criteria and conditions indicated on the attached "Permit Modification By Letter" number 205643.04. Please attach the Letter Modification document to your copy of Water Use Permit No. The modification to the Water Use Permit may <u>205643.03</u>. require various activities to be performed by the Permittee, and compliance with all of the terms and conditions of Water Use Permit No. 205643.03 shall continue, except as changed by the Letter Modification.

The authorized changes to the permit are summarized and stated in detail in the Permit Modification By Letter document. Please read it carefully. If we may be of further assistance, please contact either Vivian J. Bielski, WUP Hydrologist, at 904-796-7211, extension 4328, or John W. Parker, P.E., WUP Supervisor, extension 4332.

Any person who is substantially affected by the District's Final Agency action concerning a permit may challenge this action by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.) and Part V of Chapter 40D-1 F.A.C. A request for hearing must be filed with (received by) the Agency Clerk of the District at the

Errohand 1 1121120 Quality MATTICE: Mr. Donald Rasmussen, Vice President Page 2 December 10, 1993

address above within 14 days after the date of receipt of this notice of Final Agency Action. When actual receipt cannot be determined, receipt is deemed to be the fifth day after the date on which the notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of said right such person may have to request a hearing under Section 120.57, F.S.

Sincerely,

William F. Sietman, P.E.

Director

Brooksville Permitting Department

Resource Regulation

VJB:ml-367

Enclosure: Permit Modification by Letter No. 205643.04

cc: File of Record WUP No. 205643.04

John Parker, P.G., SWFWMD Patricia Cooke, SWFWMD Deanna Naugler, SWFWMD Tony Gilboy, P.G., SWFWMD

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

PERMIT MODIFICATION BY LETTER NO. 205643.04
THIS DOCUMENT IS AN ATTACHMENT TO WATER USE PERMIT NO. 205643.03
Permittee: Utilities Inc., of Florida

LETTER MODIFICATION DATE: November 23, 1993

EXPIRATION DATE: December 23, 2001

This permit modification by letter is issued by the Brooksville Permitting Department under the provisions of Chapter 40D-2.331(2)(b). This document authorizes modifications to the Water Use Permit, and it may require various activities to be performed by the Permittee. Compliance with all of the terms and conditions of Water Use Permit No. 205643.03 shall continue, except as modified below. Please attach this document to your copy of Water Use Permit No. 205643.03.

SUMMARY:

The purpose of the permit modification is to replace District ID No. 3, an existing 8-inch standby production well, with District ID No. 4, a proposed 8-inch well for standby purposes. District ID No. 3 is proposed to be properly abandoned. The modifications include: installation of a meter on District ID No.4; required monthly pumpage reports from District ID No. 4; required water quality profile sampling during construction of District ID No. 4; removal of District ID No. 3 from metering and pumpage report requirements; and proper abandonment of District ID No. 3.

MODIFIED AND NEW TERMS AND CONDITIONS OF THE PERMIT ARE AS FOLLOWS: MODIFIED TERMS AND CONDITIONS:

TOTAL QUANTITIES AUTHORIZED UNDER THE PERMIT (in gpd):

AVERAGE: 277,000 PEAK MONTHLY: 442,000

TABLE OF	WITHDRAWAL POIN	172	GALLO	NS PER DAY	
I.D. NO.	LOCATION				CROP
USER/DIST		USE	AVERAGE	PEAK MO	PROTECTION
1 / 1	291419/821513	PS	152,000	243,000	N/A
2 / 2	291418/821513	PS	125,000	199,000	N/A
4 / 4	291403/821435	PS	125.000	199.000	N'/A

PS=Public Supply

MODIFIED SPECIAL CONDITIONS:

MARIE OF HITCHDRAILAT BOTHCO

- 3. The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices a approved by the Director, Brooksville Permitting Department, Resource Regulation, for District I.D. Nos. 1 and 2.
- 3A. Within 90 days of permit issuance, completion of construction of the withdrawal facility or prior to activation of a stand-by source, District ID No. 4, Permittee ID No. 4 shall be equipped with a non-resettable, totalizing flow meter, or other measuring device as approved in writing by the Permitting Department Director, Resource Regulation, unless an extension is granted by the Director. Such device shall have and maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons. Prior to meter installation, non-use shall be documented with monthly pumpage reports indicating zero gallons withdrawn.

PERMIT MODIFICATION BY LETTER NO. 205643.04 THIS DOCUMENT IS AN ATTACHMENT TO WATER USE PERMIT NO. 205643.03 Permittee: Utilities Inc., of Florida

- 9. By February 21, 1994, District ID No. 3, Permittee ID No. 3, shall be properly abandoned (plugged bottom to top) by a licensed water well contractor in accordance with Chapter 17-532.500(4), F.A.C., under a Well Abandonment Permit issued by the District unless an extension of time is grated by the Permitting Department Director, Resource Regulation.
- 10. During drilling of District ID No. 4, Permittee ID No. 4, water quality samples shall be collected at intervals of 5 feet or less, from 175 feet to maximum depth of five feet above the bottom of the well. Samples shall be collected during reverse air drilling, or other appropriate method with prior approval by the Brooksville Permitting Department Director, Resource Regulation, which will allow representative samples for each depth to be collected.

Samples shall be analyzed by a certified laboratory for Chloride, Sulfate, and Total Dissolved Solids. The Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Reports of the analyses shall be submitted to the Permits Data Section (using District forms) within thirty days of sampling, and shall include the signature of an authorized representative and the certification number of the Department of Health and Rehabilitative Services (DHRS) certified laboratory under Environmental Laboratory Certification General Category "1" which undertook the analysis.

Analyses shall be performed according to procedures outlined in the current edition of <u>Standard Methods for the Examination of Water and Wastewater</u> by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or by <u>Methods for Chemical Analyses of Water and Wastes</u> by the U.S. Environmental Protection Agency (EPA).



Charles A. Black

Roy G. Harrell, Jr.

Sally Thompson Secretary, Tampa

Treasurer, Sarasota

Ramon F. Campo Brondon James L. Cox

Rita J. Roehr

Lakeland

Wauchula John T. Hamner

Bradenton
Curtis L. Law
Land O' Lakes

Joe L. Davis, Jr.

lames F Martin

Peter G. Hubbell Executive Director

Mark D. Farrell

Kent A. Zaiser

General Counsel

Assistant Executive Director

St. Petersburg Maraaret W. Sistrunk

Odessa

Chairman, Crystal River

Vice Chairman, St. Petersburg

Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899 Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

December 23, 1991

Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714 BARTOW 813-534-7080 BROOKSVILLE (Listed) TAMPA 813-985-7481 VENICE 813-488-4666

Subject:

Final Agency Action Transmittal Letter General Water Use Permit No. 205643.03

Your Water Use Permit(s) has been approved contingent on no objections being received within 14 days after receipt of this notice of Final Agency Action. Your Permit has been approved subject to all terms and conditions set forth in the approved Permit(s).

Any person who is substantially affected by the District's Final Agency Action concerning a Permit may challenge this Permit by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.), and Part V of Chapter 40D-1, Florida Administrative Code (F.A.C.). A request for hearing must be filed with (received by) the Agency Clerk of the District at the address above within 14 days of receipt of this notice of Final Agency Action. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, F.S.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s) or any suspension of your Permit(s), or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit(s) and should be practiced at all times.

One of the enclosed ID tags must be affixed in a prominent location on each permitted withdrawal facility. The necessary tag(s) and instructions are enclosed. If you have any questions or concerns about your Permit, please contact the Permitting Department or contact this office at Extension 4338.

Sincerely,

ANNIE L. TAYLOR

Processing & Records Manager

ALT: ag

AWUPGE.TL Enclosures:

1. Approved Permit

2. Surface Water and/or Well Tags w/Instructions (3)

3. Rule 40D-1.521, F.A.C.

FAAWUPGE.TL R.10-29-91

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT WATER USE GENERAL PERMIT NO. 205643.03

EXPIRATION DATE: December 23, 2001

PERMIT ISSUE DATE: December 23, 1991

This permit, issued under the provisions of Chapter 373, Florida Statutes, and Florida Administrative Code 40D-2 authorizes the permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO:

Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd):

AVERAGE:

277,000

PEAK MONTHLY: 442,000

FROST/FREEZE: N/A

 Use
 Average
 Peak Monthly
 Frost/Freeze

 Public Supply:
 277,000 gpd
 442,000 gpd
 N/A

 Recreation or Aesthetic:
 125,000 gpd
 199,000 gpd
 N/A

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION:

Marion County, approximately 6 miles west of Ocala

ACRES:

3 Owned, 1036 Serviced

WATER USE CAUTION AREA: N/A

TYPE OF APPLICATION:

Renewal

DATE APPLICATION FILED:

November 27, 1991

AMENDED DATE:

N/A

Permit No.: 205643.03

Permittee: Utilities, Inc. of Florida

WATER USE: PUBLIC SUPPLY	SERVICE	AREA NAME	POPULATION SERVED	PER CAPITA RATE
	Golden Hil Subdivisio	lls/Crownwood on	1,820	130
	Golden Hil Subsdivisi	ls/Crownwood ion	180	130
WATER USE: RECREATION OR	AESTHETIC	FACILITY NAME	ACRES	IRRIGATION RATE
	Golden Hills/Crownwood Subdivision			28"/yr.

					GA	ALLONS PER DA	_
I.D. NO. USER/DIST	LOCATION LAT/LONG	DIAM. (INCHES)	DEPTH TOTAL/CASED	<u>use</u>	AVERAGE	PEAK MO	FROST/ FREEZE
1 / 1	291419/821513	6	157/84	PS	152,000	243,000	N/A
2 / 2	291418/821513	8	268/83	PS	125,000	199,000	N/A
3 / 3	291403/821435	8	190/104	R/A	125,000 Stand/By	199,000	N/A

PS - Public Supply
R/A - Recreation or Aesthetic

SPECIAL CONDITIONS:

1. All reports of data required by the permit shall be submitted to the District on or before the tenth day of each month and shall be addressed to:

Permits Data Group Southwest Florida Water Management District 2379 Broad Street Brooksville, Florida 34609-6899

- 2. Unless otherwise indicated, three copies of each report are required by the permit and shall be provided to the Director, Brooksville Permitting Department, Resource Regulation, by the Permittee.
- 3. The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department, Resource Regulation, for District I.D. Nos. 1, 2 and 3.
- 4. Total withdrawal from each monitored source shall be recorded on a monthly basis and reported to the District (using District forms) on or before the tenth day of the following month.

Permit No.: 205643.03

Permittee: Utilities, Inc. of Florida

- 5. Any wells not in use and in which pumping equipment is not installed shall be capped or valved in a water-tight manner in accordance with Chapter 17-532.500(3), F.A.C.
- 6. The Permittee shall limit daytime irrigation to the greatest extent practicable to reduce losses from evaporation. Daytime irrigation for purposes of system maintenance, control of heat stress, frost/freeze protection, plant establishment, or for other reasons which require daytime irrigation are permissible but should be limited to the minimum amount necessary as indicated by best management practices.
- 7. The Permittee shall implement a leak detection and repair program as an element of an ongoing system maintenance program. This program shall include a system-wide inspection at least once per year.
- 8. The Permittee shall evaluate the feasibility of improving the efficiency of the current irrigation system or converting to a more efficient system. This condition includes implementation of the improvement(s) or conversion when determined to be operationally and economically feasible.

STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.

Authorized Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

INSTRUCTIONS FOR APPLYING WATER USE TAG

Enclosed are the necessary metal tags for the withdrawal points as indicated on your permit. Please display tags in a visible location.

The tags are to be permanently affixed by using the enclosed wire or by bolting or gluing to structure. Each withdrawal - well or surface - has been numbered in the same order as that shown on the permit column labeled District ID Number.

Proper care should be taken in the placing of these tags. We suggest the following:

- Apply tag to the electrical panel box if one is located adjacent to the facility, or to a permanent structure next to withdrawal (block wall, post, etc.)
- 2. Apply tag to the base of the pump that portion of the pump installation that is not normally removed for servicing the pump.
- Apply tag to the well casing only when sufficient space is available between the ground surface and the base of the pump.
- 4. The tag <u>must</u> be placed on the pump of a portable facility.
- 5. Apply tag where other licenses or permits are displayed on public supply systems.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT PROCESSING AND RECORDS (904) 796-7211

SUBPART B - FORMAL PROCEEDINGS

40D-1.521 Initiation of Formal Proceedings

- (1) Formal proceedings shall be initiated by petition to the District. The term petition as used herein includes any application or other document which expresses a request for formal proceedings. Each petition should be printed, typewritten or otherwise duplicated in legible form on white paper of standard letter size and signed by the petitioner or his representative. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced and indented.
- (2) All petitions filed under these rules shall contain:
- (a) The name and address of the District and the District's file or identification number, if known;
- (b) The name and address of the petitioner or petitioners;
- (c) An explanation of how each petitioner's substantial interests will be affected by the District's determination;
- (d) A statement of when and how petitioner received Notice of the District's Proposed or Final Agency Action;
- (e) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (f) A concise statement of the ultimate facts which petitioner believes entitle him to relief sought as well as the rules and statutes which support petitioner's claim for relief;
- (g) A statement of preference of presiding officer;
- (h) A demand for the relief to which the petitioner deems himself entitled; and
- (i) Other information which the petitioner contends is material.
- (3) Upon receipt of a petition for formal proceedings the District shall review the petition and shall provide a statement of compliance of the petition which the requirements of this rule to the Board and the petitioner. The Board shall accept those petitions in substantial compliance with this rule which have been timely filed and which state a dispute which is within the jurisdiction of the District to resolve. If the petition is accepted the Board shall designate the presiding office. The District shall promptly give written notice to all parties of the action taken on the petition, and shall state with particularity its reasons therefor.
- (4) If the Board designates a Hearing Officer assigned by the Division of Administrative Hearings as the presiding officer, the Agency Clerk shall forward the petition and all materials filed with the District to the Division of Administrative Hearings, and shall notify all parties of such action.
- (5) Petitioners entitled to a hearing pursuant to Subsection 120.57(1), Florida Statutes, may waive their right to a formal hearing and request an informal hearing before the Board pursuant to Subsection 120.57(2), Florida Statutes, which may be granted at the option of the District.

Golden Hills Docket No. 060253-WS

25.30-440(7) Notices

Test Year Ended December 31, 2005

NOTICES

None

Golden Hills

Docket No. 060253-WS

25.30-440(8) Field Employees

Test Year Ended December 31, 2005

Employees Involved in Utilities, Inc. of Florida Operations During Test Year 2005:

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Bill Coates, Project Manager: Lake and Marion County systems.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

[Open], Project Manager: Seminole and Orange County systems.

Kathy Sillitoe, Area Manager: Seminole and Orange County Plants.

John Marinelli, Area Manager: Seminole and Orange County Field Maintenance.

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

Pasco and Pinelles Counties:

Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License) Jack Adkins, Operator ("C" Water License)

Marion County:

Daniel Anderson, Operator ("A" Water License and "A" Wastewater License)

Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech James Roger Adlay, Operator Robert K Cooper, Field Tech Robb Douglas Crow, Operator Michael John Gavaletz, Operator Jimmie H. Hollister, Field Tech Alexander Lorenzo, Operator Roy Mericle, Operator Raymond Alan Parrish, Operator Jeffrey Pinder, Field Supervisor Frederick E Quinlan II, Field Tech Roberto Remigio, Meter Reader Mickey A Shue, Field Tech Ronald D. White, Field Supervisor William B Willingham, Field Tech James Dennis Yingling, PT Field Tech James Howard Pendarvis, Field Tech Preston S Boardway, PT Field Tech James Edward Carroll, Operator Leonard E Ledwell, Operator David Ryniak, Operator

Facilities:

The minimum staffing requirement at all Utilities, Inc. of Florida water systems is 6 visits per week provided by a minimum class "C" operator. The minimum staffing requirement at the Crownwood wastewater treatment plant in Marion County is ½ hour per day, 6 days per week.

Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

Golden Hills

Docket No. 060253-WS

25.30-440(9) Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. # Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934 99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL		Alafaya Utilities, Inc.
9932 99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET		Alafaya Utilities, Inc.
636 06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON		Alafaya Utilities, Inc.
221 02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY		Alafaya Utilities, Inc.
19 00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK		Alafaya Utilities, Inc.
610 06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON		Alafaya Utilities, Inc.
311 03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS SCOTT LEARNED		Alafaya Utilities, Inc. Alafaya Utilities, Inc.
308 03 CHEV C15 FULL 431 04 CHEV C25	1GCEC14X83Z115665 1GCHK24U04E296751	DON TAYLOR		Alafaya Utilities, Inc.
24 00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP		Bayside Utility Services, Inc.
638 06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP		Bayside Utility Services, Inc.
8691 86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK		Bayside Utility Services, Inc.
223 02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608 06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL		Cypress Lakes, Utilities, Inc.
16 00 CHEV CS10803	1GCCS14W2YK195806			Eastlake Water Service, Inc.
9808 98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW		Labrador Utilities, Inc.
427 04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY		Labrador Utilities, Inc.
508 05 CHEV C25 4X4 103 01 CHEV S10	1GBHK24UX5E233792 1GCCS14W01K129325	VARIOUS MATTHEW GUNTHER		Mid-County Mid-County
9833 98 CHEV S-10	1GCCS14W07K129325	STEVEN SZCZEPKOWSKI		Mid-County Mid-County
111 01 CHEV 1500	1GCEC14W81Z185977	SPARE		Mid-County
461 04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO		Mid-County
9928 99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN		Sandalhaven
426 04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935 99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933 99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET		Sanlando Utilities, Inc.
9931 99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE		Sanlando Utilities, Inc.
9927 99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER		Sanlando Utilities, Inc.
9602 96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE		Sanlando Utilities, Inc.
516 05 CHEV COLORADO	1GCCS146358238591 1GCCS14W01K129261	DOUG GOODWIN ROBERTO REMIGIO		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
101 01 CHEV S10 220 02 CHEVY S-10	1GCCS14W01R129201	ROY MERICLE		Sanlando Utilities, Inc.
14 00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO		Sanlando Utilities, Inc.
102 01 CHEV S10	1GCCS14W71K129239	ELISA STEGER		Sanlando Utilities, Inc.
9835 98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834 98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110 01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER		Sanlando Utilities, Inc.
109 01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER		Sanlando Utilities, Inc.
217 02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE		Sanlando Utilities, Inc.
18 00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH MATTHEW MORRELL		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
108 01 CHEV 1500 113 01 CHEV 1500	1GCEC14V91E265755 1GCEC14W21Z187837	JIMMIE HOLLISTER		Sanlando Utilities, Inc.
107 01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS		Sanlando Utilities, Inc.
112 01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT		Sanlando Utilities, Inc.
312 03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE		Sanlando Utilities, Inc.
305 03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	' Sanlando Utilities, Inc.
433 04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK		Sanlando Utilities, Inc.
304 03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN		Tierre Verde
8926 89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK		! Utilities, Inc. of Florida
9765 97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET		Utilities, Inc, of Florida Utilities, Inc, of Florida
35 00 CHEV C25 BOOM 503 05 CHEV COLORADO	1GBGK24R5YF484662 1GCCS146658179178	CENTRAL FL BOOM TRUCK CHRIS PHILLIPS		Utilities, Inc. of Florida
612 06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY		Utilities, Inc. of Florida
637 06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH		Utilities, Inc. of Florida
222 02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES		Utilities, Inc. of Florida
424 03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc, of Florida
436 04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc, of Florida
301 03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY		Utilities, Inc, of Florida
422 04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ		Utilities, Inc. of Florida
509 05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI		Utilities, Inc. of Florida
639 06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES BRYAN GONGRE		Utilities, Inc, of Florida Utilities, Inc, of Florida
428 04 CHEV S10 TRAILBLAZER 512 05 CHEV TAHOE	1GNDT13S442340667 1GNEC13T85R199267	BRYAN GONGRE PATRICK FLYNN		Utilities, Inc. of Florida
650 06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY		Utilities, Inc. of Florida
9250 92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN		Utilities, Inc. of Florida
242 02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS		Utilities, Inc, of Florida
9925 99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE		Utilities, Inc. of Florida
453 04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI		Utilities, Inc. of Florida
609 06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART		Utilities, Inc. of Florida
129 01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL		Utilities, Inc. of Florida
33 00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	φευ,4ε1.30	Utilities, Inc. of Pennbrooke

105 01 CHEV S10 314 03 CHEV C15 FULL 511 05 CHEV C15 REG CAB 1GCCS14WX18159350 JAMES YINGLING 1GCEC14X43Z114271 STEVEN PFOUTS 1GCEC14X75Z230180 DAN ANDERSON \$15,998.46 Utilities, Inc. of Pennbrooke \$19,053.10 Utilities, Inc. of Pennbrooke \$18,064.18 Utilities, Inc. of Pennbrooke Golden Hills

Docket No. 060253-WS

25.30-440(10) Customer Complaints

Test Year Ended December 31, 2005

CUSTOMER COMPLAINTS

Please refer to the CD provided to the Commission Clerk with the filing.