

HIGHLANDS COUNTY

**Leisure Lakes WTF
Leisure Lakes WWTF
Lake Josephine
Sebring Lakes**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 4 of 16**

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

DOCUMENT NUMBER-DATE

04307 MAY 22 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

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



See Pages 4 for Instructions.

I. General Information January, 2007

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge PWS Identification Number: 8280064

PWS Type: Community Non-Transient Non-Community Transient Non-Community Unassisted

Number of Service Connections at End of Month: 278 Total Population Served at End of Month: 832

PWS Owner: Atco Utilities Florida, Inc.

Contact Person: Glenn P. LaRocca Contact Title: Area Manager, South Florida

Contact Person's Mailing Address: 6950 Professional Parkway East, Suite 400 City: Bonita State: Florida Zip Code: 34240

Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-4083

Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Leisure Lakes Plant Telephone Number: (941) 907-7470

Plant Address: 101 ParkView Circle 3 City: Lake Placid State: Florida Zip Code: 33853

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License Class	License Number	Day(s) / Shift(s) Worked
David W. Faircloth	C	8189	5 Days/Week - 1st shift
Donald J. O'Neil	C	3674	2 Days every other weekend

III. Certification by Licensed 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.

David W. Faircloth 08/05/02
 Signature and Date

David W. Faircloth
 Printed or Typed Name

8189
 License Number

DEP Form 62-666, (0007) Admin 6b DOCUMENT NUMBER-DATE

Page 1
 04307 MAY 22 8

FPSC-COMMISSION CLERK

p.1 19412550413 Lake Suzy Mar 10 08 04:44p

04/03/2008 THU 9:00 FAX Lakeburg office 0002/025

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

04/03/2008 THU 9:37 FAX --- Leeburg Office

19412550413 p.3

PWS ID: 628066 Plant Name: Leisure Lakes

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

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

Ultraviolet Radiation Other

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

Day	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	UV Radiation (mJ/cm ²)	Other (mg/L)	Flow (MGD)	Volume (MG)	Chlorine Dioxide (lb)	Ozone (lb)	Combined Chlorine (lb)	Free Chlorine (lb)	UV Radiation (kWh)	Other (lb)
1							24.0	29,000						
2	X						24.0	29,000	2.2					
3	X						24.0	29,000	2.4					
4	X						24.0	26,000	2.6					
5	X						24.0	26,000	2.9					
6	X						24.0	26,000	3.1					
7	X						24.0	25,000	3.3					
8	X						24.0	22,000	3.6					
9	X						24.0	21,000	3.8					
10	X						24.0	20,000	4.0					
11	X						24.0	20,000	4.2					
12	X						24.0	20,000	4.4					
13							24.0	21,000						
14							24.0	21,000						
15	X						24.0	24,000	3.7					
16	X						24.0	21,000	3.4					
17	X						24.0	21,000	3.3					
18	X						24.0	21,000	3.3					
19	X						24.0	21,000	3.5					
20	X						24.0	24,000	3.8					
21	X						24.0	21,000	3.0					
22	X						24.0	24,000	3.4					
23	X						24.0	7,000	3.2					
24	X						24.0	25,000	2.7					
25	X						24.0	25,000	2.7					
26	X						24.0	25,000	2.7					
27	X						24.0	21,000	2.7					
28	X						24.0	21,000	2.7					
29	X						24.0	20,000	2.4					
30	X						24.0	21,000	2.7					
31	X						24.0	20,000	2.4					
Total								1,098,000						
Average									25.514					
Maximum									26.000					

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

Mar 10 08 04:42p Lake Suzy

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



See Pages 4 for Instructions.

06/03/2008 THU 9:00 FAX Leeburg Office

I. General Information February, 2007

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge PWS Identification Number: 6180064

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 276 Total Population Served at End of Month: 632

PWS Owner: Aqua Utilities Florida, Inc.

Contact Person: Glenn P. LaBrooque Contact Person's Title: Area Manager, South Florida

Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240

Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0963

Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Leisure Lakes Plant Telephone Number: (941) 907-7470

Plant Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852

Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 73,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License Class	License Number	Day(s) / Shift(s) Worked
David W. Faircloth	C	8189	6 Days/Week - 1st shift
Donald P. Gavoni	C	3674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 03/03/07 David W. Faircloth 8189
 Signature and Date Printed or Typed Name License Number

0004/025

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

PWS ID: 6280064		Plant Name: Leisure Lakes											
III Daily Data for the Month/Year: February, 2007													
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other													
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide													
Day of the Month	Shifts Operated (Place 'X')	Hours Operated in Shift	Net Quantity of Finished Water Produced, gal	Free Chlorine				UV Dose				Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Peak Residual Concentration (C) Before or After Operation During Peak Flow, mg/L	Minimum Contact Time (T) at C, Minutes	Lowest CT Provided Before or After Operation During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm ²		Required UV Dose, mW-sec/cm ²
1	X	24.0	26,000		3.2								1.4
2	X	24.0	29,000		3.4								1.6
3	X	24.0	26,000		3.1								1.4
4	X	24.0	28,000		3.0								1.3
5	X	24.0	29,000		3.3								1.4
6	X	24.0	28,000		3.4								1.5
7	X	24.0	29,000		3.3								1.3
8	X	24.0	34,000		3.3								1.4
9	X	24.0	30,000		3.4								1.3
10		24.0	31,000										
11		24.0	31,000										
12	X	24.0	32,000		3.4								1.6
13	X	24.0	28,000		3.2								1.2
14	X	24.0	30,000		3.4								1.3
15	X	24.0	26,000		3.3								1.2
16	X	24.0	27,000		3.4								1.3
17	X	24.0	27,000		3.1								1.3
18	X	24.0	27,000		3.3								1.3
19	X	24.0	33,000		3.2								1.3
20	X	24.0	30,000		3.3								1.4
21	X	24.0	31,000		3.4								1.5
22	X	24.0	31,000		3.2								1.3
23	X	24.0	28,000		3.3								1.4
24		24.0	31,000										
25		24.0	31,000										
26	X	24.0	32,000		3.4								1.5
27	X	24.0	32,000		3.2								1.4
28	X	24.0	28,000		3.4								1.6
29													
30													
31													
Total			823,000										
Average			29,398										
Maximum			34,000										

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

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



See Pages 4 for Instructions.

I. General Information March, 2007

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470	
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189 6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	3674 2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 04/04/07
Signature and Date

David W. Faircloth
Printed or Typod Name

8189
License Number

p.1

9413783554

AUF - Fruitville

Jun 04 07 05:39a

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	30,000		3.3								1.3
2	X	24.0	31,000		3.2								1.4
3	X	24.0	29,000		3.0								1.2
4	X	24.0	60,000		3.2								1.2
5	X	24.0	63,000		3.3								1.4
6	X	24.0	65,000		3.4								1.5
7	X	24.0	31,000		3.2								1.2
8	X	24.0	32,000		3.4								1.5
9	X	24.0	31,000		3.3								1.4
10		24.0	31,000										
11		24.0	31,000										
12	X	24.0	32,000		3.0								1.0
13	X	24.0	30,000		3.2								1.2
14	X	24.0	30,000		3.4								1.4
15	X	24.0	20,000		3.0								1.2
16	X	24.0	31,000		3.2								1.4
17	X	24.0	23,000		3.1								1.3
18	X	24.0	22,000		3.3								1.3
19	X	24.0	28,000		3.2								1.2
20	X	24.0	21,000		3.1								1.4
21	X	24.0	22,000		3.3								1.2
22	X	24.0	23,000		3.4								1.4
23	X	24.0	20,000		3.2								1.2
24		24.0	24,000										
25		24.0	24,000										
26	X	24.0	25,000		3.4								1.4
27	X	24.0	25,000		3.3								1.2
28	X	24.0	22,000		3.2								1.1
29	X	24.0	24,000		3.3								1.0
30	X	24.0	25,000		3.3								1.2
31	X	24.0	22,000		3.0								1.0
Total			927,000										
Average			29,903										
Maximum			65,000										

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

p.3

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AUF - Fruitville

Jun 04 07 05:39a

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



See Pages 4 for Instructions.

I. General Information April, 2007

A. Public Water System (PWS) Information


PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Zip Code: 34240	
Contact Person's E-Mail Address:		Contact Person's Fax Number: (941) 907-0963	

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470			
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33852			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000					
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators		Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth		C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni		C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

 05/07/07
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Points in Distribution System, mg/L		
1	X	24.0	26,000		3.2										1.1
2	X	24.0	26,000		3.4										1.4
3	X	24.0	21,000		3.3										1.2
4	X	24.0	43,000		3.2										1.0
5	X	24.0	21,000		3.3										1.1
6	X	24.0	24,000		3.4										1.3
7		24.0	21,000												
8		24.0	21,000												1.2
9	X	24.0	21,000		3.2										1.4
10	X	24.0	24,000		3.4										1.2
11	X	24.0	17,000		3.3										1.2
12	X	24.0	22,000		3.2										1.3
13	X	24.0	20,000		3.4										1.1
14	X	24.0	24,000		3.0										1.2
15	X	24.0	20,000		3.2										1.4
16	X	24.0	21,000		3.3										1.2
17	X	24.0	19,000		3.2										1.3
18	X	24.0	22,000		3.4										1.1
19	X	24.0	14,000		3.2										1.0
20	X	24.0	18,000		3.0										1.0
21	X	24.0	18,000		3.1										1.1
22	X	24.0	23,000		3.3										1.2
23	X	24.0	22,000		3.4										1.3
24	X	24.0	30,000		3.2										1.5
25	X	24.0	31,000		3.4										1.4
26	X	24.0	11,000		3.3										1.1
27	X	24.0	11,000		3.2										
28		24.0	20,000												
29		24.0	20,000												1.3
30	X	24.0	19,000		3.4										
Total			656,000												
Average			21,867												
Maximum			43,000												

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

p.1

9413783554

AUF - Fruitville

Jun 26 07 02:41p

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



See Pages 4 for Instructions.

04/03/2008 THU 9:01 FAX 1-800-352-2700

I. General Information	May, 2007
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A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
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PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBreeque		Contact Person's Title: Area Manager, South Florida	
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Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470	
Plant Address: 101 Park View Circle S.		City: Lake Placid	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	David W. Faircloth	C	8189
Other Operators:	Donald P. Gavoni	C	5674
			Day(s) / Shift(s) Worked
			6 Days/Week - 1st shift
			2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 06/03/07
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

04/03/2008 THU 9:01 FAX Leeburg Office

PWS ID: 6280064 Plant Name: Leeburg Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	18,000		3.2							1.2	
2	X	24.0	18,000		3.5							1.6	
3	X	24.0	19,000		3.4							1.5	
4	X	24.0	17,000		3.2							1.1	
5	X	24.0	19,000		3.0							1.0	
6	X	24.0	15,000		3.3							1.1	
7	X	24.0	22,000		3.4							1.3	
8	X	24.0	18,000		3.3							1.4	
9	X	24.0	40,000		3.2							2.2	
10	X	24.0	34,000		3.4							2.1	
11	X	24.0	26,000		3.3							2.0	
12		24.0	17,000										
13		24.0	17,000										
14	X	24.0	16,000		3.4							2.2	
15	X	24.0	16,000		3.3							2.1	
16	X	24.0	15,000		3.2							1.4	
17	X	24.0	14,000		3.4							1.5	
18	X	24.0	16,000		3.3							1.4	
19	X	24.0	14,000		3.1							1.3	
20	X	24.0	19,000		3.0							1.3	
21	X	24.0	21,000		3.2							1.2	
22	X	24.0	20,000		3.4							1.3	
23	X	24.0	23,000		3.3							1.4	
24	X	24.0	19,000		3.2							1.2	
25	X	24.0	17,000		3.4							1.3	
26		24.0	23,000										
27		24.0	23,000										
28	X	24.0	24,000		3.4							1.5	
29	X	24.0	34,000		3.5							1.4	
30	X	24.0	27,000		3.4							1.3	
31	X	24.0	24,000		3.3							1.2	
Total			645,000										
Average			20,806										
Maximum			40,000										

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

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



See Pages 4 for Instructions.

06/03/2008 THU 9:01 FAX 1000BURG OFFICE

I. General Information June, 2007

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrocque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0963	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470		
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33852		
Permitted Maximum Dry Operating Capacity of Plant, gallons per day: 72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 06/03/07
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

PWS ID: 6280064		Plant Name: Leisure Lakes									
III. Daily Data for the Month of: June, 2007											
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)											
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other											
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide											
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations				UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp of Water, °C	pH of Water, if Applicable		
1	X	24.0	20,000		3.2					1.7	
2	X	24.0	18,000		3.0					1.1	
3	X	24.0	20,000		3.3					1.2	
4	X	24.0	22,000		3.4					1.4	
5	X	24.0	21,000		2.5					1.0	
6	X	24.0	23,000		2.7					1.1	
7	X	24.0	33,000		3.4					2.2	
8	X	24.0	22,000		3.5					1.4	
9		24.0	20,000								
10		24.0	20,000								
11	X	24.0	19,000		3.5					1.4	
12	X	24.0	19,000		3.4					1.3	
13	X	24.0	17,000		3.4					1.2	
14	X	24.0	17,000		3.2					1.1	
15	X	24.0	15,000		3.3					1.2	
16	X	24.0	21,000		3.0					1.1	
17	X	24.0	12,000		3.1					1.1	
18	X	24.0	18,000		3.2					1.2	
19	X	24.0	15,000		3.3					1.4	
20	X	24.0	15,000		3.4					1.3	
21	X	24.0	15,000		3.5					1.6	
22	X	24.0	13,000		3.4					1.5	
23		24.0	21,000								
24		24.0	21,000								
25	X	24.0	20,000		3.5					1.4	
26	X	24.0	16,000		3.4					1.2	
27	X	24.0	16,000		3.3					1.1	
28	X	24.0	14,000		3.4					1.2	
29	X	24.0	14,000		3.3					1.3	
30	X	24.0	12,000		3.1					1.1	
Total			571,000								
Average			19,033								
Maximum			55,000								

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

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



See Pages 4 for Instructions.

I. General Information July, 2007

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridges		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn F. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470	
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	David W. Faircloth	C	8189
Other Operators:	Donald P. Gavoni	C	5674

II. Certification by Lead/Chief Operator

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

David W. Faircloth 07/03/07
 Signature and Date

David W. Faircloth
 Printed or Typed Name

8189
 License Number

04/03/2008 THU 9:02 FAX Leeburg Office

07/04/07

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

FWS ID:		6280064		Plant Name: Leasure Lakes										
III. Daily Data for the Month/Year of: July, 2007														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	X	24.0	16,000		3.2							1.2		
2	X	24.0	18,000		3.3							1.4		
3	X	24.0	14,000		3.4							1.5		
4		24.0	24,000											
5	X	24.0	24,000		3.4							1.4		
6	X	24.0	12,000		3.2							1.2		
7		24.0	18,000											
8		24.0	18,000											
9	X	24.0	18,000		3.4							1.2		
10	X	24.0	17,000		3.3							1.4		
11	X	24.0	11,000		3.2							1.2		
12	X	24.0	18,000		3.4							1.3		
13	X	24.0	20,000		3.3							1.2		
14	X	24.0	15,000		3.1							1.1		
15	X	24.0	22,000		3.5							1.3		
16	X	24.0	21,000		3.1							1.4		
17	X	24.0	19,000		3.2							1.1		
18	X	24.0	28,000		3.3							1.2		
19	X	24.0	28,000		3.4							1.4		
20	X	24.0	20,000		3.2							1.3		
21		24.0	25,000											
22		24.0	25,000											
23	X	24.0	24,000		3.4							1.5		
24	X	24.0	14,000		3.1							1.2		
25	X	24.0	47,000		3.3							1.4		
26	X	24.0	29,000		3.2							1.2		
27	X	24.0	35,000		3.4							1.4		
28	X	24.0	33,000		3.1							1.3		
29	X	24.0	32,000		3.0							1.2		
30	X	24.0	36,000		3.2							1.3		
31	X	24.0	32,000		3.4							1.5		
Total			720,000											
Average			23,226											
Maximum			47,000											

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

04/03/2008 THU 9:02 FAX Leeburg Office

013/025

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



See Pages 4 for Instructions.

I. General Information	August, 2007
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A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Olean P. LaBreque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida
Contact Person's Telephone Number:	(941) 907-7470		Contact Person's Fax Number:	(941) 907-0965	
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.		City:	Lake Placid	State: Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 09/07/07
 Signature and Date

David W. Faircloth
 Printed or Typed Name

8189
 License Number

04/03/2008 THU 9:02 FAX --- Leesburg Office 2016/025

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

04/03/2008 THU 9:02 FAX 1-518-1000burg office

02/15/025

PWS ID:		6280064		Plant Name:		Leisure Lakes					
III. Daily Data for the Month/Year of: <u>August, 2007</u>											
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)											
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):											
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide											
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
Day of the Month	Days Plant Staffed or Visited by Operator (Please "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations				UV Dose		Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable		
1	X	24.0	28,000		3.2					1.3	
2	X	24.0	34,000		3.3					1.2	
3	X	24.0	39,000		3.4					1.3	
4		24.0	22,000								
5		24.0	22,000								
6	X	24.0	22,000		3.2					1.2	
7	X	24.0	14,000		3.0					1.1	
8	X	24.0	14,000		3.3					1.2	
9	X	24.0	17,000		3.4					1.0	
10	X	24.0	17,000		3.4					1.3	
11	X	24.0	18,000		3.1					1.1	
12	X	24.0	18,000		3.0					1.1	
13	X	24.0	23,000		3.2					1.2	
14	X	24.0	21,000		3.3					1.1	
15	X	24.0	19,000		3.4					1.3	
16	X	24.0	15,000		3.0					1.0	
17	X	24.0	15,000		3.4					1.2	
18		24.0	17,000		3.4					1.2	
19		24.0	17,000								
20	X	24.0	18,000							1.2	
21	X	24.0	17,000		3.3					1.3	
22	X	24.0	16,000		3.2					1.3	
23	X	24.0	21,000		3.4					1.4	
24	X	24.0	16,000		3.3					1.2	
25	X	24.0	18,000		3.0					1.2	
26	X	24.0	21,000		3.1					1.2	
27	X	24.0	32,000		3.2					1.1	
28	X	24.0	18,000		3.4					1.3	
29	X	24.0	16,000		3.3					1.2	
30	X	24.0	19,000		3.4					1.3	
31	X	24.0	18,000		3.1					1.0	
Total			622,000								
Average			20,065								
Maximum			39,000								

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

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

04/03/2008 THU 9:02 FAX --- Leesburg Office

PWS ID: 6280064		Plant Name: Leisure Lakes											
Date: September, 2007													
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozons <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water Systems Components Out of Operation	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		Minimum UV Dose Required, mW-sec/cm ²
1		24.0	37,000										
2		24.0	37,000										
3	X	24.0	38,000		3.2							1.0	
4	X	24.0	73,000		3.4							1.2	#1 Automatic Flusher Stuck Open
5	X	24.0	20,000		3.5							1.4	
6	X	24.0	24,000		3.3							1.2	
7	X	24.0	25,000		3.4							1.3	
8	X	24.0	22,000		3.3							1.2	
9	X	24.0	26,000		3.1							1.0	
10	X	24.0	36,000		3.2							1.1	
11	X	24.0	43,000		3.4							1.2	
12	X	24.0	59,000		3.3							1.3	
13	X	24.0	81,000		3.4							1.3	Flushed Fire Hydrants
14	X	24.0	26,000		3.3							1.2	
15		24.0	87,000										
16		24.0	87,000										
17	X	24.0	87,000		3.4							1.3	
18	X	24.0	60,000		3.3							1.2	
19	X	24.0	85,000		3.4							1.4	
20	X	24.0	79,000		3.3							1.2	
21	X	24.0	79,000		3.4							1.4	
22	X	24.0	74,000		3.2							1.2	
23	X	24.0	78,000		3.3							1.2	
24	X	24.0	89,000		3.2							1.1	
25	X	24.0	86,000		3.4							1.3	
26	X		82,000		3.3							1.3	
27	X	24.0	75,000		3.2							1.2	
28	X	24.0	17,000		3.3							1.4	
29		24.0	23,000										
30		24.0	25,000										
31		24.0											
Total			1,662,000										
Average			53,613										
Maximum			89,000										

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

0017/025

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



See Pages 4 for Instructions.

p.2

I. General Information October, 2007

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge		PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	276		Total Population Served at End of Month:	631
PWS Owner:	Aqua Utilities Florida, Inc.			
Contact Person:	Glenn P. LaBrecque		Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota
			State:	Florida
			Zip Code:	34240
Contact Person's Telephone Number:	(941) 907-7470		Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:				

9413783554

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes		Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.		City:	Lake Placid
			State:	Florida
			Zip Code:	33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	3674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

Dec 21 07 03:33p AUF - Fruitville

David W. Faircloth 11/08/07
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

PWS ID: 6280064		Plant Name: Leisure Lakes											
III Daily Data for the Month Year of: October, 2007													
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)													
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide													
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	41,000		3.4							1.3	
2	X	24.0	69,000		3.2							1.2	
3	X	24.0	73,000		2.2							0.8	
4	X	24.0	46,000		3.5							1.2	
5	X	24.0	49,000		3.3							1.4	
6	X	24.0	12,000		3.1							1.2	
7	X	24.0	15,000		3.3							1.3	
8	X	24.0	17,000		3.2							1.2	
9	X	24.0	21,000		3.4							1.3	
10	X	24.0	18,000		3.3							1.2	
11	X	24.0	15,000		3.4							1.4	
12	X	24.0	15,000		3.3							1.2	
13		24.0	23,000										
14		24.0	23,000										
15	X	24.0	23,000		3.4							1.2	
16	X	24.0	40,000		3.3							1.3	
17	X	24.0	44,000		3.0							1.1	
18	X	24.0	26,000		3.2							1.3	
19	X	24.0	19,000		3.3							1.4	
20	X	24.0	14,000		3.5							1.4	
21	X	24.0	23,000		3.1							1.2	
22	X	24.0	24,000		3.2							1.3	
23	X	24.0	20,000		3.3							1.4	
24	X	24.0	20,000		3.4							1.3	
25	X	24.0	19,000		3.3							1.4	
26	X	24.0	19,000		3.4							1.5	
27		24.0	24,000										
28		24.0	24,000										
29	X	24.0	25,000		1.5							0.6	
30	X	24.0	16,000		3.4							1.2	
31	X	24.0	17,000		3.3							1.2	
Total			836,000										
Average			26,968										
Maximum			73,000										

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

p.6

9413783554

AUF - Fruitville

Dec 21 07 03:34p

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



See Pages 4 for Instructions.

I. General Information	November, 2007
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A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 898006	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		Total Population Served at End of Month: 692	
Number of Service Connections at End of Month: 276		PWS Owner: Aqua Utilities Florida, Inc.	
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

RECEIVED
 NOV 17 2007
 SOUTH FLORIDA
 AQUA UTILITIES
 FLORIDA INC.

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470		
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33852		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV				
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faireloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faireloth 12/06/07
 Signature and Date

David W. Faireloth
 Printed or Typed Name

8189
 License Number

04/03/2008 THU 9:08 FAX 1-888-LEESBURG OFFICE 022/025

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

04/03/2008 THU 9:07 FAX --- Leeburg Office

PWS ID: 5280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	14,000		3.2							1.1	
2	X	24.0	40,000		3.1							1.2	
3	X	24.0	15,000		3.3							1.3	
4	X	24.0	16,000		3.0							1.1	
5	X	24.0	21,000		2.5							0.8	
6	X	24.0	19,000		3.2							1.2	
7	X	24.0	19,000		3.3							1.4	
8	X	24.0	15,000		3.4							1.2	
9	X	24.0	19,000		3.2							1.1	
10		24.0	18,000										
11		24.0	18,000										
12	X	24.0	18,000		3.4							1.3	
13	X	24.0	30,000		3.2							1.2	
14	X	24.0	21,000		3.3							1.2	
15	X	24.0	23,000		3.4							1.3	
16	X	24.0	19,000		3.2							1.2	
17	X	24.0	22,000		3.0							1.1	
18	X	24.0	17,000		3.3							1.2	
19	X	24.0	16,000		3.3							1.2	
20	X	24.0	24,000		3.4							1.3	
21	X	24.0	11,000		3.2							1.1	
22	X	24.0	21,000		3.4							1.3	
23	X	24.0	22,000		3.2							1.2	
24		24.0	17,000										
25		24.0	17,000										
26	X	24.0	18,000		3.4							1.3	
27	X	24.0	21,000		3.2							1.2	
28	X	24.0	14,000		3.4							1.3	
29	X	24.0	21,000		3.3							1.4	
30	X	24.0	20,000		3.2							1.2	
Total			590,000										
Average			19,667										
Maximum			40,000										

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

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



See Page 4 for Instructions.

I. General Information	December, 2007
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A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0963	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470		
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 01/07/08
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

04/03/2008 THU 9:09 FAX --- 100BURY OFFICE 02024/025

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

04/03/2008 THU 9:08 FAX -- Leeburg office

PWS ID: 6280064		Plant Name: Leisure Lakes										
III Daily Data for the Month/Year of: December, 2007												
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine ; <input type="checkbox"/> Chlorine Dioxide ; <input type="checkbox"/> Ozone ; <input type="checkbox"/> Combined Chlorine (Chloramines)												
<input type="checkbox"/> Ultraviolet Radiation ; <input type="checkbox"/> Other (Describe):												
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine ; <input type="checkbox"/> Combined Chlorine (Chloramines) ; <input type="checkbox"/> Chlorine Dioxide												
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
Day of the Month	Days Plant Staffed or Visited by Operator (Please "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurements Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		
1	X	24.0	10,000		3.1						1.2	
2	X	24.0	24,000		3.0						1.2	
3	X	24.0	24,000		3.2						1.3	
4	X	24.0	17,000		3.4						1.4	
5	X	24.0	19,000		3.2						1.3	
6	X	24.0	16,000		3.0						1.2	
7	X	24.0	16,000		2.0						0.8	
8		24.0	20,000									
9		24.0	20,000									
10	X	24.0	20,000		2.1						0.8	
11	X	24.0	19,000		2.2						0.8	
12	X	24.0	20,000		2.0						0.6	
13	X	24.0	20,000		2.6						0.8	
14	X	24.0	19,000		3.4						2.2	
15	X	24.0	17,000		2.7						2.0	
16	X	24.0	20,000		2.5						1.5	
17	X	24.0	24,000		3.4						2.2	
18	X	24.0	24,000		3.3						2.0	
19	X	24.0	13,000		3.2						1.8	
20	X	24.0	18,000		3.4						2.0	
21	X	24.0	18,000		3.2						1.8	
22	X	24.0	15,000		3.0						1.7	
23	X	24.0	20,000		3.1						1.7	
24	X	24.0	19,000		3.2						1.8	
25		24.0	19,000									
26	X	24.0	19,000		3.4						2.1	
27	X	24.0	15,000		3.3						2.0	
28	X	24.0	31,000		3.4						2.2	
29		24.0	18,000									
30	X	24.0	19,000		3.2						2.0	
31	X	24.0	21,000		3.3						2.1	
Total			594,000									
Average			19,161									
Maximum			31,000									

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

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

04/03/2008 THU 9:09 FAX --- Leesburg office

PWS ID:	6280064	Plant Name:	Leisure Lakes
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2007

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):	Polyphosphate
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	1mg/L
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =	

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

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

025/025

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



See Pages 4 for Instructions.

I. General Information January, 2006

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge	PWS Identification Number: 6280064
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 276	Total Population Served at End of Month: 632
PWS Owner: Aqua Utilities Florida, Inc.	
Contact Person: Glenn P. LaBrooque	Contact Person's Title: Area Manager, South Florida
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400	City: Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number: (941) 907-7470	Contact Person's Fax Number: (941) 907-0965
Contact Person's E-Mail Address:	

B. Water Treatment Plant Information

Plant Name: Leisure Lakes	Plant Telephone Number: (941) 907-7470			
Plant Address: 101 Park View Circle S.	City: Lake Placid State: Florida Zip Code: 33852			
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 02/08/06 David W. Faircloth 8189
 Signature and Date DOCUMENT NUMBER-DATE Printed or Typed Name License Number

P. 14
 9412550413
 Lake Suzy WWTP
 Oct 06 06 11:20a

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

DWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Residual Point in Distribution System, mg/L		
1	X	24.0	35,000		1.8									0.8	
2	X	24.0	31,000		1.8									0.8	
3	X	24.0	32,000		1.8									0.8	
4	X	24.0	30,000		1.8									0.8	
5	X	24.0	30,000		1.8									0.8	
6	X	24.0	28,000		1.8									0.8	
7		24.0	29,000												
8		24.0	29,000												
9	X	24.0	30,000		1.8									0.8	
10	X	24.0	28,000		1.8									0.8	
11	X	24.0	33,000		1.8									0.8	
12	X	24.0	31,000		1.8									0.8	
13	X	24.0	31,000		1.8									0.8	
14	X	24.0	23,000		1.8									0.8	
15	X	24.0	30,000		1.8									0.8	
16	X	24.0	41,000		1.8									0.8	
17	X	24.0	35,000		1.8									0.8	
18	X	24.0	35,000		1.8									0.8	
19	X	24.0	40,000		1.8									0.8	
20	X	24.0	38,000		1.8									0.8	
21		24.0	42,000												
22		24.0	42,000												
23	X	24.0	43,000		1.8									0.8	
24	X	24.0	42,000		1.8									0.8	
25	X	24.0	40,000		1.8									0.8	
26	X	24.0	54,000		1.8									0.8	
27	X	24.0	47,000		1.8									0.8	
28	X	24.0	43,000		1.8									0.8	
29	X	24.0	47,000		1.8									0.8	
30	X	24.0	50,000		1.8									0.8	
31	X	24.0	47,000		1.8									0.8	
Total			1,135,000												
Average			36,613												
Maximum			54,000												

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

Oct 06 06 11:31a Lake SUZY WTP

9412550413

P.33

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



See Pages 4 for Instructions.

February
January, 2006

I. General Information

A. Public Water System (PWS) Information

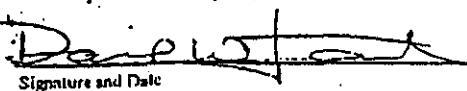
PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Glenn P. LaBrecque			Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470			Contact Person's Fax Number:	(941) 907-0963
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.		City:	Lake Placid	State: Florida Zip Code: 33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift	
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend	

II Certification by Lead/Chief Operator

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


03/09/06
David W. Faircloth
8189
 Signature and Date Printed or Typed Name License Number

P. 15

9412550413

Lake Suzy WJTP

Oct 06 06 11:21a

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
1	X	24.0	50,000		1.8									0.8	
2	X	24.0	52,000		1.8									0.8	
3	X	24.0	50,000		1.8									0.8	
4		24.0	32,000												
5		24.0	32,000												
6	X	24.0	31,000		1.8									0.8	
7	X	24.0	38,000		1.8									0.8	
8	X	24.0	31,000		1.8									0.8	
9	X	24.0	36,000		1.8									0.8	
10	X	24.0	33,000		1.8									0.8	
11	X	24.0	38,000		1.8									0.8	
12	X	24.0	30,000		1.8									0.8	
13	X	24.0	33,000		1.8									0.8	
14	X	24.0	42,000		1.8									0.8	
15	X	24.0	30,000		1.8									0.8	
16	X	24.0	40,000		1.8									0.8	
17	X	24.0	38,000		1.8									0.8	
18		24.0	40,000												
19		24.0	40,000												
20	X	24.0	39,000		1.8									0.8	
21	X	24.0	39,000		1.8									0.8	
22	X	24.0	39,000		1.8									0.8	
23	X	24.0	36,000		1.8									0.8	
24	X	24.0	36,000		1.8									0.8	
25	X	24.0	37,000		1.8									0.8	
26	X	24.0	35,000		1.8									0.8	
27	X	24.0	46,000		1.8									0.8	
28	X	24.0	41,000		1.8									0.8	
Total			1,070,000												
Average			38,214												
Maximum			56,000												

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

Oct 06 06 11:31a Lake SUZY WTP 9412550413 P. 34

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



See Pages 4 for Instructions.

I. General Information March, 2006

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge PWS Identification Number: 6280064
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 276 Total Population Served at End of Month: 632
 PWS Owner: Aqua Utilities Florida, Inc.
 Contact Person: Glenn P. LaBrecque Contact Person's Title: Area Manager, South Florida
 Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965
 Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Leisure Lakes Plant Telephone Number: (941) 907-7470
 Plant Address: 101 ParkView Circle S. City: Lake Placid State: Florida Zip Code: 33852
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 04/07/06
 Signature and Date

David W. Faircloth
 Printed or Typed Name

8189
 License Number

P. 16

9412550413

Lake Suzy WWTP

Oct 06 06 11:21a

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

PWS ID: 6280064		Plant Name: Leirure Lakes												
III. Daily Data for the Month/Year of: March, 2006														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations					UV Dose					
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	40,000		1.8								0.8	
2	X	24.0	41,000		1.8								0.8	
3	X	24.0	40,000		1.3								0.8	
4		24.0	54,000											
5		24.0	54,000											
6	X	24.0	55,000		1.8								0.8	
7	X	24.0	11,000		1.8								0.8	
8	X	24.0	42,000		1.8								0.8	
9	X	24.0	39,000		1.8								0.8	
10	X	24.0	45,000		1.8								0.8	
11	X	24.0	37,000		1.8								0.8	
12	X	24.0	44,000		1.8								0.8	
13	X	24.0	51,000		1.8								0.8	
14	X	24.0	40,000		1.8								0.8	
15	X	24.0	43,000		1.8								0.8	
16	X	24.0	44,000		1.8								0.8	
17	X	24.0	46,000		1.8								0.8	
18		24.0	46,000											
19		24.0	46,000											
20	X	24.0	47,000		1.8								0.8	
21	X	24.0	51,000		1.8								0.8	
22	X	24.0	50,000		1.8								0.8	
23	X	24.0	41,000		2.2								1.0	
24	X	24.0	42,000		2.8								0.8	
25	X	24.0	37,000		2.3								1.2	
26	X	24.0	44,000		2.1								1.0	
27	X	24.0	55,000		1.6								0.8	
28	X	24.0	152,000		5.9								4.6	Flushed Lines
29	X	24.0	55,000		7.2								5.2	
30	X	24.0	58,000		2.8								1.2	
31	X	24.0	67,000		2.4								1.0	
Total			1,517,000											
Average			48,935											
Maximum			152,000											

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

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



See Pages 4 for Instructions.

I. General Information April, 2006

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge PWS Identification Number: 6280064

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 276 Total Population Served at End of Month: 632

PWS Owner: Aqua Utilities Florida, Inc.

Contact Person: Glenn P. LaBrecque Contact Person's Title: Area Manager, South Florida

Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240

Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965

Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Leisure Lakes Plant Telephone Number: (941) 907-7470

Plant Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852

Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 05/08/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

P.17

9412550413

Lake Suzy WWTTP

Oct 06 06 11:22a

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm ²	Minimum UV Dose Required, mW·sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	58,000												
2		24.0	58,000												
3	X	24.0	57,000			2.2									0.8
4	X	24.0	60,000			1.2									1.2
5	X	24.0	63,000			0.9									0.9
6	X	24.0	59,000			1.0									1.0
7	X	24.0	62,000			1.0									1.0
8	X	24.0	56,000			1.1									1.1
9	X	24.0	61,000			1.0									1.0
10	X	24.0	61,000			0.8									0.8
11		24.0	60,000												
12	X	24.0	61,000			1.2									1.2
13	X	24.0	61,000			0.6									0.6
14	X	24.0	60,000			0.8									0.8
15	X	24.0	51,000			0.7									0.7
16		24.0	65,000												
17	X	24.0	66,000			0.7									0.7
18	X	24.0	59,000			0.8									0.8
19	X	24.0	55,000			0.7									0.7
20	X	24.0	56,000			0.6									0.6
21	X	24.0	66,000			0.8									0.8
22	X	24.0	46,000			0.7									0.7
23	X	24.0	56,000			0.7									0.7
24	X	24.0	69,000			0.8									0.8
25	X	24.0	56,000			0.8									0.8
26	X	24.0	82,000			0.8									0.8
27	X	24.0	60,000			0.8									0.8
28	X	24.0	59,000			0.9									0.9
29		24.0	50,000												
30		24.0	50,000												
Total			1,804,000												
Average			60,133												
Maximum			82,000												

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

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



See Pages 4 for Instructions.

I. General Information May, 2006

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 62R0064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470	
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensee Operations	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operator	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 06/08/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

P.18

9412550413

Lake Suzy WUTP

Oct 06 06 11:22a

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant Operates	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	100,000		3.2								0.8	
2	X	24.0	69,000		3.4								0.8	
3	X	24.0	68,000		3.6								1.0	
4	X	24.0	70,000		3.8								1.2	
5	X	24.0	20,000		3.6								1.0	
6	X	24.0	16,000		3.5								1.0	
7	X	24.0	16,000		3.1								0.9	
8	X	24.0	20,000		3.4								1.0	
9	X	24.0	22,000		3.4								1.0	
10	X	24.0	20,000		3.6								1.2	
11	X	24.0	20,000		3.3								1.2	
12	X	24.0	20,000		3.2								1.0	
13		24.0	20,000											
14		24.0	20,000											
15	X	24.0	20,000		3.3								1.0	
16	X	24.0	17,000		3.3								1.0	
17	X	24.0	17,000		2.8								0.8	
18	X	24.0	16,000		2.9								1.0	
19	X	24.0	20,000		3.2								1.2	
20	X	24.0	15,000		3.4								1.2	
21	X	24.0	18,000		2.8								1.0	
22	X	24.0	19,000		3.2								1.0	
23	X	24.0	20,000		3.4								1.0	
24	X	24.0	16,000		3.1								1.2	
25	X	24.0	17,000		3.0								1.0	
26	X	24.0	18,000		2.9								0.9	
27		24.0	19,000											
28		24.0	19,000											
29	X	24.0	18,000		2.0								0.8	
30	X	24.0	31,000		2.8								0.9	
31	X	24.0	19,000		2.6								1.0	
Total			810,000											
Average			26,129											
Maximum			100,000											

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

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Lake Suzu WTP

9412550413

P.37

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



See Page 4 for Instructions.

Report Month: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge	PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	276	Total Population Served at End of Month:	632
PWS Owner:	Acqua Utilities Florida, Inc.	Contact Person's Title:	Area Manager, South Florida
Contact Person:	Glass P. LaFrance	Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400
		City:	Sarasota
		State:	Florida
		Zip Code:	34240
Contact Person's Telephone Number:	(941) 907-7470	Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes	Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.	City:	Lake Placid
		State:	Florida
		Zip Code:	33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Name	License Class	License Number	Day(s) / Shift(s) Worked
David W. Faircloth	C	3189	6 Days/Week - 1st shift
Donald P. Orvoci	C	3674	2 Days every other weekend

C. Certification by Lead or 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.

David W. Faircloth 07/06/06
Signature and Date

David W. Faircloth
Printed or Typed Name

1189
License Number

PAGE 10

SHUKI UTILITY SRV

70171/4590

QC:BT / 007/06/16

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

PWS ID:		6280064		Plant Name:		Leisure Lakes		Year:		2006	
Month of Achieving Four-Log Virus Inactivation/Removal:											
<input type="checkbox"/> Ultraviolet Radiation		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Free Chlorine Dioxide		<input type="checkbox"/> Ozone		<input type="checkbox"/> Combined Chlorine (Chloramines)			
Type of Disinfectant Residual Maintained in Distribution System:											
<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide							
Day	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
1	X	24.0	16,000								1.0
2	X	24.0	16,000								1.3
3	X	24.0	14,000								1.1
4	X	24.0	14,000								1.0
5	X	24.0	20,000								1.3
6	X	24.0	16,000								1.4
7	X	24.0	17,000								1.2
8	X	24.0	16,000								1.6
9	X	24.0	17,000								1.0
10		24.0	18,000								
11		24.0	18,000								
12	X	24.0	18,000								1.6
13	X	24.0	15,000								1.6
14	X	24.0	15,000								1.3
15	X	24.0	17,000								1.4
16	X	24.0	16,000								1.2
17	X	24.0	15,000								1.1
18	X	24.0	14,000								1.1
19	X	24.0	23,000								1.2
20	X	24.0	17,000								1.0
21	X	24.0	17,000								1.0
22	X	24.0	21,000								0.8
23	X	24.0	28,000								0.9
24		24.0	29,000								
25		24.0	29,000								
26	X	24.0	28,000								1.2
27	X	24.0	30,000								1.4
28	X	24.0	17,000								1.3
29	X	24.0	16,000								1.3
30	X	24.0	17,000								1.4
Total		566,000									
Average		18,867									
Minimum		30,000									

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

PAGE 11

SHORT UTILITY SRV

8634712102

03/06/2007 14:56

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



See Pages 4 for Instructions.

PAGE 15

SHORT UTILITY SRV

8634712182

03/06/2007 14:55

I. General Information July, 2006

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.				
Contact Person:	Oliver P. LaBrecque		Contact Person's Title:	Area Manager, South Florida	
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400	City:	Sebring	State:	Florida
Contact Person's Telephone Number:	(941) 907-7470	Contact Person's Fax Number:	(941) 907-0963		
Contact Person's E-Mail Address:					

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes			Plant Telephone Number:	(941) 907-7470
Plant Address:	101 Park View Circle S.			City:	Lake Placid
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000				
Plant Category (per subsection 62-499.310(4), F.A.C.):	IV			Plant Class (per subsection 62-499.310(4), F.A.C.):	C

License Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Other Operators:	Donald F. Gavani	C	5674	3 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 08/02/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

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SHORT UTILITY SRV

8634712182

03/06/2007 14:56

PWS ID:		6280064		Plant Name:		Lasure Lakes						
III. Disinfection Data		July, 2006										
Means of Achieving Four-Log Virus Inactivation/Removal:												
<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Chlorine Dioxide		<input type="checkbox"/> Ozone		<input type="checkbox"/> Combined Chlorine (Chloramines)						
<input type="checkbox"/> Ultraviolet Radiation		<input type="checkbox"/> Other										
Type of Disinfectant Residual Maintained in Distribution System:												
<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide								
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
Day of the Month	Days Plant Shutted or Visited by Operator (Plant "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at Peak Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable			Minimum CT Required, mg-min/L
1	X	24.0	13,000		2.5						1.1	
2	X	24.0	19,000		2.9						1.2	
3	X	24.0	21,000		2.4						1.0	
4	X	24.0	16,000		3.0						1.4	
5	X	24.0	19,000		2.8						1.3	
6	X	24.0	16,000		2.9						1.2	
7	X	24.0	20,000		3.0						1.3	
8		24.0	17,000									
9		24.0	17,000									
10	X	24.0	17,000		2.8						1.1	
11	X	24.0	19,000		3.0						1.2	
12	X	24.0	18,000		3.3						1.4	
13	X	24.0	18,000		3.0						1.2	
14	X	24.0	17,000		2.8						1.1	
15		24.0	19,000									
16		24.0	19,000									
17	X	24.0	18,000		2.1						0.8	
18	X	24.0	19,000		2.2						0.7	
19	X	24.0	16,000		3.0						1.2	
20	X	24.0	19,000		2.8						1.0	
21	X	24.0	18,000		2.6						1.0	
22	X	24.0	18,000		2.7						1.0	
23	X	24.0	21,000		2.8						1.1	
24	X	24.0	25,000		2.6						1.0	
25	X	24.0	19,000		2.0						0.8	
26	X	24.0	21,000		2.3						1.0	
27	X	24.0	18,000		2.2						1.0	
28	X	24.0	20,000		2.6						1.2	
29		24.0	20,000									
30		24.0	20,000									
31	X	24.0	19,000		2.1						0.8	
Total			576,000									
Average			18,581									
Maximum			25,000									

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

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



See Pages 4 for Instructions.

I. General Information August, 2008

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes / Covered Bridge	PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	276	Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida, Inc.		
Contact Person:	Glenn P. LaBrecque	Contact Person's Title:	Area Manager, South Florida
Contact Person's Mailing Address:	6960 Professional Parkway East, Suite 400	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	(941) 907-7470	Contact Person's Fax Number:	(941) 907-0965
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes	Plant Telephone Number:	(941) 907-7470
Plant Address:	101 ParkView Circle S.	City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Name	License Class	License Number	Day(s) / Shift(s) Worked
David W. Faircloth	C	8189	6 Days/Week - 1st shift
Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 09/08/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Service	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW	Minimum UV Dose Required, mW	Lowest Residual Disinfectant Concentration at Remote Point in Distribution		
1	X	24.0	24,000		2.2									0.6	
2	X	24.0	22,000		2.1									0.8	
3	X	24.0	23,000		2.3									0.9	
4	X	24.0	20,000		2.4									1.0	
5	X	24.0	24,000		2.0									0.9	
6	X	24.0	26,000		2.2									1.0	
7	X	24.0	26,000		2.4									1.0	
8	X	24.0	19,000		2.9									1.2	
9	X	24.0	21,000		2.6									1.0	
10	X	24.0	11,000		2.5									1.0	
11	X	24.0	11,000		2.4									1.0	
12		24.0	34,000												
13		24.0	34,000												
14	X	24.0	33,000		2.4									1.1	
15	X	24.0	26,000		2.0									1.0	
16	X	24.0	21,000		3.3									1.8	
17	X	24.0	19,000		3.4									1.5	
18	X	24.0	20,000		3.3									1.4	
19	X	24.0	19,000		2.8									1.1	
20	X	24.0	23,000		3.0									1.3	
21	X	24.0	24,000		2.8									1.2	
22	X	24.0	21,000		3.0									1.2	
23	X	24.0	21,000		3.0									1.1	
24	X	24.0	22,000		2.6									1.0	
25	X	24.0	21,000		2.5									1.1	
26		24.0	23,000												
27		24.0	22,000												
28	X	24.0	21,000		2.4									1.2	
29	X	24.0	26,000		2.2									1.0	
30	X	24.0	19,000		2.3									1.0	
31	X	24.0	23,000		2.5									1.2	
Total			698,000												
Average			22,516												
Maximum			34,000												

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

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



See Pages 4 for Instructions.

I. General Information	September, 2006
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A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470	
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			

Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		
	Name	License Class	License Number	Day(s) / Shift(s) Worked
Responsible Operator	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Chief Operator	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

	David W. Faircloth	10/05/06	8189
Signature and Date	Printed or Typed Name		License Number

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow, Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	23,000		2.4										1.1
2	X	24.0	22,000		2.1										1.0
3	X	24.0	22,000		1.8										1.0
4	X	24.0	25,000		2.0										1.0
5	X	24.0	27,000		2.3										1.1
6	X	24.0	25,000		2.2										1.0
7	X	24.0	25,000		2.3										1.0
8	X	24.0	25,000		2.5										1.1
9		24.0	28,000												
10		24.0	28,000												
11	X	24.0	29,000		2.3										1.0
12	X	24.0	29,000		2.4										1.2
13	X	24.0	30,000		2.5										1.3
14	X	24.0	28,000		2.9										1.5
15	X	24.0	29,000		3.3										1.6
16	X	24.0	32,000		2.7										1.4
17	X	24.0	36,000		2.8										1.4
18	X	24.0	38,000		3.0										1.5
19	X	24.0	35,000		3.2										1.6
20	X	24.0	34,000		3.0										1.5
21	X	24.0	38,000		3.2										1.6
22	X	24.0	39,000		3.4										1.8
23		24.0	22,000												
24		24.0	22,000												
25	X	24.0	22,000		3.1										1.6
26	X	24.0	16,000		3.4										1.7
27	X	24.0	20,000		3.2										1.5
28	X	24.0	19,000		3.4										1.6
29	X	24.0	20,000		3.2										1.4
30	X	24.0	19,000		3.0										1.4
Total			807,000												
Average			26,900												
Maximum			39,000												

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

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



See Pages 4 for Instructions.

I. General Information October, 2006

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida, Inc.			
Contact Person: Glenn P. LaBrecque		Contact Person's Title: Area Manager, South Florida	
Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400		City: Sarasota	State: Florida
		Zip Code: 34240	
Contact Person's Telephone Number: (941) 907-7470		Contact Person's Fax Number: (941) 907-0965	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes		Plant Telephone Number: (941) 907-7470	
Plant Address: 101 ParkView Circle S.		City: Lake Placid	State: Florida
		Zip Code: 33852	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

	Name	License Class	License Number	Day(s) / Shift(s) Worked
Plant Operator	David W. Faircloth	C	8189	6 Days/Week - 1st shift
Plant Operator	Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 11/08/06
Signature and Date

David W. Faircloth
Printed or Typed Name

8189
License Number

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l ²	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l ²		
1	X	24.0	20,000		3.1									1.3	
2	X	24.0	25,000		3.0									1.2	
3	X	24.0	21,000		3.2									1.4	
4	X	24.0	21,000		3.0									1.2	
5	X	24.0	19,000		3.2									1.5	
6	X	24.0	20,000		3.0									1.3	
7		24.0	23,000												
8		24.0	23,000												
9	X	24.0	23,000		2.8									1.1	
10	X	24.0	24,000		3.0									1.3	
11	X	24.0	27,000		3.2									1.2	
12	X	24.0	33,000		3.4									1.3	
13	X	24.0	23,000		2.8									1.2	
14	X	24.0	17,000		3.1									1.3	
15	X	24.0	27,000		2.7									1.1	
16	X	24.0	23,000		3.0									1.3	
17	X	24.0	23,000		3.2									1.4	
18	X	24.0	23,000		3.4									1.5	
19	X	24.0	25,000		3.5									1.5	
20	X	24.0	19,000		3.4									1.3	
21		24.0	27,000												
22		24.0	27,000												
23	X	24.0	28,000		3.2									1.2	
24	X	24.0	31,000		3.3									1.4	
25	X	24.0	28,000		3.2									1.5	
26	X	24.0	22,000		3.3									1.6	
27	X	24.0	24,000		3.1									1.4	
28	X	24.0	20,000		3.0									1.4	
29	X	24.0	26,000		2.8									1.3	
30	X	24.0	27,000		3.0									1.4	
31	X	24.0	24,000		3.4									1.5	
Total			745,000												
Average			24,032												
Maximum			33,000												

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

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



See Pages 4 for Instructions.

I. General Information November, 2006

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes / Covered Bridge PWS Identification Number: 6280064
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 276 Total Population Served at End of Month: 632
 PWS Owner: Aqua Utilities Florida, Inc.
 Contact Person: Glenn P. LaBrecque Contact Person's Title: Area Manager, South Florida
 Contact Person's Mailing Address: 6960 Professional Parkway East, Suite 400 City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: (941) 907-7470 Contact Person's Fax Number: (941) 907-0965
 Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Leisure Lakes Plant Telephone Number: (941) 907-7470
 Plant Address: 101 Park View Circle S. City: Lake Placid State: Florida Zip Code: 33852
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License Class	License Number	Day(s) / Shift(s) Worked
David W. Faircloth	C	8189	6 Days/Week - 1st shift
Donald P. Gavoni	C	5674	2 Days every other weekend

II. Certification by Lead/Chief Operator

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

David W. Faircloth 12/05/06
 Signature and Date

David W. Faircloth
 Printed or Typed Name

8189
 License Number

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

PWS ID: 6280064 Plant Name: Leisure Lakes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Temp of Water, °C		
1	X	24.0	28,000		3.3							1.4	
2	X	24.0	29,000		3.4							1.5	
3	X	24.0	25,000		3.5							1.6	
4		24.0	26,000										
5		24.0	26,000										
6	X	24.0	27,000		3.4							1.5	
7	X	24.0	24,000		3.3							1.4	
8	X	24.0	29,000		3.4							1.5	
9	X	24.0	25,000		3.2							1.3	
10	X	24.0	26,000		3.4							1.4	
11	X	24.0	26,000		3.1							1.3	
12	X	24.0	27,000		3.3							1.4	
13	X	24.0	29,000		3.0							1.2	
14	X	24.0	26,000		2.6							1.0	
15	X	24.0	27,000		3.1							1.2	
16	X	24.0	26,000		2.8							1.0	
17	X	24.0	26,000		3.3							1.4	
18		24.0	36,000										
19	X	24.0	37,000		3.1							1.2	
20	X	24.0	36,000		3.4							1.3	
21	X	24.0	39,000		3.0							1.1	
22	X	24.0	49,000		3.3							1.2	
23		24.0	57,000										
24	X	24.0	58,000		2.3							0.9	
25	X	24.0	63,000		2.7							1.0	
26	X	24.0	34,000		2.9							1.1	
27	X	24.0	34,000		3.2							1.3	
28	X	24.0	39,000		3.1							1.2	
29	X	24.0	31,000		3.3							1.4	FLUSHED FIRE HYDRANTS
30	X	24.0	136,000		3.3							2.4	
Total			1,101,000										
Average			36,700										
Maximum			136,000										

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

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

Mar 06 07 04:32p Sebring Lakes

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P.2



See Pages 4 for Instructions.

General Information December, 2006

A. Public Water System (PWS) Information

PWS Name: <u>Leisure Lakes / Covered Bridge</u>		PWS Identification Number: <u>6280064</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>276</u>		Total Population Served at End of Month: <u>632</u>	
PWS Owner: <u>Apex Utilities Florida, Inc.</u>		Contact Person's Title: <u>Area Manager, South Florida</u>	
Contact Person: <u>Glenn P. LaBrocque</u>			
Contact Person's Mailing Address: <u>6960 Professional Parkway East, Suite 400</u>		City: <u>Sarasota</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(941) 907-7470</u>		Contact Person's Fax Number: <u>(941) 907-0965</u>	
Contact Person's E-Mail Address: _____			

B. Water Treatment Plant Information

Plant Name: <u>Leisure Lakes</u>		Plant Telephone Number: <u>(941) 907-7470</u>	
Plant Address: <u>101 Park View Circle S.</u>		City: <u>Lake Placid</u>	State: <u>Florida</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: <u>33853</u>	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>72,000</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>			
Name	License Class	License Number	Day(s) / Shift(s) Worked
David W. Paireloth	C	8189	6 Days/Week - 1st shift
Donald P. Cavoni	C	5674	2 Days every other weekend

II. Certification by Licensed 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.

David W. Paireloth 01/05/07
Signature and Date

David W. Paireloth
Printed or Typed Name

8189
License Number

DEP Form 62-686, 8/02/04/rev

APR 11 11:11 AM 2007 03/06/2007 07:51

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

PAGE 10

SHURT UTILITY SKV

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03/06/2007 15:22

PWS ID:		6280044		Plant Name:		Leisure Lakes						
								December, 2006				
Means of Achieving Four-Log Virus Inactivation/Removal:		<input checked="" type="checkbox"/> Free		<input type="checkbox"/> Chlorine Dioxide		<input type="checkbox"/> Ozone		<input type="checkbox"/> Combined Chlorine (Chloramines)				
		<input type="checkbox"/> Ultraviolet Radiation		<input type="checkbox"/> Other								
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide						
1	X	24.0	31,000			3.4					2.7	
2		24.0	29,000									
3		24.0	29,000									
4	X	24.0	28,000			3.3					2.0	
5	X	24.0	27,000			3.4					1.9	
6	X	24.0	26,000			3.4					2.3	
7	X	24.0	28,000			3.3					1.8	
8	X	24.0	26,000			3.4					1.9	
9	X	24.0	24,000			3.3					1.7	
10	X	24.0	26,000			3.0					1.8	
11	X	24.0	30,000			2.9					1.4	
12	X	24.0	29,000			3.0					1.8	
13	X	24.0	24,000			3.3					1.9	
14	X	24.0	21,000			3.1					1.7	
15	X	24.0	31,000			3.3					1.9	
16		24.0	27,000									
17		24.0	27,000									
18	X	24.0	24,000			3.4					1.6	
19	X	24.0	25,000			3.2					1.5	
20	X	24.0	24,000			3.0					1.5	
21	X	24.0	29,000			3.3					1.6	
22	X	24.0	26,000			3.3					1.5	
23	X	24.0	24,000			3.1					1.5	
24	X	24.0	24,000			2.9					1.4	
25		24.0	25,000									
26	X	24.0	36,000			3.1					1.9	
27	X	24.0	27,000			3.4					1.6	
28	X	24.0	26,000			3.2					1.5	
29	X	24.0	27,000			3.0					1.2	
30		24.0	25,000									
31		24.0	25,000									
Total		118,000										
Average		26,349										
Maximum		31,000										

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

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

Mar 06 07 04:32p Sebring Lakes

PWS ID:	6280064	Plant Name:	Leisure Lakes
IV. Summary of Use of Polymer Containing Acrylamide, Polyacrylamide, Polyacrylate, Polyacrylamide-Formaldehyde, and Iron or Manganese Sequesterant for the Year:			2006

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

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

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

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

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

Type of Sequesterant (polyphosphate or sodium silicate):	Polyphosphate
Sequesterant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	1mg/L
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =	

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

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

SHORT UTILITY SKV

8634712102

03/06/2007 15:22

8636552556

P.4



An Equal Opportunity Employer

Southwest Florida Water Management District

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

2379 Broadway, Brooksville, Florida 34604-6899
(352) 796-1111 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Leclanto Service Office
3600 West Sovereign Path
Suite 226
Leclanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

December 20, 2002

TRANSFERRED ON: September 17, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: AUGUST 5, 2018

Protecting Your Water Resources

FLORIDA WATER SERVICES INC
ATTN: GARY MISHOE
PO BOX 490310
LEESBURG, FL 34749-0310

Subject: Modification of Permit by Rule
Project Name: LEISURE LAKES
Water Use Permit No.: 20 006456.004
Southern Water Use Caution Area

OCT 05 2004

RDBS UPDATE

Reference: Chapter 40D-2, Florida Administrative Code
Section 40D-2.801(3)(d)(4), Florida Administrative Code

SEP 24 2004

Dear Permittee:

On November 4, 1994, the District Governing Board approved new rules for the Southern Water Use Caution Area (SWUCA), an area of stressed water resources. Your permit is located within this area. Under these new rules, all water use permits existing at the time or issued afterwards in the SWUCA were to be modified. However, due to an Administrative Hearing and subsequent appeals, the modifications did not become effective until January 1, 2003. Your specific modifications are listed in Attachment A and are considered additions or revisions to your water use permit.

If there have been changes to irrigation quantities on this permit, a brochure is included with this mailing that explains the changes. Please take a few minutes to review it so that you will better understand the changes in permitted quantities on your permit. If you have any questions regarding this permit modification, please contact the appropriate Service Office, Water Use Regulation Section. For your convenience, a map that shows the Service Offices area of responsibility is enclosed. Addresses and phone numbers are included.

Sincerely,

BJ Jarvis, Director, Records and Data Department
Resource Regulation Division

Attachment: Attachment A
Enclosure: District Map

File of Record
Permit No _____

cc: File of Record

- Ronnie E. Duncan
Chair, Pinellas
- Thomas G. Dabney, II
Vice Chair, Sarasota
- Heldi E. McCree
Secretary, Hillsborough
- Watson L. Haynes, II
Treasurer, Pinellas
- Edward W. Chance
Manatee
- Monroe "Al" Coeclair
Citrus
- Maggie N. Dominguez
Hillsborough
- Pamela L. Fontinas
Highlands
- Ronald C. Johnson
Polk
- Janet D. Kovach
Hillsborough
- John K. Renke, III
Pasco
- E. D. "Sonny" Vergara
Executive Director
- Gene A. Heath
Assistant Executive Director
- William S. Blenky
General Counsel

DOCUMENT NUMBER - 04307
MAY 28 2004

FPSC-COMMISSION CLERK

ATTACHMENT A

MODIFICATIONS

The following are modifications to the terms and conditions of your Water Use permit effective January 1, 2003:

The following Special Condition(s) are new or replace a similar condition on your permit:

1. Within the Southern Water Use Caution Area, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the Board, upon reasonable notice to the permittee, including a statement of facts upon which the District based its determination, may reconsider the quantities permitted or other conditions of the permit as appropriate to address the change or impact but only after an opportunity for the permittee to resolve or mitigate the change or impact or to request a hearing.
2. Within 90 days of the replacement of any or all withdrawal quantities from ground water or surface water bodies with an alternative source of water, the Permittee shall apply for a Standby Alternative Source Permit. An application to modify this permit to a Standby Alternative Source Permit may be obtained upon request or may be obtained from the District's website: www.swfwmd.state.fl.us.
3. The permittee shall read each customer's meter and bill the customer no less frequently than bi-monthly (every other month), and the customer's billing period usage shall be indicated on each bill. In addition, the Permittee shall provide the following information to all water customers at least once each calendar year:
 - a. Rate structure information describing applicable fixed and variable charges rates, minimum quantity charges, block size and pricing, seasonal rates, and applicable months. If billing units are not in gallons, a means to convert the billing units to gallons must be described to the customer with this information.
 - b. Historical billing period usage averaged over the three previous years for the applicable customer class.

All other terms and conditions of your previous water use permit, including the expiration date, shall remain in effect as stated, unless changed above.



An Equal Opportunity Employer

Southwest Florida Water Management District

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(941) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

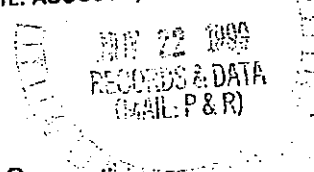
2379 Broad Street, Brooksville, Florida 34609-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
World Wide Web: <http://www.swfwmd.state.fl.us>

Venice Service Office
115 Corporation Way
Venice, Florida 34292-3524
(941) 486-1212 or
1-800-320-3503 (FL only)
SUNCOM 526-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

November 17, 1999

TRANSFERRED ON: September 17, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: AUGUST 5, 2018



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Vice Chair, Tampa

Sally Thompson
Secretary, Tampa

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New Port Richey

Pamela Stinnette-Taylor
Tampa

E. D. "Sonny" Vergara
Executive Director

Gene A. Heath
Assistant Executive Director

Edward B. Helvenston
General Counsel

Ms. Christine Arcand
Environmental Permitting Specialist II
Florida Water Services Corporation - Leisure Lakes
P.O. Box 609520
Orlando, FL 32860-9520

**Subject: Final Agency Action Transmittal Letter - Approval
Modification of Permit by Letter**

Project Name: Florida Water Services Corporation - Leisure Lakes
Water Use Permit No.: 206456.003
County: Highlands
Section/Township/Range: 15/36S/29E

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

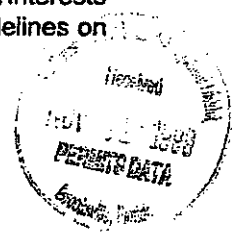
File of Record
Permit No. _____

Dear Ms. Arcand:

This letter constitutes Final Agency Action (FAA) on the request received by the District on September 10, 1999, to modify Water Use Permit (WUP) No. 206456.02 by letter. The specific modifications are listed in Attachment A and are considered a part of your water use permit.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

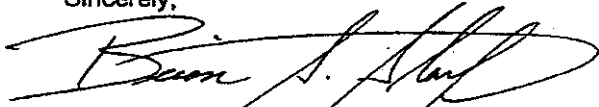
Enclosed is a "Noticing Packet" that provides information regarding District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.



Ms. Christine Arcand, Environmental Specialist II
WUP No. 206496.003
Page 2
November 17, 1999

If you have questions regarding this permit modification, please contact Said M. Abusada, P.G., at the Bartow Service Office. If you have any question regarding the Noticing Packet, please contact either Myra Ford or Adeline Wood in the Records and Data Department at the Brooksville office.

Sincerely,



Brian S. Starford, P.G., Director
Bartow Regulation Department

WMM/SMA/pc925

Enclosure: Attachment A
Noticing Packet
Sections 28-106.201 and 28-106.301, F.A.C.
cc: File of Record --
Data Room, Records & Data

MODIFICATIONS

The following constitutes modifications to the terms and conditions of this Water Use Permit No. 206456.002, effective November 18, 1999. The modification is to convert a capped well into a standby well (DID No. 2), plug a well (DID No. 3), and use DID No. 1 as the primary well.

1. TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (IN GPD) ARE UNCHANGED.

AVERAGE: 56,800 PEAK MONTHLY: 113,600 CROP PROTECTION: N/A

2. WATER USE: PUBLIC SUPPLY

3. THE FOLLOWING WITHDRAWAL POINT IS DELETED :

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TOTAL/CASED (FT.)	USE	GALLONS PER DAY		
				AVERAGE	PEAK MONTHLY	COLD PROTECTION
3/3	4	590/492	N/A	TO BE PLUGGED		

4. THE STATUS/PERMITTED QUANTITIES FOR THE FOLLOWING WITHDRAWAL POINTS ARE CHANGED:

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TOTAL/CASED (FT.)	USE/ STATUS	GALLONS PER DAY		COLD PROTECTION
				AVERAGE	PEAK MONTHLY	
1/1	8	1520/485	PS	56,800	113,600	NA
2/2	4	550/448	S/B	9,600	113,600	N/A

5. SPECIAL CONDITION NO. 2 IS MODIFIED:

Special Condition No. 2 requiring metering of two wells is modified to read as follows:

The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter, or other flow measuring device(s) as approved by the Resource Regulation Department Director, for District ID No. 1, Permittee ID No. 1 Such device(s) shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a semi-annual (January and July) 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.

WUP - LETTER MODIFICATION ATTACHMENT A

WUP No. 206496.003

Page 2

November 18, 1999

6. SPECIAL CONDITION NO. 3 IS ADDED:

By January 15, 2000, 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 62-532.500(4), F.A.C., under a Well Abandonment Permit issued by the District unless an extension of time is granted by the Bartow Regulation Department Director.

All other terms and conditions of this permit shall remain the same as stated on WUP No. 206456.002, and this permit will still expire on August 2, 2018.

Southwest Florida Water Management District
2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899
(352)796-7211 or 1-800-423-1476(Florida Only) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

12/07/98

FLORIDA WATER SERVICES CORP

PO BOX 609520

ORLANDO, FL 32860-9520

TRANSFERRED ON: September 17, 2004

TO: Aqua Utilities Florida, Inc.

6960 Professional Parkway East

Suite 400

Sarasota, FL 34240

NEW EXPIRATION DATE: AUGUST 5, 2018

Subject: EXTENSION - Water Use Permit No. 6456-02
LEISURE LAKES

Dear Permittee:

We are pleased to inform you that THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 08/05/18. 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.

PAGE 2

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 Hydrologists in our Bartow Regulation department at (941)534-1448 or 1-800-492-7862 (Florida only).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, indicating that your permit expiration date is now 08/05/18. 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

BJJ/

cc: File of Record - Water Use Permit No. 6456.02

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 206456.02

EXPIRATION DATE: August 5, 2008

PERMIT ISSUE DATE: August 5, 1998

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

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

PROJECT NAME: Leisure Lakes

TRANSFERRED ON: September 17, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: AUGUST 5, 2018

GRANTED TO: Florida Water Services Corporation
Post Office Box 609520
Orlando, FL 32860-9520

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE: 56,800 PEAK MONTHLY: 113,600

<u>Use</u>	<u>Average</u>	<u>Peak Monthly</u>
Public Supply:	56,800 gpd	113,600 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Highlands County, approximately 5 miles northwest of the City of Lake Placid on US Highway 27, then 2 miles west on Lake Frances Road.

TYPE OF APPLICATION: Renewal

WATER USE CAUTION AREA:
Highlands Ridge
Southern

APPLICATION FILED: June 17, 1998

ACRES: 0.5 Owned
85.0 Serviced
85.5 Total

APPLICATION AMENDED: N/A

Permit No.: 206456.02
 Permittee: Florida Water Services Corporation
 Page 2

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME

Leisure Lakes

<u>USE TYPE</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
Residential Single Family	568	Gross = 100 gpd/person

<u>I.D. NO.</u> <u>PERMITTEE/DISTRICT</u>	<u>DIAM. (IN.)</u>	<u>DEPTH TTL./CSD.</u>	<u>USE</u>	<u>GALLONS PER DAY</u>	
				<u>AVERAGE</u>	<u>PEAK MONTHLY</u>
1 / 1	8	1,520 / 485	PS	28,400	56,800
3 / 3	4	590 / 492	PS	28,400	56,800

PS = Public Supply

<u>DISTRICT I.D. NO.</u>	<u>SECTION/TOWNSHIP/RANGE</u>	<u>LOCATION LAT./LONG.</u>
1	15/36/29	272103.55/812455.86
3	15/36/29	272104.49/812453.71

SPECIAL CONDITIONS:

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Bartow Regulation Department, Resource Regulation.

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

Permit Data Section, Records and Data Department
 Southwest Florida Water Management District
 2379 Broad Street
 Brooksville, Florida 34609-6899

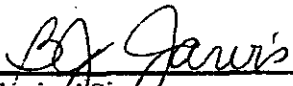
Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

Permit No.: 206456.02
Permittee: Florida Water Services Corporation
Page 3

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter(s), or other flow measuring device(s) as approved by the Regulation Department Director, Resource Regulation, for District ID No(s). 1 and 3, Permittee ID No(s). 1 and 3. Such device(s) shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a semi-annual (January and July) basis and reported to the Permit Data Section, Records and Data Department, (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 Permit Data Section, Records and Data Department, indicating zero gallons.

STANDARD CONDITIONS:

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



Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Permit No.: 206456.02
Permittee: Florida Water Services Corporation
Page 4

40D-2
Exhibit "A"

WATER USE PERMIT CONDITIONS

STANDARD CONDITIONS

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - a. A reduction in water levels which impairs the ability of a well to produce water;
 - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.
13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
 - b. Sinkholes or subsidence caused by reduction in water levels;
 - c. Damage to crops and other vegetation causing financial harm to the owner; and
 - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

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 therefore.
- (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.

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SHORT UTILITY SERVICE, INC.
 P.O. BOX 1088 SEBRING, FL 33871-1088
 PHONE (863) 471-1400 FAX (863) 471-2102

Lab Receipt Date & Time: 12.11.07 1341
 Analysis Date & Time: 12.11.07 1435
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 4.0 °C
 Disinfectant Check Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 69645 Sub-Contract Lab ID: E85058
 Analysis Requested: (please check all that apply)

- Standard Coliform Test
 HPC
 Other: _____

System Name: Leisure Lake Aqua Utilities PWS I.D.: 6280064
 System Address: 101 Parkview Circle City: Lake Placid
 System or Owner's Phone #: 941.907.7470 Fax: _____
 Collector: Wendell Faircloth Collector's Phone #: 863.471.1400

Type of Supply: (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other _____
 Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other _____

Sample Collection Date: 12-11-07

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	To be completed by lab				
						Total Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
1	107 Pinecrest	1320	D	0.6	7.4	A-				30032
2	Clubhouse	1310	D	0.8	7.4	A-				30032
3	10" Well	1300	R	0	7.8	A-				30032
4	4" Well	1305	R	0	6.7	A-				30032

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

Defined in Florida Administrative Code Rule 62-280, Table 1
 All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing analysis is (Please see instructions on reverse):
 A certified operator (# C8189) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report

SHORT UTILITY SERVICE, INC.
 P.O. BOX 1088
 SEBRING, FL 33871-1088

Lab Signature: Dir. West

Title: UGA Manager

Satisfactory **DEP/DOH USE ONLY**
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: 1/10/08
 DEP/DOH Reviewing Official: _____

*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.)
 Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DE-552,730 Reporting Forms - Effective 01/06, Revised

04307 MAY 22 80

EPSC-COMMISSION CLERK

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

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

System Name: LEISURE LAKES (Covered Bridge) PWS I.D. #: 6280064

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 101 Parkview Circle South

City: Lake Placid State: Florida ZIP Code: 33852

Phone: (941) 907-7470

Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 282653 Location Code (if Known): _____

Sample Date: 3/15/2007 Sample Time: 1120 AM PM (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3 g/L Field pH 7.4

Sample Type (Check Only One)

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

Distribution

Entry Point (to Distribution)

Plant Tap (not for compliance with 62.550.)

Raw (at well intake)

Max. Residence Time

Ave. Residence Time

Near First Customer

Routine Compliance (with 62-550)

Confirmation of MCL Exceedance*

Composite Multiple Sites**

Clearance (permitting)

Other: _____

Quarterly

Special (not for compliance with 62-550.)

Violation Resolution

Replacement (of invalidated Sample)

Sampling Procedure Used or other Comments: _____

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

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

Sampler's Name: David W. Faircloth

Sampler's Phone #: (863) 471-1400

Sampler's Fax: (863) 471-2102

Sampler's E-Mail Address: Shouitsvc@aol.com

CERTIFICATION (to be completed by sampler)

I, David W. Faircloth
(Print Name)

Operator
(Print Title)

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

Signature: David W. Faircloth

Date: 3/15/2007

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/15/2007

PWS ID (From Page 1): 6280064 Sample Number (From Page 1): 282653

Lab Assigned Report Number or Job ID: 282653

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification Numbers: E84129
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, David W. Murto Laboratory Director
(Print Name) (Print Title)

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

Signature: David W. Murto Date: 3/31/2007

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

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

COMPLIANCE DETERMINATION

 (to be completed by DEP or DOH)

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number/Job ID:

282653

PWS ID (From Page 1):

6280064

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	ug/L			EPA 525.2	0.1	0.01				E84129
2010	Lindane	0.20	ug/L			EPA 525.2	0.06	0.02				E84129
2015	Methoxychlor	40	ug/L			EPA 525.2	0.05	0.10				E84129
2020	Toxaphene	3	ug/L			EPA 508.1	0.5	1				E84129
2031	Dalapon	200	ug/L			EPA 515.3	1.	1				E84129
2032	Diquat	20	ug/L			EPA 549.2	1.	0.4				E84129
2033	Endothall	100	ug/L			EPA 548.1	20.	9				E84129
2034	Glyphosate	700	ug/L			EPA 547	10.	6				E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L			EPA 525.2	0.3	0.6				E84129
2036	Oxamyl (Vydate)	200	ug/L			EPA 531.1	0.5	2				E84129
2037	Simazine	4	ug/L			EPA 525.2	0.07	0.07				E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	1.0	U	EPA 525.2	1.	0.6	3/21/2007	3/22/2007	0958	E84129
2040	Picloram	500	ug/L			EPA 515.3	0.75	0.1				E84129
2041	Dinoseb	7	ug/L			EPA 515.3	0.5	0.2				E84129
2042	Hexachlorocyclopentadiene	50	ug/L			EPA 525.2	0.2	0.1				E84129
2046	Carbofuran	40	ug/L			EPA 531.1	0.5	0.9				E84129
2050	Atrazine	3	ug/L			EPA 525.2	0.06	0.1				E84129
2051	Alachlor	2	ug/L			EPA 525.2	0.2	0.2				E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L					0.005				
2065	Heptachlor	0.40	ug/L			EPA 525.2	0.08	0.04				E84129
2067	Heptachlor Epoxide	0.20	ug/L			EPA 525.2	0.1	0.02				E84129
2105	2,4-D	70	ug/L			EPA 515.3	1.	0.1				E84129
2110	2,4,5-TP (Silvex)	50	ug/L			EPA 515.3	0.25	0.2				E84129
2274	Hexachlorobenzene	1	ug/L			EPA 525.2	0.05	0.1				E84129
2306	Benzo(a)pyrene	0.20	ug/L			EPA 525.2	0.1	0.02				E84129
2326	Pentachlorophenol	1	ug/L			EPA 515.3	0.1	0.04				E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	ug/L			EPA 508.1	0.2	0.1				E84129
2931	Dibromochloropropane	0.20	ug/L			EPA 504.1	0.005	0.02				E84129
2946	Ethylene Dibromide (EDB)	0.02	ug/L			EPA 504.1	0.005	0.01				E84129
2959	Chlordane	2	ug/L			EPA 508.1	0.05	0.2				E84129

NOTE: Effective January 1, 2004 results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62.550.310(4)(b).

Reporting Format 62-550.730

All results meet the requirements of NELAC unless otherwise noted.

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Effective January 1995, Revised January 2004

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

LABORATORY ANALYSES				
ILG				
Amber				
HCl				

SAMPLER'S NAME: *W. J. Smith* CLIENT NAME: **SHORT UTILITIES #8**
 SAMPLER'S SIGNATURE: *[Signature]* PROJECT: **SHORT UTILITIES** LOCATION: **LEISURE LAKES** 525.2
 FIELD ID# SAMPLE ID DATE TIME SAMP TYPE GRAB WELL LABORATORY ID# # OF CONT DEHP
 20K 3-15-07 1120 DW X 282658 1 X

COMMENTS: SOME CONTAINERS MAY BE PRE-RESERVED. PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED H2PO4
 METALS CONTAINERS PRESERVED HNO3
 OTHER _____

YES	NO

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	<i>[Signature]</i>	<i>[Signature]</i>	3-15-07	1257

64011
 TIME

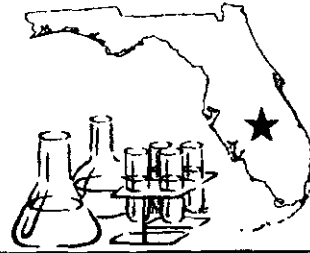
DEPARTED LAB	
ARRIVED SITE	
DEPARTED SITE	
ARRIVED LAB	

CHAIN OF CUSTODY AND TRANSMITTAL FORM

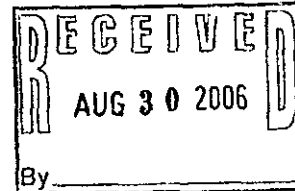
(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net

10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page



Client: Aqua Utilities Florida, Inc.
Address: P.O. Box 490310
City, St, Zip: Leesburg, FL 34749-0310
Attention:
Report #: 2006080219
Date: August 19, 2006
Project: Leisure Lakes
Sample #'s: 266722-266724

This report package includes the following contents and attachments:

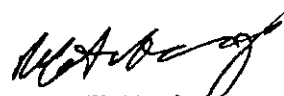
Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

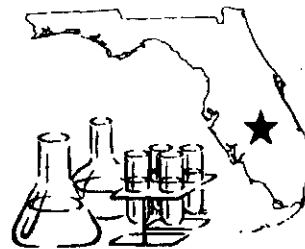

Robert A. Watkins, Jr.
Project Manager

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Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client: Aqua Utilities Florida, Inc.
Address: P.O. Box 490310
City, St, Zip: Leesburg, FL 34749-0310
Attention:

Report #: 2006080219
Date: August 19, 2006
Project: Leisure Lakes
Sample #'s: 266722-266724

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Robert A. Watkins, Jr.".

Robert A. Watkins, Jr.
Project Manager

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SHORT ENVIRONMENTAL LABORATORIES, INC.

10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg,, FL 34749-0310

08/16/2006
Page 1 of 3

Laboratory Number: 266722

Project: Leisure Lakes
Location: DWTP
Sample ID: Well 1 Outside
Sampled By: R. Paver on 07/25/2006 @ 1210
Received: 07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	1.98	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg,, FL 34749-0310

08/16/2006
Page 1 of 3

Laboratory Number: 266722

Project: Leisure Lakes
Location: DWTP
Sample ID: Well 1 Outside
Sampled By: R. Paver on 07/25/2006 @ 1210
Received: 07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	1.98	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

LABORATORY ANALYSES				
IC				
H ₂ S				

SAMPLER'S NAME: <i>Robert Hauer</i> (PLEASE PRINT)			CLIENT NAME: <i>Agua Utilities</i>					
SAMPLER'S SIGNATURE: <i>[Signature]</i>			PROJECT: <i>Leisure Lakes</i>			LOCATION: <i>DWTP</i>		
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT
	<i>Well 1 outside</i>	<i>7-25-06</i>	<i>1210</i>	<i>DW</i>	<i>x</i>	<i>x</i>	<i>206722</i>	<i>1</i>
	<i>Well 2 inside</i>	<i>I</i>	<i>1215</i>	<i>I</i>	<i>x</i>	<i>x</i>	<i>206723</i>	<i>1</i>
	<i>P.O.E.</i>	<i>I</i>	<i>1218</i>	<i>I</i>	<i>x</i>		<i>206724</i>	<i>1</i>

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED, H₂SO₄
 METALS CONTAINERS PRESERVED, HNO₃
 OTHER:

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	<i>[Signature]</i>	<i>[Signature]</i>	<i>7-25-06</i>	<i>1340</i>

58810 ✓

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

LABORATORY ANALYSES

SAMPLER'S NAME: (PLEASE PRINT) Robert Hauer		CLIENT NAME: Aqua Utilities							IL H ₂ S					
SAMPLER'S SIGNATURE: <i>Robert Hauer</i>		PROJECT: Leisure Lakes			LOCATION: DWTP									
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT						
	Well 1 outside	7-25-06	1210	DW	x	x	266722	1	x					
	Well 2 inside		1215		x	x	266723	1	x					
	P.O.E.		1218		x		266724	1	x					

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.

PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED, H2SO4
 METALS CONTAINERS PRESERVED, HNO3
 OTHER:

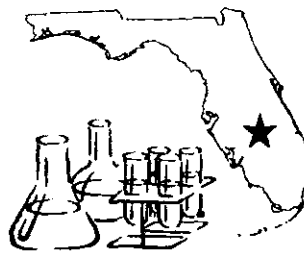
YES	NO
-	

SAMPLE QTY:	RELINQUISHED BY: <i>Robert Hauer</i>	ACCEPTED BY: <i>[Signature]</i>	DATE: 7-25-06	TIME: 1340

58810

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client: Aqua Utilities Florida, Inc.
Address: P.O. Box 490310
City, St, Zip: Leesburg, FL 34749-0310
Attention:
Report #: 2006080048
Date: August 7, 2006
Project: Leisure Acres
Sample #'s: 266722-266724

This report package includes the following contents and attachments:


Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	J	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

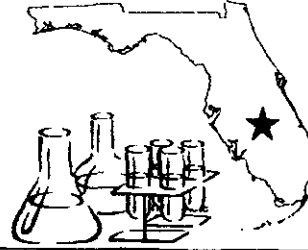

Robert A. Watkins, Jr.
Project Manager

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(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client:	Aqua Utilities Florida, Inc.	Report #:	2006080048
Address:	P.O. Box 490310	Date:	August 7, 2006
City, St, Zip:	Leesburg, FL 34749-0310	Project:	Leisure Acres
Attention:		Sample #'s:	266722-266724

This report package includes the following contents and attachments:


Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,


Robert A. Watkins, Jr.
Project Manager

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SHORT ENVIRONMENTAL LABORATORIES, INC.

10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg,, FL 34749-0310

08/02/2006
Page 1 of 3

Laboratory Number: 266722

Project: Leisure Lakes
Location: DWTP
Sample ID: Well 1 Outside
Sampled By: R. Paver on 07/25/2006 @ 1210
Received: 07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	1.98	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg,, FL 34749-0310

08/02/2006
Page 1 of 3

Laboratory Number: 266722

Project: Leisure Lakes
Location: DWTP
Sample ID: Well 1 Outside
Sampled By: R. Paver on 07/25/2006 @ 1210
Received: 07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	1.98	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

10405 US 27 South

Sebring, Florida 33876

(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg,, FL 34749-0310

08/02/2006

Page 2 of 3

Laboratory Number: 266723

Project: Leisure Lakes
Location: DWTP
Sample ID: Well 2 Inside
Sampled By: R. Paver on 07/25/2006 @ 1215
Received: 07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	2.20	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg,, FL 34749-0310

08/02/2006
Page 2 of 3

Laboratory Number: 266723

Project: Leisure Lakes
Location: DWTP
Sample ID: Well 2 Inside
Sampled By: R. Paver on 07/25/2006 @ 1215
Received: 07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	2.20	mg/L	EPA 376.1	R. Heath	07/26/2006 @ 1156	0.05

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.

10405 US 27 South
Sebring, Florida 33876
(800) 833-4022 NELAP Accredited FDOH# 85845 (863) 655-4022

For: Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, FL 34749-0310

08/02/2006
Page 3 of 3

Laboratory Number: 266724

Project: Leisure Lakes
Location: DWTP
Sample ID: P.O.E.
Sampled By: R. Paver on 07/25/2006 @ 1218
Received: 07/25/2006 @ 1300

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Sulfide	0.48	mg/L	EPA 376.1	T. Heath	07/26/2006 @ 1156	0.05

Respectfully Submitted,
Robert A. Watkins, Jr.
Project Manager

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

LABORATORY ANALYSES					
IL					
H ₂ S					

SAMPLER'S NAME: (PLEASE PRINT) ROBERT HAUER		CLIENT NAME: Aqua Utilities						
SAMPLER'S SIGNATURE: <i>Robert Hauer</i>		PROJECT: Leisure Lakes			LOCATION: DWTP			
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT
	Well 1 outside	7-25-06	1210	DW	X	X	266722	1
	Well 2 inside	I	1215	I	X	X	266723	1
	P.O.E.	I	1218	I	X		266724	1

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

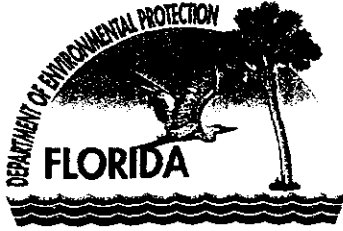
SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED, H2SO4
 METALS CONTAINERS PRESERVED, HNO3
 OTHER:

YES	NO
-	

58810

SAMPLE QTY:	RELINQUISHED BY: <i>Robert Hauer</i>	ACCEPTED BY: <i>[Signature]</i>	DATE: 7-25-06	TIME: 1300

CHAIN OF CUSTODY AND TRANSMITTAL FORM



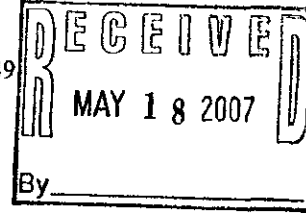
Florida Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, FL 33902-2549

file
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary



May 10, 2007

John M Lihvarcik, President & COO
Aqua Utilities Florida, Inc.
PO Box 490310
Leesburg, Florida 34749

PATRICK
For your information.
Need to work w/ Bill Robert do
respond to Homs
JP

5/18

Re: Highlands County - PW
Leisure Lakes
PWS I.D. Number: 6280064
Compliance Inspection Report

Dear Mr. Lihvarcik:

Enclosed is your copy of the recently completed Compliance Inspection Report for the referenced public drinking water system.

The deficiencies listed in the Report may in violation of Rule 62-555, F.A.C. Deficiency must be addressed by June 8, 2007, as this is a repeat deficiency from 2006. Failure to take corrective action to meet any applicable standard or treatment technique set forth in Chapters 62-550, 62-555, and 63-560 is a prohibited act under Chapter 62-560.310(1). The Department can take enforcement and assess administrative penalties.

Correct the remaining deficiencies as soon as possible and notify the Department in writing postmarked no later than June 25 2007, indicating which deficiencies have been corrected. For those deficiencies that have not been corrected, indicate how and on what schedule the system will address the deficiencies noted in the report.

DOCUMENT NUMBER - DATE

04307 MAY 22 08

FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
South District - Fort Myers Office

SANITARY SURVEY REPORT

Plant Name LEISURE LAKES County Highlands PWS ID # 6280064
Plant Location Hillcrest St in Covered Bridge Sub-Division, Lake Placid FL 33852 Phone _____
Owner Name Aqua Utilities, Florida, Inc. Phone _____
Owner Address 6960 Professional Parkway East, Suite 400, Sarasota FL 34240
Contact Person Glenn LaBrecque Title Regional President Phone (941) 907-7420
This Survey Date 5/31/05 Last Survey Date 6/18/02 Last C.I. Date 6/23/04

PWS TYPE & CLASS

- Community
 Non-transient Non-community
 Transient Non-Community

PWS STATUS

- Approved system with approval number & date
WC28-02187 (3/11/77)
 Unapproved system

SERVICE AREA CHARACTERISTICS

Residential Community

Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
David Faircloth "C" 8189

O & M Log: Yes No Not required

Operator Visitation Frequency

Hrs/day: Required _____ Visits _____ Actual _____ Visits _____

Days/wk: Required _____ Actual _____

Non-consecutive Days? Yes No N/A

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Number of Service Connections 200

Population Served 400 Basis X2

Average Day (from MORs) 23,100 gpd

Max. Day (from MORs) 65,000 gpd

Max-day Design Capacity 72,000 gpd

Comments _____

RAW WATER SOURCE

- GROUND; Number of Wells 2
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
Source Gas powered generator
Capacity of Standby (kW) 45 kw
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

- Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____

Satisfy 1/2 max-day demand? Yes No Unk
Comments _____

TREATMENT PROCESSES IN USE

Chlorination, corrosion control, aeration.

What additional treatment is needed?

None

For control of what deficiencies?

N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type 4" Neptune

Backflow Prevention Devices: Yes No

Cross-connections None observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: Yes No N/A

Comments Plant pressure 55 psi

Remote pressure 54 psi

GROUND WATER SOURCE

Well Number	1 (inside)	2 (outside)		
Florida ID	AAH9357	AAH9358		
Year Drilled	1974	1975		
Depth Drilled	1520'	590'		
Drilling Method	Rotary	Rotary		
Type of Grout	—	—		
Static Water Level	20'	22'		
Pumping Water Level	50'	40'		
Design Well Yield	200	50		
Test Yield	450	—		
Actual Yield (if different than rated capacity)	200	50		
Strainer	40' Screen	—		
Length (outside casing)	485'	492'		
Diameter (outside casing)	8"	4"		
Material (outside casing)	Steel	Steel		
Well Contamination History	OK	OK		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	None	None	
	Reuse Water	No	No	
	WW Plumbing	No	No	
	Other Sanitary Hazard	None	None	
PUMP	Type	V Turb	Submers	
	Manufacturer Name	Goulds	Goulds	
	Model Number	—	UTM 20432	
	Rated Capacity (gpm)	200	50	
	Motor Horsepower	—	—	
Well casing 12" above grade?	Yes	No		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	Yes	Yes		

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Regal Capacity 2@100 ppd
 Chlorine Feed Rate Well not operating at time of inspection
 Avg. Amount of Cl₂ gas used 5-6 ppd
 Chlorine Residuals: Plant 1.7 Remote 1.0
 Remote tap location Tap in front of Clubhouse
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Aerator
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	G		
Capacity (gal)	17,000		
Material	Concrete		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	N/A		
Sight Glass or Level Indicator	N/A		
Fittings for Sight Glass	N/A		
Protected Openings	Yes		
PRV/ARV	N/A		
On/Off Pressure	N/A		
Access Padlocked	Yes		

Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Scale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fresh Ammonia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Cent.	Cent.	
Make	Sterling	Sterling	
Model	C62OAM	C62OAM	
Capacity (gpm)	208@133'	208@133'	
Motor HP	15	15	
Date Installed	1998	1998	
Maintenance	Weekly	Weekly	

Comments _____

AERATION (Gases, Fe, & Mn Removal)

Type Tray Capacity Unk
 Aerator Condition ok
 Bloodworm Presence No
 Visible Algae Growth No
 Protective Screen Condition ok
 Comments _____

DEFICIENCIES:

1. There was no written preventative maintenance program onsite for review and there was no record onsite for review of any preventative maintenance that is being performed. It was indicated in a letter dated September 28, 2004 that the system was working towards establishing a written preventative maintenance program. "Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly." Rule 62-555.350(2) F.A.C. The plan and records must be available for review by an inspector during a Compliance Inspection or a Sanitary Survey.

2. There was no isolation valve-exercising program or any record of exercising isolation valves onsite at the water treatment plant. It was indicated in a letter dated September 28, 2004 that the system was working toward establishing a written preventative maintenance program. In the same letter it was indicated that the equipment manufacturer of the isolation valves recommends that the valves be exercised annually. This statement needs to be a part of the (written) preventative maintenance program. The program needs to identify the location of the valves (including those at the water treatment plant) by a listing or map location. There needs to be a record that documents that the valves have been exercised. Rule 62-555.350(12)(c) F.A.C. The plan and records must be available for review by an inspector during a Compliance Inspection or a Sanitary Survey.

3. There was no written flushing program onsite for review. The December 2004 plan that was submitted to the Department needs to be revised. The dead-end mains are to be identified and they "shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water". Rule 62-555.350(2) F.A.C. There needs to be a record that the dead-end mains are being flushed. Rule 62-555.350(12)(c) F.A.C. The frequency of flushing may change based in the initial chlorine reading when the line is flushed.

COMMENTS:

1. "An operation and maintenance manual is due to be completed by December 31, 2005. "Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants by no later than December 31, 2005, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection." F.A.C. 62-555.350(13)

2. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water

Do we know when the last inspection was?

uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank. The cleaning and inspection must be completed by August 28, 2008.

3. An emergency preparedness plan is due to be completed by December 31, 2004. (Note: the Department will be changing the compliance date to December 31, 2005 by a rule revision.) "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

- (a) A communication chart as described in Chapter 5 of AWWA Manual M19.
- (b) Written agreements with other agencies, utilities, or response organizations.
- (c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.
- (d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.
- (e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

4. An up-to-date map of the drinking water distribution system is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

5. Recordkeeping Requirements

Suppliers of water need to keep records at the facility or convenient to the facility for review during an inspection. Rule 62-550.720, F.A.C.

“Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:

(1) Records of bacteriological analyses made under this chapter shall be kept for not less than 5 years. Records of physical, chemical, or radiological analyses made under any portion of this chapter other than Rule 62-550.800, F.A.C., shall be kept for not less than 10 years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the information required in Rule 62-550.730, F.A.C., is included.

(2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.

(3) Copies of any written reports, summaries, or communications relating to cross connection control program or sanitary surveys of the system conducted by the system itself, by a private consultant or by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.

(4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.

(5) Monthly operation reports shall be kept for a period of not less than 10 years.

(6) Any system subject to the requirements of Rule 62-550.800, F.A.C., shall retain, for no fewer than 12 years, original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, Department determinations, and any other information required by Rule 62-550.800, F.A.C.”

Suppliers of water need to keep operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-555.350(12) F.A.C.

“(12) Suppliers of water shall keep and submit operation and maintenance logs, reports, and records as described below.

(a) All suppliers of water shall keep operation and maintenance logs at their drinking water treatment plants. For plants that are part of a transient non-community water system using only ground water and serving only businesses other than public food service establishments, the operation and maintenance logs shall contain a minimum of three months of data at all times and shall contain the date and type of all maintenance performed and the date and results of all sampling and analyses performed unless the sampling or analyses are documented on a laboratory sheet. For all other plants, the operation and maintenance logs shall contain the information listed in, and shall be maintained as described in, subsection 62-602.650(4), F.A.C.”

(b) For all public water systems except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office or Approved County Health Department within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C., and shall do so using the following forms as applicable: Form 62-555.900(2), Monthly Operation Report for Subpart H Systems, as incorporated into paragraph 62-550.817(11)(a), F.A.C.; Form 62-555.900(3), Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(4), Monthly Operation Report for Consecutive Systems that Do Not Treat Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(6), Monthly Operation Report for Consecutive Systems that Receive Purchased Finished Water from a Subpart H System, as incorporated into paragraph 62-550.817(11)(b), F.A.C.; Form 62-555.900(11), Monthly Operation Report for Summation of Finished-Water Production by CWSs that Have Multiple Treatment

Plants, hereby adopted and incorporated by reference, effective August 28, 2003. Copies of these forms are available from the Department of Environmental Protection Drinking Water Section, M.S. 3520, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. Suppliers of water shall keep copies of monthly operation reports, together with any additional operation records required by the monthly operation reports, for at least ten years in accordance with subsection 62-550.720(5), F.A.C.

(c) All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C.

Suppliers of water need to maintain operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-602.650(4) F.A.C.

“(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous three months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the appropriate Department district office or the local regulatory agency. The logs shall contain:

- (a) Identification of the plant;
- (b) The signature and license number of the operator and the signature of the persons making any entries;
- (c) Date and time in and out;
- (d) Specific operation and maintenance activities and any repairs made;
- (e) Results of tests performed and samples taken, unless documented on a laboratory sheet.
- (f) Performance of preventive maintenance and repairs or requests for repair of the equipment.”

Suppliers of water are to maintain lead and copper records. 40 CFR 141.91 as incorporated by Rule 62-550.800.

The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule. 40 CFR 141.91 Recordkeeping Requirements; Any system subject to the requirements of this subpart shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, State determinations, and any other information required by 40 CFR 141.81 through 40 CFR 141.88. Each water system shall retain the records required by this section for no fewer than 12 years.

RECOMMENDATIONS: None

Inspector: Raymond W Kenney Raymond W Kenney Title Engineering Specialist II

Date 6/2/05

Reviewed by James Oni James Oni Title P.E. III

Date 6/2/05

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 01/01/07 To: 01/31/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 DTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	8.024	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					8.5	8.5	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.6		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					3.2	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.8		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	07/02/06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DOCUMENT NUMBER-DATE

04307 MAY 22 08 1

FPSC-COMMISSION CLERK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLAD14388-001-DW3P
MONITORING PERIOD—From: 01/01/2007 **To:** 01/31/2007
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBE R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031616 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				5	NA	5	#100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100	Monthly	Grab
COLIFORM, FECAL 031616 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.7		#100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.4			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.10	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					895		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					1280		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab

MAY-1-2008 02:16P FROM: SHORT UTILITY

8634712102

TO: 13527876333

P. 7

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.021
 (TMSDF/Permitted Capacity)x100: 42%

Month / Year: January-07

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Diabfact) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50060	80082	00530	80082	00530	00400	00400	74055	50060	00820		
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.034											
2	0.034						7.6		1.6			
3	0.010						7.5		1.5			
4	0.035						7.5		1.4			
5	0.020						7.5		1.8			
6	0.021						7.5		1.6			
7	0.023						7.4		1.5			
8	0.026						7.5		1.7			
9	0.028						7.6		1.5			
10	0.011						7.5		1.8			
11	0.028	695	1260	5.5	3.2		7.5	5	2.0	0.1	13:00	G
12	0.017						7.5		1.9			
13	0.024											
14	0.024						7.5		2.1			
15	0.023											
16	0.023						7.5		2.0			
17	0.030						7.5		2.3			
18	0.014						7.6		1.8			
19	0.024						7.5		2.0			
20	0.027						7.5		1.7			
21	0.021						7.6		1.9			
22	0.026						7.5		2.0			
23	0.022						7.6		1.8			
24	0.025						7.5		2.0			
25	0.019						7.6		2.2			
26	0.024						7.5		2.3			
27	0.022											
28	0.022											
29	0.021						7.5		2.0			
30	0.027						7.4		2.2			
31	0.028						7.5		2.1			
Total	0.733											
Mo.Avg.	0.024	695	1260	5.5	3.2		7.5	5	1.9	0.10		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

0003/034

04/03/2008 THU 9:11 FAX --- Leesburg office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6980 Professional Parkway E., Suite 400
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014386-001-DW3P
MONITORING PERIOD--From: 02/01/07 **To:** 02/28/07
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Pans / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33862
COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. & Sta No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050060 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.025	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 60082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					4.4	4.4	mg/L	Monthly	Grab
	Permit Requirement					10, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 60082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.8		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000630 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.8		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
PH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4	7.8		s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum	8.5 (max)		s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falroth		(883) 471-1400	07/03/28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6980 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD—From: 02/01/2007 To: 02/28/2007

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33862
 COUNTY: Highlands

FACILITY ID: 6228PQ5930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: JG
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
031616 1 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1.3		#/100		Monthly	Grab
031616 Y EPA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Distribution)	Sample Measurement				1.8			mg/L		Daily 8 AM	Grab
050090 1 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.8 (min)			mg/L		Daily 8 AM	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.04	mg/L		Monthly	Grab
000800 1 EPA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 20°C)	Sample Measurement					482		mg/L		Monthly	Grab
040062 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT	Sample Measurement					278		mg/L		Monthly	Grab
000630 0 INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014389-001-DWSP

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.023
40%

Month / Year: February-07

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (S.U.) min.	pH (S.U.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.5		2.0			
2	0.030						7.5		1.8			
3	0.017						7.8		2.1			
4	0.025						7.5		1.7			
5	0.030						7.4		2.0			
6	0.019						7.5		2.2			
7	0.028						7.4		2.1			
8	0.019						7.5		1.8			
9	0.025						7.5		1.9			
10	0.024											
11	0.024											
12	0.025						7.5		2.0			
13	0.021						7.5		1.8			
14	0.012						7.4		2.1			
15	0.036						7.5		2.2			
16	0.024						7.5		1.6			
17	0.023						7.5		1.8			
18	0.024						7.8		2.0			
19	0.033						7.5		1.6			
20	0.022						7.5		1.5			
21	0.023						7.8		1.8			
22	0.020	452	276	4.4	2.4		7.5	1u	2.0	0.04	11:30	G
23	0.029						7.6		1.6			
24	0.028											
25	0.028											
26	0.027						7.5		1.8			
27	0.019						7.5		1.9			
28	0.030						7.8		2.0			
Total	0.691											
Mo. Avg.	0.025	452	276	4.4	2.4		7.5	1U	1.9	0.04		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Route:

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

0005/034

04/03/2008 THU 9:12 FAX --- Leesburg office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 03/01/07 To: 03/31/07

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050060 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.024	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 20° C) 40062 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					4.1	4.1	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 20° C) B0082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000690 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.5, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(883) 471-1400	07/04/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

0006/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6860 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014386-001-DW3P
 MONITORING PERIOD—From: 03/01/2007 To: 03/31/2007

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33862
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Store code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL		Sample Measurement			1U	NA	1U	#/100	Monthly	Grab
031618 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			Report (Yearly)	400 (90 Percentile)	600 (max)	#/100	Monthly	Grab
COLIFORM, FECAL		Sample Measurement				1.3		#/100	Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement				200 ANN.AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement			1.4			mg/L	Daily 6/wk	Grab
080080 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			0.5 (min)			mg/L	Daily 6/wk	Grab
NITROGEN, TOTAL (as N)		Sample Measurement					0.61	mg/L	Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)		Sample Measurement				348		mg/L	Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT		Sample Measurement				258		mg/L	Monthly	Grab
000630 G INF-01 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY		mg/L	Monthly	Grab

04/03/2008 THU 9:12 FAX --- Leesburg office

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.024
 (TMSDF/Permitted Capacity)x100: 48%

Month / Year: March-07

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.5		2.0			
2	0.014						7.5		1.8			
3	0.035						7.4		1.7			
4	0.023						7.5		1.9			
5	0.020						7.5		1.8			
6	0.022						7.6		1.8			
7	0.021						7.5		1.5			
8	0.029						7.5		1.6			
9	0.018						7.5		1.5			
10	0.031						7.5		1.8			
11	0.024						7.4		2.0			
12	0.022						7.5		1.8			
13	0.032	348	256	4.1	2.4		7.5	1u	1.9	0.61	13:00	G
14	0.019						7.5		2.1			
15	0.021						7.5		1.8			
16	0.030						7.5		2.1			
17	0.024						7.6		2.0			
18	0.022						7.5		1.7			
19	0.017						7.5		1.9			
20	0.030						7.4		2.0			
21	0.021						7.5		1.8			
22	0.025						7.5		2.2			
23	0.012						7.6		1.6			
24	0.027											
25	0.027											
26	0.028						7.6		1.9			
27	0.027						7.6		1.7			
28	0.033						7.5		1.8			
29	0.014						7.6		1.6			
30	0.026						7.5		1.4			
31	0.015						7.6		1.7			
Total	0.734											
Mo.Avg.	0.024	348	256	4.1	2.4		7.5	1U	1.8	0.61		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

0008/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD—From: 04/01/07 To: 04/30/07

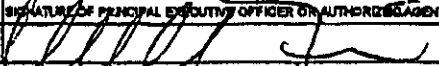
FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 6228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Mon. Sta No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 06060 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.020	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 60062 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					4.0	4.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 60062 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					9.8	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000630 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.7		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	s.u.	Daily 6.wk	Grab
	Permit Requirement				6.0 minimum		8.6 (max)	s.u.	Daily 6.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falroloth		(863) 471-1400	07/06/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

04/03/2008 THU 9:12 FAX --- Leesburg office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 04/01/2007 To: 04/30/2007

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storage code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031816 1 EFA-01	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COLIFORM, FECAL 031816 Y EFA-01	Sample Measurement					1u		#/100	Monthly	Grab
ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 080090 1 EFA-01	Sample Measurement				1.4			mg/L	Daily 5.wk	Grab
EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000800 1 EFA-01	Sample Measurement						1.30	mg/L	Monthly	Grab
EFFLUENT GROSS VALUE	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 20C) 080082 G INF-01	Sample Measurement					50		mg/L	Monthly	Grab
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT 000830 G INF-01	Sample Measurement					356		mg/L	Monthly	Grab
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DWSP

Three-month Average Daily Flow: 0.023
(TMSDF/Permitted Capacity)x100: 46%

Month / Year: April-07

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50060	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.5		2.0			
2	0.015						7.5		1.8			
3	0.021						7.4		1.7			
4	0.026						7.5		1.9			
5	0.028						7.5		1.8			
6	0.022						7.6		1.6			
7	0.019						7.5		1.5			
8	0.019						7.5		1.6			
9	0.019						7.5		1.5			
10	0.023						7.5		1.6			
11	0.016						7.4		2.0			
12	0.027	50	358	4.0	9.6		7.5	1u	1.8	1.3	13:25	G
13	0.014						7.5		1.9			
14	0.032						7.5		2.1			
15	0.021						7.5		1.8			
16	0.016						7.5		2.1			
17	0.013						7.6		2.0			
18	0.026						7.5		1.7			
19	0.021						7.5		1.9			
20	0.014						7.4		2.0			
21	0.012						7.5		1.8			
22	0.019						7.5		2.2			
23	0.018						7.6		1.6			
24	0.017											
25	0.009											
26	0.022						7.6		1.9			
27	0.023						7.6		1.7			
28	0.019						7.5		1.8			
29	0.019						7.6		1.6			
30	0.018						7.5		1.4			
Total	0.593											
Mo. Avg.	0.020	50	358	4.0	9.6		7.5	1U	1.8	1.30		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

011/034

04/03/2008 THU 9:13 FAX -- Leesburg office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

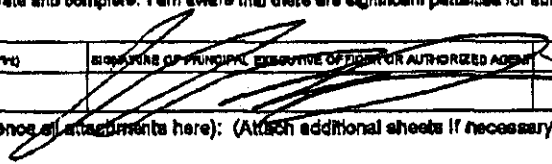
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD—From: 06/01/07 To: 05/31/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050080 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.018	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann. Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 60082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30 Monthly	60 Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 60082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000690 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	1U	mg/L	Monthly	Grab
	Permit Requirement					30 Monthly	60 Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000690 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.7		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	n.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	n.u.	Daily 5.wk	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 (Type of Firm)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	07/06/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference to attachments here): (Attach additional sheets if necessary.)

012/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 06/01/2007 To: 05/31/2007

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 6228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Store code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
COLIFORM, FECAL		Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			Report (Average)	400 (90 Percentile)	800 (max)		#/100		Monthly	Grab
COLIFORM, FECAL		Sample Measurement				1U			#/100		Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement				200 ANN_AVG.			#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement				1.8			mg/L		Daily 5/wk	Grab
060080 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement				0.5 (min)			mg/L		Daily 5/wk	Grab
NITROGEN, TOTAL (as N)		Sample Measurement					1.32		mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					12 (max)				Monthly	Grab
BOD, Carbonaceous (5 day 20° C)		Sample Measurement					328		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE		Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT		Sample Measurement					852		mg/L		Monthly	Grab
000630 G INF-01 INFLUENT GROSS VALUE		Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

04/03/2008 THU 9:13 FAX --- Leesburg office

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.020
 (TMSDF/Permitted Capacity)/100: 40%

Month / Year: May-07

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.017						7.5		1.9			
2	0.006						7.5		1.8			
3	0.019						7.5		2.0			
4	0.014						7.5		2.3			
5	0.021						7.4		1.9			
6	0.015						7.5		2.2			
7	0.011						7.5		2.6			
8	0.015						7.5		2.2			
9	0.014						7.5		2.1			
10	0.016						7.4		2.0			
11	0.014						7.5		2.2			
12	0.018						7.4		2.0			
13	0.019						7.5		1.9			
14	0.015						7.5		2.2			
15	0.012						7.5		1.7			
16	0.018						7.5		1.9			
17	0.015						7.5		2.1			
18	0.015						7.5		1.6			
19	0.012						7.6		1.8			
20	0.017						7.5		1.7			
21	0.014						7.5		2.2			
22	0.022	329	852	2u	1.0		7.5	1u	2.5	1.32	11:40	G
23	0.012						7.5		2.1			
24	0.013						7.6		1.8			
25	0.022						7.5		2.2			
26	0.018						7.5		2.0			
27	0.015											
28	0.015											
29	0.015						7.6		1.8			
30	0.015						7.5		2.0			
31	0.020						7.6		1.9			
Total	0.482											
Mo.Avg.	0.016	329	852	2U	1U		7.5	1U	2.0	1.32		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

0014/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

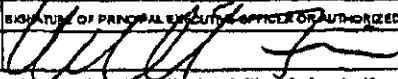
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 06/01/07 To: 06/30/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant		0.016	0.020	MGD					Continuous	Flow Meter
060060 1 OTH-01 ANNUAL AVERAGE DAILY		Report Monthly	0.060 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)						2U	2U	mg/L	Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE						30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						3.1		mg/L	Monthly	Grab
80082 Y EFA-01 ANNUAL GROSS VALUE						20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT						1.4	1.4	mg/L	Monthly	Grab
000550 1 EFA-01 EFFLUENT GROSS VALUE						30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT						2.7		mg/L	Monthly	Grab
000630 Y EFA-01 ANNUAL GROSS VALUE						20.0 Ann_Avg.		mg/L	Monthly	Grab
pH					7.4		7.6	s.u.	Daily & wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE					6.0, minimum		8.5, (max)	s.u.	Daily & wk	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 (Type if Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(853) 471-1400	07/08/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

04/03/2008 THU 9:13 FAX --- Leesburg office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 06/01/2007 To: 06/30/2007

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Lelaure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement / Permit Requirement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analyze	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COUFORM, FECAL 031816 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	600 (max)	#/100	Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1U		#/100	Monthly	Grab
	Permit Requirement					200 ANN AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.8			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						3.16	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 20C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					144		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT 000630 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					648		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.017
 (TMSDF/Permitted Capacity)x100: 35%

Month / Year: June-07

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.017						7.5		2.0			
2	0.015						7.4		1.7			
3	0.017						7.5		1.9			
4	0.013						7.5		1.7			
5	0.012						7.5		2.0			
6	0.019						7.6		1.8			
7	0.017						7.5		2.0			
8	0.013						7.5		1.6			
9	0.020											
10	0.020											
11	0.019						7.5		1.9			
12	0.008						7.5		2.2			
13	0.015						7.6		1.7			
14	0.019						7.5		2.2			
15	0.009	144	948	2.0	1.4		7.6	1	1.8	3.16	10:35	G
16	0.019						7.5		1.8			
17	0.018						7.6		2.0			
18	0.013						7.5		2.1			
19	0.023						7.5		2.2			
20	0.011						7.6		2.3			
21	0.018						7.5		2.2			
22	0.018						7.5		2.3			
23	0.006											
24	0.006						7.5		2.2			
25	0.028						7.5		2.8			
26	0.025						7.5		2.4			
27	0.019						7.5		2.2			
28	0.018						7.5		2.3			
29	0.015						7.5		2.6			
30	0.013						7.4		2.1			
Total	0.483											
Mo. Avg.	0.016	144	948	2U	1.4		7.5	1U	2.1	3.16		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

017/034

04/03/2008 THU 9:13 FAX --- Leesburg office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014385-001-DW3P
 MONITORING PERIOD--From: 07/01/07 To: 07/31/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Store code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.016	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.060 Ann. Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 20C) 60082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 20C) 60082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	1U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000630 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.6		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.6 (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	07/08/07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

00187034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 07/01/2007 To: 07/31/2007

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic

FACILITY: Leleure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.

DISCHARGE POINT NUMBER: R001

COUNTY: Highlands

PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031618 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Range)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 061618 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1u		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 060080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L		Daily 5,wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5,wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						3.90	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080087 6 INF-01 INFLUENT GROSS VALUE	Sample Measurement					61		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 6 INF-01 INFLUENT GROSS VALUE	Sample Measurement					60		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

04/03/2008 THU 9:13 FAX Leeburg office

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014398-001-DW3P

Month / Year: July-07

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.016
32%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.017						7.4		2.3			
2	0.014						7.5		2.0			
3	0.015						7.5		2.2			
4	0.021						7.6		2.1			
5	0.010						7.5		2.3			
6	0.015						7.5		2.0			
7	0.018											
8	0.016						7.8		1.8			
9	0.026						7.8		2.1			
10	0.012						7.5		1.7			
11	0.021						7.5		1.9			
12	0.009						7.5		3.2			
13	0.016						7.6		3.3			
14	0.015						7.6		3.1			
15	0.019						7.4		2.4			
16	0.015						7.5		3.4			
17	0.011						7.5		3.2			
18	0.014						7.5		3.0			
19	0.022	51	50	2u	1u		7.5	1u	3.4	3.90	13:50	G
20	0.015						7.5		3.5			
21	0.012						7.4		1.1			
22	0.012											
23	0.013						7.5		1.2			
24	0.015						7.4		1.0			
25	0.010						7.5		2.0			
26	0.017						7.5		3.0			
27	0.018						7.5		3.4			
28	0.021						7.4		2.3			
29	0.020						7.5		2.8			
30	0.018						7.5		3.0			
31	0.013						7.5		3.4			
Total	0.489											
Mo. Avg.	0.016	51	50	2U	1U		7.5	1U	2.5	3.90		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

020/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 08/01/07 To: 08/31/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050080 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.019	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 20C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 20C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.2	1.2	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.6		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Wendell L. Falcieth		(863) 471-1400	07/09/26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments to Notes) (Attach additional sheets if necessary.)

04/03/2008 THU 9:14 FAX --- Leesburg office

021/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 08/01/2007 To: 08/31/2007

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 6228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter State code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
COLIFORM, FECAL 031816 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1u		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 060080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				2.2			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 6.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						2.25	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 20 C) 080062 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					181		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000630 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					88		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

04/03/2008 THU 9:14 FAX Leeburg office

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DWSP

Month / Year: August-07

Three-month Average Daily Flow: 0.017
(TMSDF/Permitted Capacity)x100: 34%

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBODS (mg/L)	Influent TSS (mg/L)	Effluent CBODS (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.019						7.5		2.8			
2	0.015						7.5		2.2			
3	0.016						7.4		2.9			
4	0.017											
5	0.017											
6	0.016						7.5		3.3			
7	0.030						7.5		3.4			
8	0.019						7.8		3.5			
9	0.020						7.5		3.3			
10	0.021						7.5		3.4			
11	0.020						7.5		3.3			
12	0.017						7.4		3.0			
13	0.026						7.5		3.4			
14	0.016						7.5		3.5			
15	0.014						7.6		3.4			
16	0.026						7.5		3.3			
17	0.023	191	66	2u	1.2		7.5	1u	3.2	2.3	13:40	G
18	0.017											
19	0.017											
20	0.016						7.5		3.1			
21	0.020						7.5		3.4			
22	0.014						7.5		3.2			
23	0.016						7.5		3.0			
24	0.022						7.6		3.4			
25	0.017						7.5		3.1			
26	0.019						7.6		3.3			
27	0.018						7.5		3.4			
28	0.016						7.6		3.2			
29	0.022						7.5		3.4			
30	0.012						7.6		3.3			
31	0.016						7.6		3.5			
Total	0.574											
Mo. Avg.	0.019	191	68	2U	1.2		7.5	1U	3.2	2.25		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

02023/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6660 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

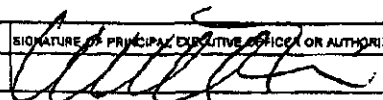
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 09/01/07 To: 09/30/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.016	0.018	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000930 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	1U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000930 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	s.u.	Daily 6.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 6.wk	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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	07/10/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

04/03/2008 THU 9:14 FAX -- Leesburg office

024/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 09/01/2007 To: 09/30/2007

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>Store code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COLIFORM, FECAL	Sample Measurement					1u		#/100	Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.8			mg/L	Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						6.33	mg/L	Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 20C)	Sample Measurement					284		mg/L	Monthly	Grab
080062 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT	Sample Measurement					176		mg/L	Monthly	Grab
000590 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab

04/03/2008 THU 9:14 FAX --- Leesburg office

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.017
(TMSDF/Permitted Capacity)x100: 34%

Month / Year: September-07

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.016						7.6		3.6			
2	0.013						7.5		3.3			
3	0.019											
4	0.019						7.4		3.0			
5	0.021						7.5		3.4			
6	0.016						7.4		3.2			
7	0.019						7.6		3.5			
8	0.014						7.5		3.1			
9	0.016						7.5		3.3			
10	0.021						7.6		3.4			
11	0.012	284	176	2u	1u		7.6	1u	3.5	6.33	11:30	G
12	0.013						7.5		3.2			
13	0.011						7.6		2.6			
14	0.018						7.6		3.6			
15	0.017											
16	0.018						7.5		3.3			
17	0.012						7.6		3.5			
18	0.018						7.5		2.0			
19	0.010											
20	0.011						7.5		1.8			
21	0.018						7.6		3.6			
22	0.020						7.5		2.8			
23	0.017						7.6		3.1			
24	0.015						7.6		3.5			
25	0.014						7.5		3.2			
26	0.018											
27	0.017						7.6		3.5			
28	0.014						7.6		3.0			
29	0.015											
30	0.015											
Total	0.475											
Mo. Avg.	0.016	284	176	2U	1U		7.5	1U	3.2	6.33		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Aqua Utilities Florida, Inc.	PERMIT NUMBER:	FLA014388-001-DW3P
MAILING ADDRESS:	8980 Professional Parkway E., Suite 400 Sarasota, Florida 34240	MONITORING PERIOD--From:	10/01/07 To: 10/31/07
FACILITY:	Leisure Lakes / Covered Bridge	LIMIT:	Final
LOCATION:	101 Parkview Circle S. Lake Placid, FL 33852	CLASS SIZE:	Minor
COUNTY:	Highlands	FACILITY ID:	5228P05930 GROUP: Domestic
		DISCHARGE POINT NUMBER:	R001
		PLANT SIZE/TREATMENT TYPE:	3C
		TYPE OF EFFLUENT DISPOSAL:	Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
<small>Store code Mon., Site No.</small> FLOW, in conduit or thru treatment plant 060060 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.016	0.018	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.2	1.2	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000630 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.6	s.u.	Daily 5.wk.	Grab
	Permit Requirement				8.0, minimum		8.5, (max)	s.u.	Daily 5.wk.	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	07/11/18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 8980 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 10/01/2007 To: 10/31/2007

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P08930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COULFORM, FECAL 031818 I EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COULFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1u		#/100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 I EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.0			mg/L	Daily 6.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 6.wk	Grab
NITROGEN, TOTAL (as N) 000800 I EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						2.10	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 050082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					160		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT 000830 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					64		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

Three-month Average Daily Flow: **0.017**
 (TMSDF/Permitted Capacity)x100: **34%**

Month / Year: **October-07**

Lelure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.016						7.5		3.2			
2	0.006						7.6		3.5			
3	0.032						7.6		3.3			
4	0.014						7.5		3.4			
5	0.011						7.6		3.5			
6	0.019						7.6		3.3			
7	0.017						7.5		3.1			
8	0.018						7.6		3.5			
9	0.010						7.5		3.2			
10	0.020						7.5		3.3			
11	0.016						7.6		3.4			
12	0.016						7.6		3.5			
13	0.012											
14	0.012											
15	0.011						7.5		3.2			
16	0.024						7.6		3.5			
17	0.016						7.5		3.4			
18	0.014	160	64	2u	1.2		7.6	1u	3.2	2.2	10:55	G
19	0.011						7.6		3.4			
20	0.016						7.5		3.1			
21	0.020						7.5		2.7			
22	0.019						7.6		3.4			
23	0.015						7.6		3.4			
24	0.018						7.6		3.3			
25	0.005						7.5		3.1			
26	0.021						7.6		3.4			
27	0.017											
28	0.017											
29	0.018						7.6		3.3			
30	0.018						7.5		3.4			
31	0.018						7.5		1.0			
Total	0.495											
No. Avg.	0.016	160	64	2U	1.2		7.6	1U	3.2	2.19		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 11/01/07 To: 11/30/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33862
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant		0.018	0.018	MGD					Continuous	Flow Meter
080050 1 OTH-01 ANNUAL AVERAGE DAILY		Report Monthly	0.060 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C)						2U	2U	mg/L	Monthly	Grab
80082 1 EFA-01 EFFLUENT GROSS VALUE						30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						3.1		mg/L	Monthly	Grab
80083 Y EFA-01 ANNUAL GROSS VALUE						20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT						1U	1U	mg/L	Monthly	Grab
000590 1 EFA-01 EFFLUENT GROSS VALUE						30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT						2.4		mg/L	Monthly	Grab
000590 Y EFA-01 ANNUAL GROSS VALUE						20.0 Ann_Avg.		mg/L	Monthly	Grab
pH					7.4		7.8	s.u.	Daily 5wk	Grab
000400 1 EFA-01 EFFLUENT GROSS VALUE					6.0, minimum		8.5, (max)	s.u.	Daily 5wk	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 (Type of Firm)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	07/12/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

RECEIVED

JAN 10 2008
 Aqua Utilities
 Florida Inc.

029/034

04/03/2008 THU 9:19 FAX --- Leesburg office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD—From: 11/01/2007 To: 11/30/2007

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33832
 COUNTY: Highlands

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COUFORM, FECAL	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				Report (Average)	400 (90 Percentile)	600 (max)	#/100	Monthly	Grab
COUFORM, FECAL	Sample Measurement					1U		#/100	Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE	Permit Requirement					200 ANNUAL AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.1			mg/L	Daily 5.wk	Grab
050580 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	Sample Measurement						0.06	mg/L	Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE	Permit Requirement						12 (max)	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 20 C)	Sample Measurement					220		mg/L	Monthly	Grab
060082 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab
TSS, INFLUENT	Sample Measurement					172		mg/L	Monthly	Grab
000630 G INF-01 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY		mg/L	Monthly	Grab

04/03/2008 THU 9:19 FAX Leeburg office

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.017
(TMSDF/Permitted Capacity)x100: 33%

Month / Year: November-07

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLCW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.009						7.6		3.4			
2	0.018						7.6		3.3			
3	0.017						7.5		3.0			
4	0.018						7.5		2.8			
5	0.023						7.6		3.4			
6	0.012						7.6		3.2			
7	0.016						7.6		3.4			
8	0.012						7.5		3.3			
9	0.018						7.6		1.1			
10	0.020											
11	0.020											
12	0.020						7.5		3.0			
13	0.017						7.6		1.2			
14	0.028						7.5		2.0			
15	0.020						7.5		3.1			
16	0.016						7.4		3.0			
17	0.011						7.4		2.6			
18	0.017						7.5		2.8			
19	0.021						7.5		1.8			
20	0.014	220	172	2u	1u		7.6	1u	2.2	0.1	12:35	G
21	0.029						7.6		3.3			
22	0.015						7.5		3.0			
23	0.021						7.5		3.6			
24	0.021											
25	0.021						7.6		3.4			
26	0.014						7.6		3.5			
27	0.016						7.5		1.5			
28	0.022						7.6		1.2			
29	0.022						7.5		3.4			
30	0.020						7.5		3.1			
31												
Total	0.544											
Mo. Avg.	0.018	220	172	2U	1U		7.5	1U	2.8	0.06		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

RECEIVED
JAN 10 2008

Type of Effluent Disposal or Reclaimed Water Reuse:

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

WATER QUALITY CONTROL BOARD
FLORIDA INC.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

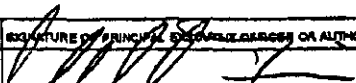
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 12/01/07 To: 12/31/07
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 6228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Lelaure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.019	0.019	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 60062 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.4	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 60062 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	1U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.7	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0 minimum		8.5 (max)	s.u.	Daily 5.wk	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 (Type of Post)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	08/01/07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here; Attach additional sheets if necessary.)

032/034

04/03/2008 THU 9:20 FAX -- Leesburg office

0033/034

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aque Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 12/01/2007 To: 12/31/2007

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
COLIFORM, FECAL		Sample Measurement				1U	NA	1U	#100		Monthly	Grab
031616 I EFA-01 EFFLUENT GROSS VALUE		Permit Requirement			Report (Average)	400 (90 Percentile)	600 (max)	#100			Monthly	Grab
COLIFORM, FECAL		Sample Measurement				1u		#100			Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE		Permit Requirement				200 ANN_AVG.		#100			Monthly	Grab
Chlorine, Total Residual (For Disinfection)		Sample Measurement				1.1		mg/L			Daily 5wk	Grab
060060 I EFA-01 EFFLUENT GROSS VALUE		Permit Requirement				0.5 (min)		mg/L			Daily 5wk	Grab
NITROGEN, TOTAL (as N)		Sample Measurement					0.07	mg/L			Monthly	Grab
000600 I EFA-01 EFFLUENT GROSS VALUE		Permit Requirement					12. (max)				Monthly	Grab
BOD, Carbonaceous (5 day 20 C)		Sample Measurement					135	mg/L			Monthly	Grab
030062 G INF-01 INFLUENT GROSS VALUE		Permit Requirement					REPORT MONTHLY	mg/L			Monthly	Grab
TSS, INFLUENT		Sample Measurement					166	mg/L			Monthly	Grab
000630 G INF-01 INFLUENT GROSS VALUE		Permit Requirement					REPORT MONTHLY	mg/L			Monthly	Grab

04/03/2008 THU 9:21 FAX -- Leesburg office

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA914388-001-DW3P

Three-month Average Daily Flow: 0.018
(TMSDF/Permitted Capacity)x100: 35%

Month / Year: December-07

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.011						7.6		3.4			
2	0.024						7.5		2.8			
3	0.020						7.6		3.5			
4	0.018						7.6		3.4			
5	0.022						7.5		3.3			
6	0.015						7.4		3.0			
7	0.017	135	186	2.4	1u		7.5	1u	1.1	0.1	12:20	G
8	0.019											
9	0.019											
10	0.020						7.7		3.2			
11	0.023						7.7		2.2			
12	0.017						7.6		1.6			
13	0.020						7.6		1.8			
14	0.017						7.5		1.9			
15	0.018						7.6		2.1			
16	0.020						7.5		1.7			
17	0.025						7.6		1.8			
18	0.007						7.5		2.2			
19	0.019						7.6		2.3			
20	0.019						7.6		3.2			
21	0.024						7.5		3.4			
22	0.017						7.5		2.8			
23	0.019						7.6		3.1			
24	0.021						7.5		2.6			
25	0.016											
26	0.017						7.6		2.8			
27	0.023						7.5		2.5			
28	0.013						7.6		2.6			
29	0.024											
30	0.024						7.5		2.2			
31	0.020						7.6		1.6			
Total	0.588											
Mo. Avg.	0.019	135	186	2.4	1U		7.6	1U	2.5	0.07		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

If you have any questions, please do not hesitate to contact Caitlyn Eck at (239) 332-6975, ext. 132. Your cooperation is appreciated.

Sincerely,



Keith Kleinmann
Environmental Manager

DWF/KK/JAL

cc:

Robert Paver - Aqua Utilities Florida, Inc. rjpaver@aquaamerica.com

Allen Slater - FRWA allen.slater@frwa.net



Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

file

December 26, 2007

Keith Kleinmann
Environmental Manager
FDEP South District
P.O. Box 2549

**RE: Reply to Compliance Evaluation Inspection
Leisure Lakes WWTF
Facility ID No. FLA014388
Highlands County**

Dear Mr. Kleinmann:

Thank you for your inspection on September 27, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. A copy of the current permit is located in the shed on site at the wastewater treatment facility.
2. We have discussed this with our contract operator and they have agreed to be sure the DMRs are delivered in a timely manner.
3. There have been no unauthorized releases of treated or untreated wastewater from this facility. We have investigated in between all the tanks at the facility and found it to be dry with no residual evidence of a spill.
4. An approved backflow preventer was on-site during the inspection. It is located just inside the fence at the entrance gate to the facility.
5. a. There was a little vegetation around the plant that has been cleaned now. The fence line has vegetation on it which aids in noise and odor control.
5. b. Since the inspection we have deragged the plant and replaced most of the diffusers.
5. c. The RAS does splash on top of the plant, but it does not splash onto the grounds surrounding the plant. Normal operations include hosing down of this area and washing any splashing back into the aeration tanks.
5. d. The plant has been deragged since the inspection.
5. e. This was not observed during our visit to the plant.

- 5. f. This was not observed during our visit to the plant.
- 5. g. The volume of the digester was full, however, wastewater facilities typically fill the digester and let it settle and supernate the clear water from the surface. This will thicken the sludge prior to hauling allowing for more efficient hauling of solids from the facility. The digester is equipped with an overflow, therefore there is no danger of the digester overflowing under normal operating conditions.
- 5. h. The vegetation has been removed.
- 5. i. The solids on the bottom of the chlorine contact chamber are removed when residuals are removed from the facility.
- 5. j. There is a bucket with lid onsite for disposal of the rags. The rags are allowed to dry on the grates over the tanks so the liquid drips into the tank. When the rags are dry, they are to be removed from the grates and placed in the bucket. The operator has been made aware and will follow this procedure.
- 6. Cracks in the tanks were observed, but no visible leaking from these cracks was observed.
- 7. The percolation ponds are consistently dry throughout the year. There is very little water standing in the pond around the effluent pipe. The ponds are functioning as designed and permitted by the Department.

Aqua Utilities Inc. does not have personnel on-site at all times to grant access for inspection. A representative from neither Aqua Utilities nor our contract operator was present to provide access for this inspection. How did the inspector gain access to a facility for the purpose of this inspection? By rule, the Department shall have access during reasonable times to this and any other of our facilities and we are more than happy to accommodate this requirement. By rule, we are required to keep the facility secure from trespassing and vandalism. Aqua is liable for the safety of all personnel and visitors to this site and for this reason it is important that the Department contact Aqua or our contract operator to gain access into the fenced area of the WWTF. *There should be no one in this community with access to our facilities; if someone in the community has a key or code to enter the WWTF, we should be notified so that we can better secure this area.*

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaaamerica.com. Thank you.

Sincerely,



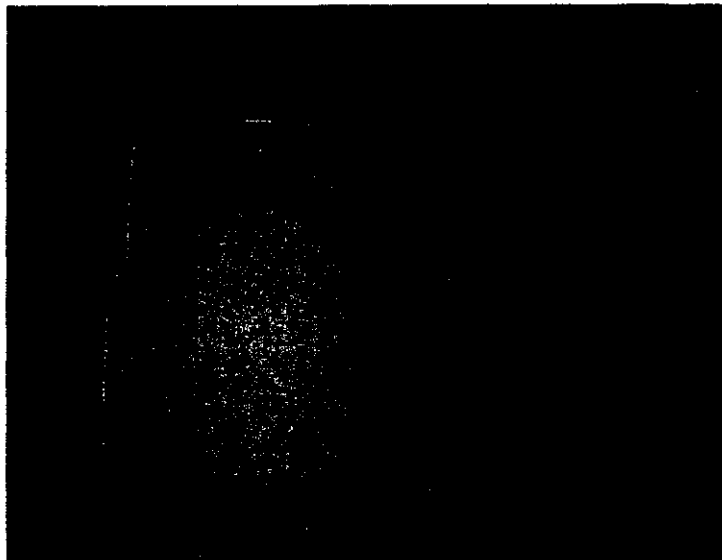
Patrick A. Farris
Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

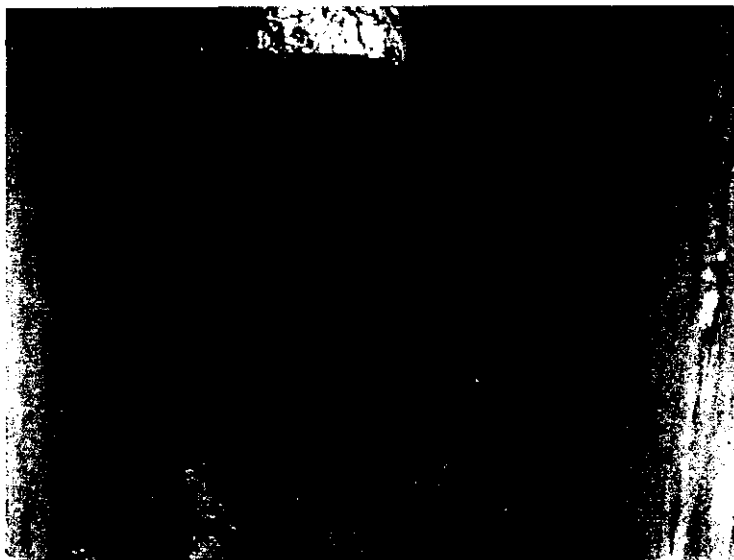
Enclosures: Facility Photographs

cc: Bill Dean, via e-mail
Edward Pellenz, P.E., via e-mail
Michael O'Reilly, via e-mail

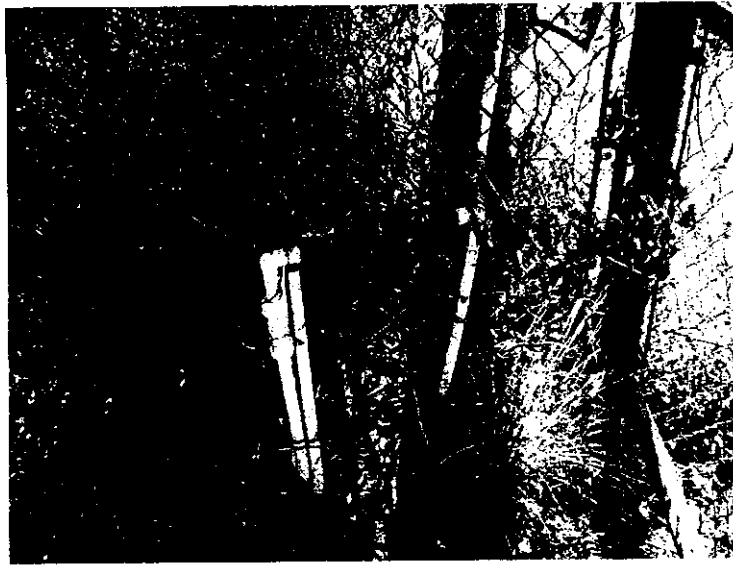
Leisure Lakes WWTF
Photos by Robert Paver, Aqua Utilities Florida



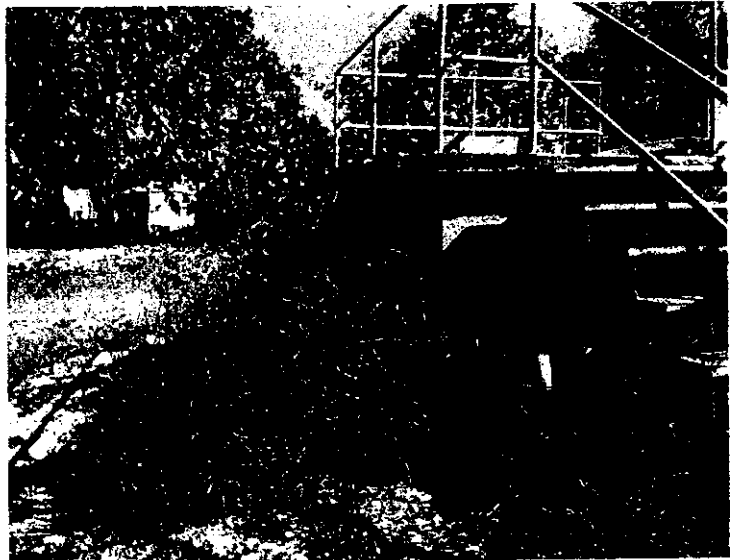
Item 1. Copy of permit and all other records located inside shed at facility.



Item 3. Concrete, sand and leaf litter are all that was observed in between the tanks.

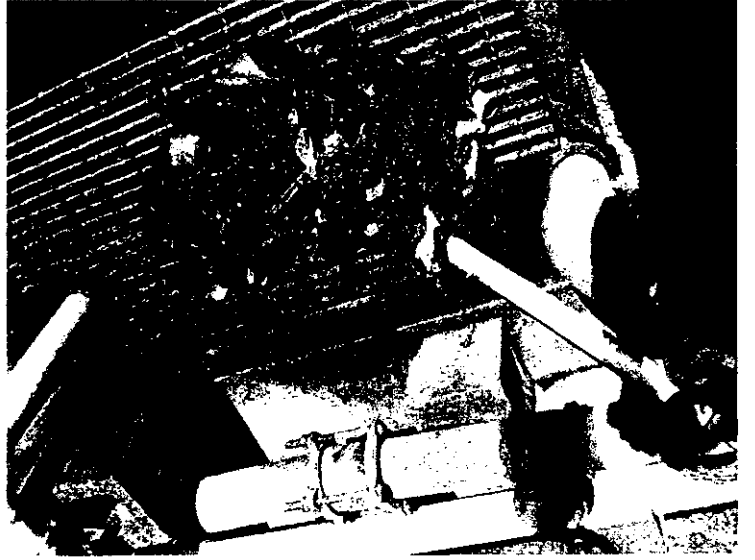
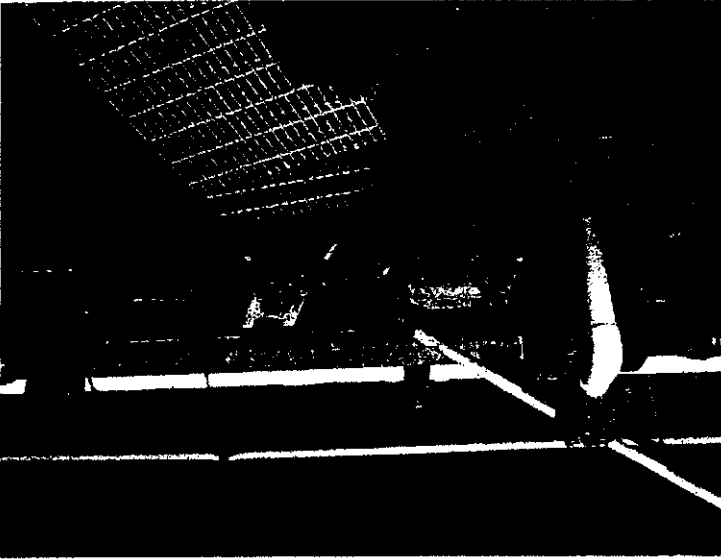


Item 4. RPZ located just inside fence by entrance gate.



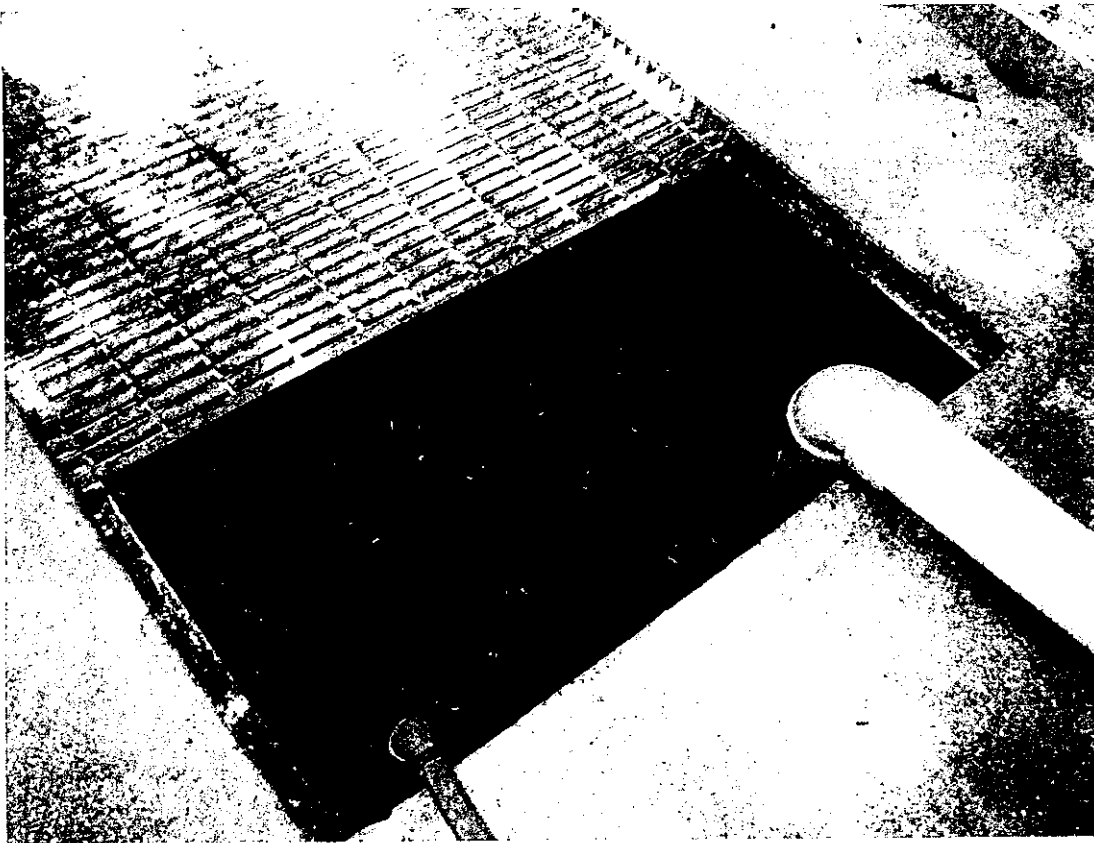
Item 5.a. This vegetation was removed from around the plant.

Items 5-b-d. Examples of the deragging process and normal splashing around the RAS.

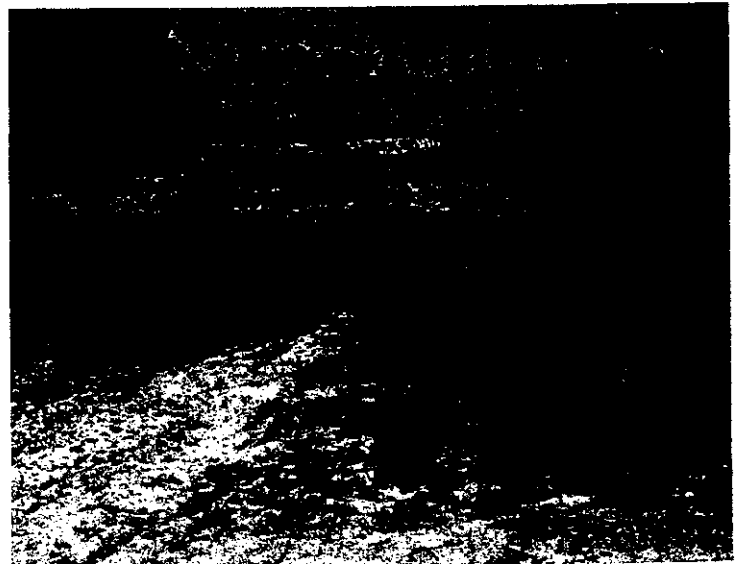


Items 5. b. The plant was deragged and new diffusers were installed where needed.





Item 5.g. While the volume in the digester is full, the solids are not so thick as to hinder the wasting capabilities of the facility.



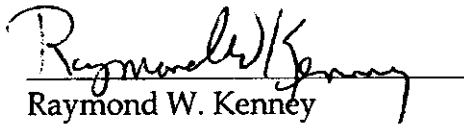
Item 7. & 5.a. The percolation ponds are dry throughout the year except around the effluent discharge pipe. Also, the vegetation along the fence line can be observed in these photos.

John M Lihvarcik
Page 2
May 10, 2007

A comment is included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,


Raymond W. Kenney
Engineering Specialist II

RWK

Enclosure:

cc: Ms. Linda Moody (w/enc)

Mr. Wendell Faircloth (w/enc)

Mr. Mark Charneski - Florida DEP (w/enc)

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	Leisure Lake	County:	Highlands PWS: 6280064
Address:	101 Park View Circle S Lake Placid Fl 33852	Contact:	David Wendell Faircloth
Owner Name:	Aqua Utilities Florida	Phone:	(863) 471-1400
Owner Address:	PO Box 490310 Leesburg FL 34749	Contact:	John Lihvarcik
		Phone:	(352) 435-4028

This Inspection Date:	May 09, 2007	Last C.I. Date:	Jul 31, 2006
Last Sanitary Survey Date:	May 31, 2005		
PWS Type:	Community		
Service Area Characteristics:	Residential Community		
No. of Service Connections:	276		
Served Population:	632		

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **3 visits/week & 1 visit each weekend**
Operator & Certification Class-Number: **David Wendell Faircloth C 8189**
O&M Log: **Yes** Condition of Plant: **Good**

WELLS

Number of Wells: **2 (Inside – AAH9357; outside – AAH9358)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **Yes**
Tested Weekly? **Yes**

DESIGN CAPACITY 0.072 MGD
STORAGE CAPACITY 0.020 MG

CHLORINATION

Chlorinator Type: **Gas**
Cl2 Residual:
Plant: **4.7 mg/l**
Remote: **3.4 mg/l**
Location: **Blow off in front of Club House**
Gas Cylinder Scale: **Yes**
Gas Cylinder Chained: **Yes**
Adequate Air-pak: **Yes**
Adequate Ventilation: **Yes**
Dual Chlorination: **Yes**
Auto-switchover: **Yes**
Alarm: **Yes**

PRESSURE

Plant: 55 psi
Remote: 58 psi

PWS: 6280064
Date: 05/09/07

AERATION

Yes
Type: Cascade
Condition: Good

OTHER TREATMENT PROCESSES: Corrosion Control (Aquadene)

OTHER

Flow Measuring Device: Meter
Backflow Prevention Device: Yes
Cross-connection Observed? No

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	G			
Capacity, gal	10,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	N/A			
On/Off pressure	"			
Sight glass	"			
Fittings for sight glass	"			
Air release valve	"			
Pressure relief valve	"			
Access padlocked	Y			

DEFICIENCIES:

1. The Emergency Response Plan that is on site does not meet the requirements of Rule 62-555.350(15) F.A.C. This is a repeat deficiency from 2006. Your letter of September 22, 2006 indicated that the plan would be completed and onsite by the end of the year and that a copy would be forwarded to the Department for review, which was not done.

The on-site plan is very generic and attempts to be an all-inclusive plan for all systems that Aqua Utilities owns/operates in Florida and is not specific for the site. Generic contacts as well as the contact name for a person no longer with the organization are in the plan. The plan is not being updated as required by the rule. The South District DEP office is not even listed on the notification list.

“Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004 (this was later deferred to December 31, 2005), and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

- (a) A communication chart as described in Chapter 5 of AWWA Manual M19.
- (b) Written agreements with other agencies, utilities, or response organizations.

- (c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.
- (d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.
- (e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

You need to look at the Florida Rural Water/Florida DEP templates and guides, which contains the items required to meet the rule. These templates are acceptable to the Department. The templates and guides will be separately forwarded by e-mail.

2. There was no documentation on site for 2006 that the distribution isolation valves were exercised. A copy of the 2006 documentation was forwarded to the Department in response to last year's deficiency. There was documentation that the plant isolation valves were exercised. This documentation needs to be maintained at the plant. "All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C.

3. The outside well needs the conduit to the well pump repaired. The wires are exposed. The well is venting through this conduit. Seal the wires in the conduit will seal off material and install a downward facing vent at the sanitary seal. "Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended." Rule 62-555.350(2) F.A.C.

4. At the inside well pump clean the area around the packing gland.

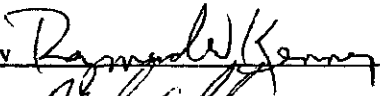

5. Rule 62-555.320(14)(f) F.A.C. requires that, at each site where standby power is required, the water supplier shall provide an audio-visual alarm that is activated in the event any (normal or standby) power source fails. The system needs a battery backup to operate the audio-visual alarm for the situation that the system may have no normal (utility) or standby (generator) power available.

6. Rule 62-555.320(14)(f) F.A.C. also requires that if the site where the standby-powered water system components are in operation is not staffed during all hours the standby-powered water system components are in operation, the alarm must be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or must trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. The system needs a battery backup to operate the telemetry system or automatic dialing or paging device for the situation that the system may have no normal (utility) or standby (generator) power available.

COMMENTS:

1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank.

RECOMMENDATIONS: None

Inspector: Raymond W. Kenney  Engineering Specialist II Date 5/10/2007
Approved By: Mark Charneski  Env Supervisor II Date 5/10/2007

A UA
Utilities Florida.

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Leesburg, FL 34748

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www.aquautilitiesflorida.com

June 25, 2007

Raymond Kenney
Engineering Specialist III
FDEP South District
P.O. Box 2549
Fort Myers, FL 33902-2549

**RE: Reply to Routine Compliance Inspection
Leisure Lakes
PWS ID No. 6280064
Highlands County**

Dear Mr. Kenney:

Thank you for the routine compliance inspection conducted at the referenced facility. The purpose of this correspondence is to provide a written response as requested in your letter. Please note that Lindy Moody is no longer with Aqua Utilities Florida. Please replace her contact information with either Bill Dean (WADean@aquaaamerica.com) or myself (PAFarris@aquaaamerica.com).

1. The Emergency Response Plan (ERP) was updated on June 1, 2007 and was e-mailed to the operations staff to be placed on-site at the water treatment plant. Enclosed is a copy of the updated ERP.
2. As demonstrated in the previous September 22, 2007, letter; our operations staff does maintain a separate logbook for isolation valves. This logbook is maintained separately from the O+M logbook which is required to be maintained at the water treatment plant at all times. The isolation valve logbook is normally located at the water treatment plant and periodically the field staff takes the logbooks from the plants to exercise the valves. We have instructed our field staff to promptly return the logs to the plants after the exercising events.
3. The conduit will be repaired with in 30 days from this letter.
4. The packing gland will be cleaned within 30 days from this letter.
5. Both the audio-visual alarm and the auto dialer have battery power backup. These were installed at the time of the inspection. We will inspect these alarms and ensure that the backup battery power is in good working order within 30 days from this letter.

If you have any questions, please contact me at (352) 435-4029 or e-mail me at PAFarris@aquaameric.com. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosure: Emergency Response Plan

cc: Johnny Chamberlain, via e-mail
Robert Paver, via e-mail
Bill Dean, via e-mail
Michael O'Reilly, via e-mail

Emergency Response Plan

For Public Drinking Water Systems
Per Chapter 62-555.350 (15) F.A.C.
Disaster Specific Preparedness / Response Plan

Water System: Leisure Lakes (AKA Covered Bridge) _____

Street Address: 101 Hillcrest Dr _____

City, State, Zip: Lake Placid FL 33852 _____

Phone: (352) 787-0980 _____

Fax: (352) 787-6333 _____

Contact: Bill Dean, Area Manager _____

E-mail: WADean@aquaamerica.com _____

Number Connections: 276 _____

PWS: 6280064 _____

County: Highlands _____

Date: 6/1/07 _____

Department of Environmental Protection

Ken C. Carter, P.E.
John R. Sowerby, P.E.

FRWA Security Staff

Sterling L. Carroll, P.E.
Don Hamm
Tom Gustafson
Bill Secoy

For more information or additional copies of this document contact:



FLORIDA RURAL WATER ASSOCIATION

2970 Wellington Circle ~ Suite 101 ~ Tallahassee FL 32309
Telephone: 850-668-2746 ~ Fax: 850-893-4581
e-mail: FRWA@frwa.net

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Requirements For Emergency Response Plans

This worksheet has been developed to help you prepare your Emergency Response Plan.

Chapter 62-555.350 (15) of the Florida Administration Code (FAC) requires that Community Water Systems serving 350 or more persons or 150 or more service connections to develop a written **Disaster-Specific Preparedness / Response Plan** (a.k.a. Emergency Response Plan or ERP) and shall update and implement the plan as necessary.

Plans are to be coordinated with Local Emergency Planning Committee and Florida Department of Law Enforcement Regional Security Task Force when developing emergency plans and shall include.

- (a) Communication Charts
- (b) Written Agreements with Other Agencies, Utilities, or Response Organizations
- (c) A disaster-specific preparedness/response plan shall incorporate the results of a Vulnerability Assessment for each of the following disasters:
 - Vandalism or Sabotage
 - Drought
 - Hurricane
 - Structure Fire
 - Flood, if applicable
 - Forest or Brush Fire
 - Hazardous Material Release
- (d) Standby Power Requirements
- (e) Recommendations regarding the amount of Drinking Water Treatment Chemicals

→ The DEP Deadline for ERP completion is December 31, 2005!

*However upon completion, **DO NOT** submit your ERP to the Florida Department of Environmental Protection (FDEP) **OR** the Environmental Protection Agency (EPA). FDEP will verify ERP completion during their Sanitary Survey of your system (routine water system inspection).*

This worksheet is intended for use by small water systems and may be modified to fit the specific needs of each system. This ERP complies with FDEP minimum requirements and; you may modify it in any way that works for you – add sections, or rearrange them if you wish.

Please send a copy of your ERP to Florida Rural Water Association ~ we would like to see your work!



Section 1 - Communication Charts

Water System Chain of Command – Lines of Authority		
Order	Name, Title & Responsibilities	Contact Information
1	Water System Manager (WSM) Bill Dean <i>Responsible for overall management and decision-making. The Water System Manager is the lead for managing the emergency, coordinating with support agencies, and providing information to regulatory agencies.</i>	Phone: (941) 337-9456 Cell: (941) 915-8788 Email: WADean@aquaaamerica.com
2	Water Treatment Plant Operator (WTPO) Robert Paver <i>In charge of running water treatment plant, performing inspections, maintenance and sampling and relaying critical information, assessing facilities, and providing recommendations to the Water System Manager.</i>	Phone: (941) 650-3032 Cell: (941) 650-3032 Email: RJPaver@aquaaamerica.com
3	Office Administrator Patrick Farris <i>Responsible for administrative functions in the office including receiving phone calls and keeping a log of events. This person will provide a standard pre-scripted message to those who call with general questions. Additional information will be released through the Water System Manager.</i>	Phone: (352) 435-4029 Cell: (407) 947-1285 Email: PAFarris@aquaaamerica.com
4	Maintenance Staff Johnny Chamberlin <i>Delivers door hangers and assists water system operator.</i>	Phone: (941) 915-7688 Cell: (941) 915-7688 Email: JAChamberlain@aquaaamerica.com

Emergency Notification List				
<i>We recommend that you establish a relationship with these agencies before you need them!</i>				
Organization or Department	Name & Position	Telephone	Cell Phone	e-mail
State Warning Point	Duty Officer	800-320-0519	800-320-0519	N/A
Local Law Enforcement	Highlands Co SO	911	911	
Fire Department	Leisure Lakes FD	911	911	
Emergency Medical Services	Highlands Co EMS	(863) 402-6630 or 911	911	
Water Operator (if contractor)	Robert Paver	(941) 650-3032	(941) 650-3032	
County Health Department	Highlands Co HD			
DEP District Office	South District	(239) 332-6975		
County Emergency Management Dept.	Bill Nichols EOC	(863) 385-1112 or (863) 402-6733		
Local Leader (City Mgr., Mayor, Commission Chair, Dept Head, etc.)	N/A			
Hazmat Team / Hotline	Leisure Lakes FD	911		
National Spill Response Center	Duty Officer	800-424-8802	800-424-8802	N/A



Emergency Notification List				
<i>We recommend that you establish a relationship with these agencies before you need them!</i>				
Organization or Department	Name & Position	Telephone	Cell Phone	e-mail
Interconnected Water System(s)	N/A			
Neighboring Water System (not connected)	City of Lake Placid Gary Freeman	863-699-3747		
FRWA Water Circuit Rider	David Hutchinson	850-668-2746	N/A	

Priority Customers				
Organization Or Department	Name & Position	Telephone	Cell Phone	email
Hospital / Clinic	N/A			
Nursing Home(s)	N/A			
Public Schools	N/A			
Private Schools	N/A			
WW Treat Plant	Robert Paver	(941) 650-3032	(941) 650-3032	

Service / Repair Notifications				
Organization Or Department	Name & Position	Telephone	Cell Phone	email
Electric Utility Co	Glades Electric	800-226-4025		
Water Test Lab	Short Env. Lab	863-655-4022		
Telephone Co	Sprint	800-786-6272		
Pump Supplier	Water Equipment Tech		941-232-4629	
Safe Dig / One Call	Sunshine	800-423-4770		
Rental Equip	ASAP	800-940-2727	941-376-1368	
Chlorine Supplier	Davis Supply	239-931-6711		
Chem Suppliers	Davis Supply	239-931-6711		
Bulk / Bottled Water	Crystal	800-444-7873		

Designated Public Spokesperson			
Public Spokesperson	Name & Position	Telephone	Cell Phone
Spokesperson	Jack Lihvarcik	(352) 435-4028	(352) 552-8532

Develop possible messages in advance, and update them as the emergency develops (Boil Water Notices, Emergency Water Outages, Emergency Conservation Measures, Water Quality Issues, etc.)



Section 2 - Written Agreements With Other Agencies, Utilities, or Response Organizations

Attach any written agreements.

- Emergency Interconnect Agreements
- Memoranda / Letters of Understanding
- Mutual Aid Agreements
- FlaWARN (Agreement is available at: www.flaWARN.org)

Section 3 - Disaster-Specific Preparedness / Response Plan

Vulnerability Assessment

It is essential that water systems identify and assess the vulnerability of each system component for both natural and human-caused emergencies, before preparing their disaster-specific preparedness/response plans, see ERP Guide pages 17 thru 20.

The table below is a basic vulnerability assessment method for a water system. Provide appropriate answers for each component of your system, and you will have completed a vulnerability assessment. Note that "Security improvements" INCLUDES your existing security measures, such as the concrete pad around each wellhead, fences, buildings, locks on gates, doors and windows; redundant pumps and motors, etc. ALSO: "Security Improvements" DOES NOT mean you are required to improve your existing security, it simply means that all security measures, planned or existing, should be listed.

Raw Water Source (check or circle items that apply ~ strikethrough items that do NOT apply)

Description & Condition	<p>Groundwater Wells:</p> <p># <u>1</u> is <u>485</u> feet deep; Well is located within <u>75</u> feet of developed areas</p> <p># <u>2</u> is <u>448</u> feet deep; Well is located within <u>125</u> feet of developed areas</p> <p># ___ is ___ feet deep; Well is located within ___ feet of developed areas</p> <p># ___ is ___ feet deep; Well is located within ___ feet of developed areas</p> <p># ___ is ___ feet deep; Well is located within ___ feet of developed areas.</p> <p><input checked="" type="checkbox"/> Wells are in <u>excellent</u> / good / poor condition</p> <p><input type="checkbox"/></p>
Vulnerability	<p><input type="checkbox"/> The wells are most vulnerable to contamination from above ground activities because they are ___ feet deep.</p> <p><input type="checkbox"/> Potential contamination can occur from ground water point sources (septic tanks, leaking petroleum tanks, agricultural activities, commercial / industrial activities, etc.)</p> <p><input type="checkbox"/></p>
Security Improvements	<p><input type="checkbox"/> Implement wellhead protection program (ask FRWA Circuit Rider for assistance)</p> <p><input type="checkbox"/> Secure well houses to foundation and install lighting around well houses</p> <p><input checked="" type="checkbox"/> Wellheads are secured within locked fences or well houses</p> <p><input type="checkbox"/> Consider upgrading well house doors with deadbolts</p> <p><input type="checkbox"/> Consider purchasing additional land surrounding wells</p> <p><input checked="" type="checkbox"/> Average Daily Demand is provided by well # <u>1</u> (well # <u>2</u> provides standby capacity)</p> <p><input type="checkbox"/></p>



Pumping Facilities (check / circle items that apply ~ strikethrough items that do NOT apply)

Description & Condition	<input checked="" type="checkbox"/> The pump-house and pumping facilities are in excellent (good) / poor condition
	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
Vulnerability	<input type="checkbox"/> Pumps might be vulnerable to falling trees during major storms
	<input type="checkbox"/> Pumps could be damaged by intentional physical attack
	<input type="checkbox"/> Pumps could be damaged by flooding
Security Improvements	<input checked="" type="checkbox"/> Pump-house has security fencing or lighting and is NOT prone to vandalism
	<input checked="" type="checkbox"/> Fencing, lighting, and signage protect against unauthorized entry
	<input checked="" type="checkbox"/> Tamper-proof padlocks and harden entry points protect against unauthorized entry
	<input type="checkbox"/>

Treatment Facilities (check or circle items that apply ~ strikethrough items that do NOT apply)

Description & Condition	<input checked="" type="checkbox"/> There is a chlorination system at each well / <u> pump-house</u>
	<input checked="" type="checkbox"/> Treatment facilities are in excellent (good) / poor operating condition
	<input type="checkbox"/>
Vulnerability	<input type="checkbox"/> Chlorination systems are subject to power outages
	<input checked="" type="checkbox"/> Gas chlorine release could cause injury or death to operators & public
	<input type="checkbox"/>
Security Improvements	<input checked="" type="checkbox"/> Fencing, locks, lighting, and signage protect against unauthorized entry
	<input checked="" type="checkbox"/> Stand-by generators provide operational security in compliance with Ch. 62-555.320(14) FAC
	<input type="checkbox"/> Sodium hypochlorite systems eliminate chlorine gas release risk

Storage Facilities (check or circle items that apply ~ strikethrough items that do NOT apply)

Description & Condition	<input checked="" type="checkbox"/> Storage facilities ARE / ARE NOT fenced
	<input checked="" type="checkbox"/> Storage facilities are in excellent (good) / poor operating condition
	<input type="checkbox"/> _____
Vulnerability	<input type="checkbox"/> Vandals could access storage hatches
	<input type="checkbox"/>
Security Improvements	<input checked="" type="checkbox"/> Fencing, locks, lighting, and signage protect against unauthorized entry
	<input type="checkbox"/> Coordinate with local law enforcement for increased patrols
	<input type="checkbox"/> Tamper proof padlocks on hatches and ladder locks protect against unauthorized entry
	<input type="checkbox"/>

Distribution System (check or circle items that apply ~ strikethrough items that do NOT apply)

Description & Condition	<input type="checkbox"/> System maps & computers are located in the water system's main office
	<input checked="" type="checkbox"/> Distribution System is in excellent (good) / poor operating condition
	<input checked="" type="checkbox"/> We have an active Valve & Fire Hydrant Exercise and Flushing Program
Vulnerability	<input type="checkbox"/> The system is most vulnerable to cross connection contamination from contractors, residents, commercial and industrial customers
	<input type="checkbox"/> The distribution system can be vulnerable to bio-terrorist attack
	<input type="checkbox"/>
Security Improvements	<input checked="" type="checkbox"/> Computers secured with firewalls, virus protection, passwords, and back-up protection
	<input checked="" type="checkbox"/> Main office security system guards against theft and vandalism
	<input checked="" type="checkbox"/> Cross Connection Control Program protects against unintentional contamination
	<input type="checkbox"/> Local law enforcement can assist monitoring for illegal water system connections



The following tables outline possible actions and procedures to be taken in response to specific events. TABLES A, B, C and D are REQUIRED. TABLES E, F and G are to be used IF THEY ARE APPLICABLE.

A. Vandalism or Sabotage Response Procedures

1. Utility staff first aware of incident:
 - a) Calls Water System Manager
 - b) Calls 9-1-1 / Local Law Enforcement
2. Water System Manager determines severity of incident, and calls:
 - a) Mayor
 - b) State Warning Point
3. Water System Manager determines need to contact others:
 - a) County Emergency Management Director
 - b) County Health Department
 - c) others as needed
4. Water System Manager assesses damage and directs repairs as needed:
 - a) Isolate components (if necessary)
 - b) Minimize damage
 - c) Repair facilities
5. Upon completion of repairs, Water System Manager returns system to normal:
 - a) Reports findings to Mayor and others as needed
 - b) Updates ERP as needed

B. Drought Response Procedures

1. Water System Manager coordinates with Mayor and Water Management District (WMD) regarding drought conditions
2. If necessary, Mayor meets with Commission regarding additional (more stringent than required by WMD) restrictions
3. Mayor directs Water System Manager to implement additional water use restrictions, if necessary
4. Water System Manager activates Customer Notification Plan
5. City Commission determines there is no further need for additional restrictions
6. Water System Manager returns system to normal by activating Customer Notification Plan
7. Water System Manager reports system status as needed
8. Water System Manager updates ERP as needed

C. Hurricane Preparedness & Response Procedures

<p>Pre- Hurricane (36 - 48 hrs prior to arrival)</p>	<ol style="list-style-type: none"> 1. Water System Manager coordinates with Mayor and County Emergency Management regarding response to hurricane 2. Manager checks operation of auxiliary and standby equipment 3. Manager orders/ensures available fuel and treatment chemicals to provide for a fourteen (14) day period 4. Manager checks and replenishes inventory of spare parts, supplies; rain suits, flashlights, batteries, portable radios, hard hats, rubber boots, gloves, etc
<p>Hurricane Watch (24 -36 hrs prior to arrival)</p>	<ol style="list-style-type: none"> 1. County Emergency Manager declares Emergency; 2. Mayor instructs Water System Manager to coordinate with Emergency Operations Center 3. Mayor cancels personal leave 4. Water System Manager issues work assignments and reporting protocol 5. Water System Manager authorizes employees to secure their personal property and arrange for safety of family members 6. Employee(s) top-off fuel in vehicles, stand-by and portable equipment 7. Water System Manager stops all construction in utility service area and advises contractors to secure their equipment/material



Hurricane Warning

(24 hrs or less prior to arrival)

1. Personnel report to duty at designated location with protective gear, work clothing and personal gear for a four (4) day period
2. Water Treatment Plant Operator fills all water storage facilities to capacity
3. Employee(s) load trucks with supplies and equipment
4. Employee(s) follow evacuation protocol (directed by Emergency Management)
 - a. Disconnect electrical power supply to treatment plant(s) and wells
 - b. Store vehicles and equipment in designated area
 - c. Enact system shutdown and evacuate to location as directed by Incident Commander

Recovery Procedures

Initiate upon receiving "All Clear" from Incident Commander:

1. Manager surveys damage and submits Damage Assessment Report to Mayor
2. Manager coordinates with County Emergency Management Dept and activates Customer Notification Plan, if necessary
3. Manager notifies FDEP of any limitations in ability to supply potable water
4. Manager and staff make all necessary repairs and take water samples as needed
5. Manager keeps detailed records of labor, material, rental and repair costs for FEMA reimbursement
6. Manager obtains FDEP approval to return to normal operation, if necessary
7. Manager returns system to normal operation
8. Manager activates Customer Re-notification Plan, if necessary
9. Manager reports water system information as needed
10. Manager updates ERP as needed

D. Structure Fire Response Procedures (if your water plant catches fire)

1. Utility staff discovering fire:
 - a) Orders evacuation of the building
 - b) Calls 9-1-1 to notify Fire Department and local Law Enforcement
 - c) Calls Water System Manager
2. Water System Manager determines severity of incident, and calls:
 - a) Mayor, who informs city commissioners (if necessary, calls for emergency meeting of Commission)
 - b) State Warning Point
3. City Commission determines need to contact others:
 - a) County Emergency Management Director
 - b) County Health Department
 - c) Others as needed
4. Manager directs staff to support Fire Department and other emergency staff, if needed
5. Manager and staff assess damage when fire extinguished
6. Manager and staff repair facilities as needed
7. Manager reports water system status, as required
8. Manager updates ERP, as needed

NOTE: Use the following 3 tables ONLY if they are applicable to your system.

E. Flood Preparedness & Response Procedures

Is any critical part of your system in a flood prone area? If so, then this table is required.

1. Water System Manager informed of flood conditions at WELL
2. Manager directs staff to operate water system without WELL for the duration of the flood event.
3. Once flood has receded, Water System Manager and staff assess flood damage.
4. Water System Manager and staff repair facilities as needed.
5. Manager directs staff to pump WELL until it is clear, and then takes samples for quality and bacteriological analysis. Staff repeats step 3 until the well meets water quality standards.



7. Manager directs staff to return WELL to normal service protocol.
8. Manager reports water system status, as required.
9. Manager updates ERP, as needed.

F. Forest or Brush Fire Response Procedures

Is any critical part of your system subject to forest or brush fire? If so, then this table is required.

1. Utility staff discovering fire at water plant:
 - a. Orders evacuation of any threatened buildings
 - b. Calls Water System Manager
 - c. Calls 9-1-1 to notify Fire Department and local Law Enforcement
2. Water System Manager determines severity of fire, and calls:
 - a. Mayor, also informs city commissioners (if needed, calls for emergency meeting of Commission)
 - b. State Warning Point
3. City Commission determines need to contact others:
 - a. County Emergency Management Director
 - b. County Health Department
 - c. Others as needed
4. Manager directs staff to support Fire Department and other emergency staff, if needed
5. Manager and staff assess damage when fire extinguished
6. Manager and staff repair facilities as needed
7. Manager reports water system status, as required
8. Manager updates ERP, as needed

G. Hazardous Material Release Response Procedures

EXAMPLE: Do you have any hazardous material (chlorine gas) at your water system?

1. Utility staff discovering chlorine leak/release orders evacuation of facility
2. Utility staff calls 9-1-1 and Water System Manager
3. Water System Manager calls:
 - a. State Warning Point
 - b. Mayor, who also informs commissioners (if needed, calls for emergency meeting of Commission)
4. Water System Manager ensures that staff is safe and aware of the situation
5. Fire Department Hazardous Materials Team (HAZMAT) determines severity of the leak & need to contact others:
 - a. County Emergency Management Director
 - b. County Health Department
 - c. Others as needed
6. HAZMAT establishes "hot zone" perimeter and ensures that all unprotected people are kept outside of it
7. Manager ensures that any injured staff member is receiving proper care
8. Manager directs staff to support FDHMT and other emergency staff, if needed
9. HAZMAT locates source of Chlorine leak and stops it
10. HAZMAT measures Chlorine concentrations until all areas are safe for unprotected people
11. HAZMAT informs all parties of safe conditions
12. Manager and staff assess damage
13. Manager and staff repair facilities as needed
14. Manager reports water system status, as required
15. Manager updates ERP as needed



Section 4 - Standby Power Requirements

Include details about how the water system meets the standby power requirements as described in Ch. 62-555.320(14), and 62-555.350(15)(d) FAC.

Standby Power for Wells, Treatment & Distribution

Standby Power (or alternate means) OPERATE WELLS at Average Daily Demand

Average Daily Demand (ADD) in gpd or gpm	34,000 (gpd or gpm)
Wells Needed to Supply Average Daily Demand	1 well (Well No & gpm)
Standby Generator for ADD (kW, Voltage & phases)	45 kW, 480 V, 3 Phase (kW, Volt, Phase)
Power Failure Transfer, Alarms & Notifications	Yes, auto transfer switch & auto dialer
Generator Fuel Consumption	unknown (gal per hour)
On-Site Fuel Storage (gallons)	500 lbs of propane, 7 to 10 days (gal & days)
Reserve Fuel by Supplier Contract	On-call Kroger Propane (gal & days)

Section 5 - Chemicals & Disinfectants

Disinfection Treatment Information

Disinfection Chemicals	Chemical / Location No. 1	Chemical / Location No. 2	Chemical / Location No. 3
Type of Chemical	Cl2 gas		
Chemical Feed Type	Gas injection		
Storage Location	Cl2 Shed		
2-wks Min Storage (gal) Recommended	4 full cylinders		

Other Chemical Information

Chemicals Used	Chemical #1	Chemical #2	Chemical #3
Type of Chemical	AquaDene		
Chemical Feed Type	Injector Pump		
System Location	Inside Pump House		
Storage Location	Inside Pump House		
2-wks Min Storage (gal) Recommended	20-25 gallons		





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

See page 4 for instructions

I. General Information for the Month/Year of: January-07

A. Public Water System (PWS) Information

PWS Name: <u>Lake Josephine Water</u>		PWS Identification Number: <u>6280162</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>536</u>		Total Population Served at End of Month: <u>1233</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Bill Dean</u>		Contact Person's Title: <u>Field Coordinator</u>	
Contact Person's Mailing Address: <u>6960 Professional Parkway E.</u>		City: <u>Sarasota</u>	State: <u>FL</u>
Contact Person's Telephone Number: <u>941/907-7400</u>		Zip Code: <u>34240</u>	
Contact Person's E-Mail Address: <u>wadean@aguaamerica.com</u>		Contact Person's Fax Number: <u>941/907-7401</u>	

B. Water Treatment Plant Information

Plant Name: <u>Lake Josephine Water</u>		Plant Telephone Number: <u>941/907-7400</u>	
Plant Address: <u>Canary Way</u>		City: <u>Sebring</u>	State: <u>FL</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>I</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>V</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Chief Operator	<u>Robert Paver</u>	<u>C</u>	<u>12040</u>	<u>3 Days per week</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

Robert Paver 2-6-07
Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

DOCUMENT NUMBER DATE

04307 MAY 22 08

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: January-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	148,200		2.5								1	Flushing
	X	24 hrs	106,100		1.9								0.8	Flushing
	X	24 hrs	138,700		1.7								0.7	Flushing
	X	24 hrs	132,900		1.8								0.9	Flushing
	X	24 hrs	111,500		1.9								0.9	Flushing
	X	24 hrs	87,200		2								1	Flushing
	X	24 hrs	132,800		2								1	Flushing
	X	24 hrs	118,800		3.7								2	Flushing
	X	24 hrs	51,000		2.1								1	Flushing
	X	24 hrs	129,100		5.2								3.7	Flushing
	X	24 hrs	110,100		4.3								3.0	Flushing
	X	24 hrs	147,000		1.8								0.6	Flushing
		24 hrs	137,000											Flushing
	X	24 hrs	137,000		4.1								1.1	Flushing
	X	24 hrs	170,500		1.5								0.8	Flushing
	X	24 hrs	129,200		3.2								0.9	Flushing
	X	24 hrs	124,300		1.6								0.8	Flushing
	X	24 hrs	141,100		1.7								0.9	Flushing
	X	24 hrs	180,900		2.1								1	Flushing
	X	24 hrs	146,600		1.5								0.8	Flushing
	X	24 hrs	116,100		1.7								0.9	Flushing
	X	24 hrs	102,300		1.7								0.8	Flushing
	X	24 hrs	134,300		1.5								0.8	Flushing
	X	24 hrs	97,500		1.8								0.9	Flushing
	X	24 hrs	95,000		1.2								0.6	Flushing
		24 hrs	126,200											Flushing
	X	24 hrs	126,200		1.5								0.8	Flushing
	X	24 hrs	99,200		1.4								0.7	Flushing
	X	24 hrs	114,100		1.6								0.8	Flushing
	X	24 hrs	120,000		1.5								0.7	Flushing
			3,843,700											
			123,990											
			180,900											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-07

A. Public Water System (PWS) Information			
PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadear@aquamerica.com		

B. Water Treatment Plant Information				
Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400	
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **February-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	128,700		1.7									0.8	Flushing
2	X	24 hrs	125,600		1.5									0.7	Flushing
3		24 hrs	111,700												Flushing
4	X	24 hrs	111,700		1.6									0.8	Flushing
5	X	24 hrs	63,284		1.7									0.8	Flushing
6	X	24 hrs	127,800		2									0.8	Flushing
7	X	24 hrs	106,600		2									0.8	Flushing
8	X	24 hrs	92,600		3.5									2	Flushing
9	X	24 hrs	177,500		3.3									1.2	Flushing
10	X	24 hrs	123,900		3.4									1.9	Flushing
11		24 hrs	127,710												Flushing
12	X	24 hrs	127,710		2									1.0	Flushing
13	X	24 hrs	45,400		1.6									0.8	Flushing
14	X	24 hrs	93,500												Flushing
15	X	24 hrs	90,000		2.1									1	Flushing
16	X	24 hrs	142,900		3.6									0.8	Flushing
17		24 hrs	130,550												Flushing
18	X	24 hrs	130,550		3.8									1.2	Flushing
19	X	24 hrs	142,300		3.6									1.4	Flushing
20	X	24 hrs	183,400		3.4									1.3	Flushing
21	X	24 hrs	134,700		2.1									0.7	Flushing
22	X	24 hrs	144,600		1.6									0.7	Flushing
23	X	24 hrs	125,900		1.7									0.8	Flushing
24	X	24 hrs	169,800		1.8									0.9	Flushing
25		24 hrs	170,300												Flushing
26	X	24 hrs	170,300		1.7									1	Flushing
27	X	24 hrs	122,700		1.6									0.4	Flushing
28	X	24 hrs	180,800		1.8									0.5	Flushing
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			3,602,504												
Average			128,661												
Maximum			183,400												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: March-07

A. Public Water System (PWS) Information

PWS Name: <u>Lake Josephine Water</u>		PWS Identification Number: <u>6280162</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>536</u>		Total Population Served at End of Month: <u>1233</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Bill Dean</u>		Contact Person's Title: <u>Field Coordinator</u>	
Contact Person's Mailing Address: <u>6960 Professional Parkway E.</u>		City: <u>Sarasota</u>	State: <u>FL</u> Zip Code: <u>34240</u>
Contact Person's Telephone Number: <u>941/907-7400</u>		Contact Person's Fax Number: <u>941/907-7401</u>	
Contact Person's E-Mail Address: <u>wadean@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Lake Josephine Water</u>		Plant Telephone Number: <u>941/907-7400</u>		
Plant Address: <u>Canary Way</u>		City: <u>Sebring</u>	State: <u>FL</u> Zip Code: <u>33875</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>I</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>V</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Robert Paver</u>	<u>C</u>	<u>12040</u>	<u>3 Days per week</u>
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: March-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	144,900		2.9									1.1	Automatic Flushing
2	X	24 hrs	155,000		2.7									0.9	Automatic Flushing
3	X	24 hrs	160,200		3.2									1.1	Automatic Flushing
4		24 hrs	155,350												Automatic Flushing
5	X	24 hrs	155,350		2.3									0.7	Automatic Flushing
6	X	24 hrs	132,700		3.4									0.9	Automatic Flushing
7	X	24 hrs	177,100		2.2									0.9	Automatic Flushing
8	X	24 hrs	171,800		3.6									2	Automatic Flushing
9	X	24 hrs	117,300		1.8									0.6	Automatic Flushing
10	X	24 hrs	142,100		1.6									0.3	Automatic Flushing
11		24 hrs	158,250												Automatic Flushing
12	X	24 hrs	158,250		1.6									0.7	Automatic Flushing
13	X	24 hrs	120,600		1.7									0.5	Automatic Flushing
14	X	24 hrs	137,300		3.5									0.5	Automatic Flushing
15	X	24 hrs	134,800		3.1									0.6	Automatic Flushing
16	X	24 hrs	132,900		2.9									1.1	Automatic Flushing
17		24 hrs	134,200												Automatic Flushing
18	X	24 hrs	134,200		2.6									0.9	Automatic Flushing
19	X	24 hrs	118,900		2.9									1.1	Automatic Flushing
20	X	24 hrs	158,900		3.4									1.1	Automatic and Manual Flushing
21	X	24 hrs	136,400		2.8									1	Automatic Flushing
22	X	24 hrs	122,400		3.5									0.8	Automatic Flushing
23	X	24 hrs	123,100		2.8									1	Automatic Flushing
24		24 hrs	147,000												Automatic Flushing
25	X	24 hrs	147,000		2.2									1	Automatic Flushing
26	X	24 hrs	159,300		2.6									0.8	Automatic Flushing
27	X	24 hrs	128,100		3									1.1	Automatic Flushing
28	X	24 hrs	177,900		3.1									0.9	Automatic Flushing
29	X	24 hrs	185,400		2.9									1.1	Automatic Flushing
30	X	24 hrs	143,400		3.1									1.1	Automatic Flushing
31	X	24 hrs	166,800		2.8									1	Automatic Flushing
Total			4,536,900												
Average			146,352												
Maximum			185,400												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-07**

A. Public Water System (PWS) Information	
PWS Name: Lake Josephine Water	PWS Identification Number: 6280162
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 536	Total Population Served at End of Month: 1233
PWS Owner: Aqua Utilities Florida	
Contact Person: Bill Dean	Contact Person's Title: Field Coordinator
Contact Person's Mailing Address: 6960 Professional Parkway E.	City: Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400	Contact Person's Fax Number: 941/907-7401
Contact Person's E-Mail Address: wadean@aquamerica.com	

B. Water Treatment Plant Information				
Plant Name: Lake Josephine Water	Plant Telephone Number: 941/907-7400			
Plant Address: Canary Way	City: Sebring State: FL Zip Code: 33875			
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): I	Plant Class (per subsection 62-699.310(4), F.A.C.): V			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **April-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24 hrs	152,000												Automatic Flushing
2	X	24 hrs	152,000		2.5									0.7	Automatic Flushing
3	X	24 hrs	169,600		2.5									0.9	Automatic Flushing
4	X	24 hrs	126,200		2.5									0.7	Automatic Flushing
5	X	24 hrs	138,500		2.7									0.7	Automatic Flushing
6	X	24 hrs	148,000		2.3									0.5	Automatic Flushing
7	X	24 hrs	115,300		3.2									0.7	Automatic Flushing
8		24 hrs	147,550												Automatic Flushing
9	X	24 hrs	147,550		3.2									1	Automatic Flushing
10	X	24 hrs	134,300		2.6									1.1	Automatic Flushing
11	X	24 hrs	111,800		2.7									1.2	Manual and Automatic Flushing
12	X	24 hrs	116,200		2.8									1.3	Manual and Automatic Flushing
13	X	24 hrs	259,000		2.1									1	Manual and Automatic Flushing
14	X	24 hrs	116,100		2.2									0.9	Automatic Flushing
15		24 hrs	119,200												Automatic Flushing
16	X	24 hrs	119,200		2.7									0.9	Automatic Flushing
17	X	24 hrs	110,600		2.6									1	Automatic Flushing
18	X	24 hrs	101,900		2.8									0.9	Automatic Flushing
19	X	24 hrs	167,200		2.5									1	Automatic Flushing
20	X	24 hrs	130,100		2.3									0.9	Automatic Flushing
21	X	24 hrs	141,000		3.2									0.9	Automatic Flushing
22		24 hrs	127,100												Automatic Flushing
23	X	24 hrs	127,100		3.1									0.8	Automatic Flushing
24	X	24 hrs	134,200		2.3									0.7	Manual and Automatic Flushing
25	X	24 hrs	126,800		2									0.8	Automatic Flushing
26	X	24 hrs	191,000		2.2									0.9	Manual and Automatic Flushing
27	X	24 hrs	132,100		2									0.8	Automatic Flushing
28	X	24 hrs	130,900		2.1									0.8	Automatic Flushing
29		24 hrs	144,200												Automatic Flushing
30	X	24 hrs	144,200		1.5									0.7	Automatic Flushing
31		24 hrs													
Total			4,180,900												
Average			139,363												
Maximum			259,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-07

A. Public Water System (PWS) Information

PWS Name: <u>Lake Josephine Water</u>		PWS Identification Number: <u>6280162</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>536</u>		Total Population Served at End of Month: <u>1233</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Bill Dean</u>		Contact Person's Title: <u>Field Coordinator</u>	
Contact Person's Mailing Address: <u>6960 Professional Parkway E.</u>		City: <u>Sarasota</u>	State: <u>FL</u>
Contact Person's Telephone Number: <u>941/907-7400</u>		Contact Person's Fax Number: <u>941/907-7401</u>	
Contact Person's E-Mail Address: <u>wadean@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Lake Josephine Water</u>		Plant Telephone Number: <u>941/907-7400</u>		
Plant Address: <u>Canary Way</u>		City: <u>Sebring</u>	State: <u>FL</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>I</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>V</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Robert Paver</u>	<u>C</u>	<u>12040</u>	<u>3 Days per week</u>
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Robert Paver</u> Printed or Typed Name	<u>C12040</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **May-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	146,500		1.8									0.9	Automatic and Manual Flushing
2	X	24 hrs	132,600		2.1									1.2	Automatic Flushing
3	X	24 hrs	136,400		2.5									0.9	Automatic and Manual Flushing
4	X	24 hrs	164,700		2.9									0.8	Automatic Flushing
5	X	24 hrs	122,900		3.2									0.6	Automatic Flushing
6		24 hrs	136,100												Automatic Flushing
7	X	24 hrs	136,100		2									0.7	Automatic Flushing
8	X	24 hrs	152,300		1.7									0.7	Automatic Flushing
9	X	24 hrs	126,500		2.5									1	Automatic Flushing
10	X	24 hrs	149,600		1.8									0.9	Automatic Flushing
11	X	24 hrs	138,400		1.9									0.9	Automatic Flushing
12	X	24 hrs	138,100		2.5									1.1	Automatic Flushing
13		24 hrs	157,400												Automatic Flushing
14	X	24 hrs	157,400		2.3									1.2	Automatic Flushing
15	X	24 hrs	97,700		2									0.8	Automatic Flushing
16	X	24 hrs	141,700		1.9									0.8	Automatic and Manual Flushing
17	X	24 hrs	137,000		3									1.1	Automatic Flushing
18	X	24 hrs	152,900		2.5									1	Automatic Flushing
19	X	24 hrs	71,100		2.1									0.9	Automatic Flushing
20		24 hrs	186,700												Automatic Flushing
21	X	24 hrs	186,700		2.8									1.1	Automatic Flushing
22	X	24 hrs	107,400		3.1									1.3	Automatic and Manual Flushing
23	X	24 hrs	180,700		2.9									1.1	Automatic Flushing
24	X	24 hrs	137,300		3.2									1.2	Automatic Flushing
25	X	24 hrs	136,000		2.5									1	Automatic Flushing
26	X	24 hrs	136,600		2.8									0.9	Automatic Flushing
27		24 hrs	137,100												Automatic Flushing
28	X	24 hrs	137,100		2.9									1	Automatic Flushing
29	X	24 hrs	136,000		2.7									1.2	Automatic Flushing
30	X	24 hrs	191,500		2.8									1.1	Automatic Flushing
31	X	24 hrs	158,900		3									1	Automatic and Manual Flushing
Total:			4,427,400												
Average:			142,819												
Maximum:			191,500												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-07				
A. Public Water System (PWS) Information				
PWS Name: Lake Josephine Water		PWS Identification Number: 6280162		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233		
PWS Owner: Aqua Utilities Florida				
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: 6960 Professional Parkway E.		City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401		
Contact Person's E-Mail Address: wadean@aquaaamerica.com				
B. Water Treatment Plant Information				
Plant Name: Lake Josephine Water		Plant Telephone Number: 941/907-7400		
Plant Address: Canary Way		City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): I			Plant Class (per subsection 62-699.310(4), F.A.C.): V	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I. of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

	Robert Paver	C12040
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **June-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	136,200		3.1										1	
2		24 hrs	98,500													
3	X	24 hrs	98,500		2.8										1.1	
4	X	24 hrs	157,200		2.7										1	
5	X	24 hrs	99,100		3.1										1.1	
6	X	24 hrs	135,800		2.4										1.1	
7	X	24 hrs	127,400		2.6										1	
8	X	24 hrs	96,400		2.4										0.9	
9	X	24 hrs	37,000		2.3										1	
10		24 hrs	28,000													
11	X	24 hrs	28,000		2.2										0.8	
12	X	24 hrs	15,700		2.1										0.8	
13	X	24 hrs	20,200		1.8										0.9	
14	X	24 hrs	8,700		1.2										0.6	
15	X	24 hrs	76,900		2.1										0.7	
16	X	24 hrs	62,500		2.2										0.9	
17		24 hrs	90,000													
18	X	24 hrs	90,000		2.1										0.8	
19	X	24 hrs	63,000		1.9										0.6	
20	X	24 hrs	99,800		1.5										0.7	
21	X	24 hrs	91,300		1.7										0.8	
22	X	24 hrs	99,500		1.6										0.5	
23	X	24 hrs	110,100		1.7										0.9	
24		24 hrs	87,350													
25	X	24 hrs	87,350		1.8										1	
26	X	24 hrs	69,800		1.9										0.9	
27	X	24 hrs	112,800		4.2										2.9	
28	X	24 hrs	67,300		1.9										1.1	
29	X	24 hrs	108,400		1.8										0.8	
30	X	24 hrs	93,200		4.7										3.1	
31		24 hrs														
Total			2,496,000													
Average			83,200													
Maximum			157,200													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-07

A. Public Water System (PWS) Information

PWS Name: <u>Lake Josephine Water</u>		PWS Identification Number: <u>6280162</u>	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <u>536</u>		Total Population Served at End of Month: <u>1233</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Bill Dean</u>		Contact Person's Title: <u>Field Coordinator</u>	
Contact Person's Mailing Address: <u>6960 Professional Parkway E.</u>		City: <u>Sarasota</u>	State: <u>FL</u>
Contact Person's Telephone Number: <u>941/907-7400</u>		Zip Code: <u>34240</u>	
Contact Person's E-Mail Address: <u>wadean@aquamerica.com</u>		Contact Person's Fax Number: <u>941/907-7401</u>	

B. Water Treatment Plant Information

Plant Name: <u>Lake Josephine Water</u>		Plant Telephone Number: <u>941/907-7400</u>		
Plant Address: <u>Canary Way</u>		City: <u>Sebring</u>	State: <u>FL</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>I</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>V</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Robert Paver</u>	<u>C</u>	<u>12040</u>	<u>3 Days per week</u>
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **July-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1		24 hrs	102,850													Auto Flushing
2	X	24 hrs	102,850		1.6										0.9	Auto Flushing
3	X	24 hrs	104,700		3.1										1.3	Auto Flushing
4	X	24 hrs	82,100		3.5										0.9	Auto Flushing
5	X	24 hrs	104,800		3.6										1.2	Auto Flushing
6	X	24 hrs	94,700		3.5										1	Auto Flushing
7	X	24 hrs	77,600		2.7										0.9	Auto Flushing
8		24 hrs	109,600													Auto Flushing
9	X	24 hrs	109,600		1.6										0.8	Auto and Manual Flushing
10	X	24 hrs	98,900		2										0.9	Auto Flushing
11	X	24 hrs	86,600		1.5										0.8	Auto Flushing
12	X	24 hrs	109,100		2.8										0.9	Auto Flushing
13	X	24 hrs	117,700		2.6										1	Auto Flushing
14	X	24 hrs	81,600		2.3										0.9	Auto Flushing
15		24 hrs	89,000													Auto Flushing
16	X	24 hrs	89,000		2.7										1.3	Auto Flushing
17	X	24 hrs	134,800		2.5										1.1	Auto Flushing
18	X	24 hrs	106,800		1.8										0.8	Auto Flushing
19	X	24 hrs	142,400		1.7										0.7	Auto and Manual Flushing
20	X	24 hrs	125,300		1.3										0.7	Auto and Manual Flushing
21		24 hrs	109,650													Auto Flushing
22	X	24 hrs	109,650		2										0.9	Auto Flushing
23	X	24 hrs	116,200		1.7										0.8	Auto Flushing
24	X	24 hrs	98,000		1.6										0.8	Auto Flushing
25	X	24 hrs	88,000		2.6										1	Auto Flushing
26	X	24 hrs	105,100		2.1										0.7	Auto and Manual Flushing
27	X	24 hrs	112,600		2.2										0.6	Auto Flushing
28	X	24 hrs	79,200		1.9										0.8	Auto Flushing
29		24 hrs	106,450													Auto Flushing
30	X	24 hrs	106,450		2.1										0.8	Auto and Manual Flushing
31	X	24 hrs	94,300		4										1	Auto Flushing
Total			3,195,600													
Average			103,084													
Maximum			142,400													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-07**

A. Public Water System (PWS) Information

PWS Name: Lake Josephine Water		PWS Identification Number: 6280162	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E.		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Zip Code: 34240	
Contact Person's E-Mail Address: wadean@aguaamerica.com		Contact Person's Fax Number: 941/907-7401	

B. Water Treatment Plant Information

Plant Name: Lake Josephine Water		Plant Telephone Number: 941/907-7400		
Plant Address: Canary Way		City: Sebring	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33875		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per subsection 62-699.310(4), F.A.C.): V		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **August-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	84,400		2.8									1.5	Manual and Automatic Flushing
2	X	24 hrs	100,700		2.9									1.3	Automatic Flushing
3	X	24 hrs	80,500		3.1									1.5	Manual and Automatic Flushing
4	X	24 hrs	136,200		2.9									1.6	Automatic Flushing
5		24 hrs	91,850												Automatic Flushing
6	X	24 hrs	91,850		2.7									1.3	Automatic Flushing
7	X	24 hrs	71,300		3.6									1	Manual and Automatic Flushing
8	X	24 hrs	92,500		1.7									0.8	Automatic Flushing
9	X	24 hrs	63,700		1.6									0.7	Manual and Automatic Flushing
10	X	24 hrs	113,900		1.7									0.8	Manual and Automatic Flushing
11	X	24 hrs	92,000		4.8									2.9	Automatic Flushing
12		24 hrs	57,000												Manual and Automatic Flushing
13	X	24 hrs	57,000		2									0.9	Manual and Automatic Flushing
14	X	24 hrs	152,900		2.4									1	Manual and Automatic Flushing
15	X	24 hrs	98,800		3.8									1	Manual and Automatic Flushing
16	X	24 hrs	168,500		2.3									0.9	Manual and Automatic Flushing
17	X	24 hrs	141,300		2									0.9	Manual and Automatic Flushing
18	X	24 hrs	116,100		4									1	Manual and Automatic Flushing
19		24 hrs	153,000												Manual and Automatic Flushing
20	X	24 hrs	153,000		4.8									1.2	Manual and Automatic Flushing
21	X	24 hrs	131,300		4									1.2	Automatic Flushing
22	X	24 hrs	108,400		2.5									1	Manual and Automatic Flushing
23	X	24 hrs	123,500		4.9									2.1	Automatic Flushing
24	X	24 hrs	135,700		5									3.5	Automatic Flushing
25	X	24 hrs	88,400		4.7									1.4	Automatic Flushing
26		24 hrs	129,750												Automatic Flushing
27	X	24 hrs	129,750		4.9									1.2	Automatic Flushing
28	X	24 hrs	96,800		2.6									0.9	Automatic Flushing
29	X	24 hrs	105,300		2.8									1.1	Automatic Flushing
30	X	24 hrs	147,000		3.8									1.1	Automatic Flushing
31	X	24 hrs	135,000		3.9									0.9	Automatic Flushing
Total			3,447,400												
Average			111,206												
Maximum			168,500												

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



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

See page 4 for instructions

p.18

9413783554

I. General Information for the Month/Year of: **September-07**

A. Public Water System (PWS) Information

PWS Name: Lake Josephine Water		PWS Identification Number: 6280162	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 6960 Professional Parkway E.		City: Sarasota	State: FL
Contact Person's Telephone Number: 941-377-9456		Contact Person's Fax Number: 941-907-7401	
Contact Person's E-Mail Address: wadean@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Lake Josephine Water		Plant Telephone Number: 941-377-9456		
Plant Address: Canary Way		City: Sebring	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000		Plant Class (per subsection 62-699.310(4), F.A.C.): I		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

Robert Paver 10-5-07
 Signature and Date

Robert Paver
 Printed or Typed Name

C12040
 License Number

May 01 08 01:53p AUF - Fruitville

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **September-07**
 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	112,800		3.8									1	Automatic Flushing
2		24 hrs	112,400												Automatic Flushing
3	X	24 hrs	112,100		3.9									1.1	Automatic Flushing
4	X	24 hrs	112,800		4.1									1.4	Manual and Automatic Flushing
5	X	24 hrs	122,500		2.6									1.1	Automatic Flushing
6	X	24 hrs	108,400		3.9									1.7	Automatic Flushing
7	X	24 hrs	82,800		4.6									1.8	Automatic Flushing
8	X	24 hrs	50,800		2									1.2	Automatic Flushing
9		24 hrs	13,000												Automatic Flushing
10	X	24 hrs	13,000		2.1									0.9	Automatic Flushing
11	X	24 hrs	0		1.5									0.8	Manual and Automatic Flushing
12	X	24 hrs	34,600		4									1.0	Manual and Automatic Flushing
13	X	24 hrs	93,400		4									0.9	Automatic Flushing
14	X	24 hrs	78,600		3.5									0.9	Manual and Automatic Flushing
15	X	24 hrs	129,200		2.1									1	Automatic Flushing
16		24 hrs	83,550												Automatic Flushing
17	X	24 hrs	83,550		2.7									0.7	Manual and Automatic Flushing
18	X	24 hrs	104,000		3.9									1	Automatic Flushing
19	X	24 hrs	84,300		2.4									0.8	Automatic Flushing
20	X	24 hrs	100,600		2.6									0.8	Automatic Flushing
21	X	24 hrs	88,300		3									1.3	Automatic Flushing
22	X	24 hrs	86,100		2.7									1	Automatic Flushing
23		24 hrs	91,800												Automatic Flushing
24	X	24 hrs	91,800		2.9									1	Automatic Flushing
25	X	24 hrs	83,000		3.1									0.9	Automatic Flushing
26	X	24 hrs	80,400		2.7									1	Manual and Automatic Flushing
27	X	24 hrs	85,500		3.2									1	Automatic Flushing
28	X	24 hrs	98,700		3.1									0.9	Automatic Flushing
29	X	24 hrs	111,800		2.9									0.9	Automatic Flushing
30		24 hrs	97,450		2.4									0.9	Automatic Flushing
31															Automatic Flushing
Total			2,547,550												
Average			84,918												
Maximum			129,200												

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



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

DATE ONLY

See page 4 for instructions

I. General Information for the Month/Year of: October-07

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941-377-9456	Contact Person Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941-377-9456	
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	1	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

Robert Paver 11-6-07
Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

May 01 08 01:52p
AUF - Fruitville
9413783554
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **October-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency of Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	97,450		2.4									0.9	Manual and Automatic Flushing
2	X	24 hrs	103,800		3.2									1	Manual and Automatic Flushing
3	X	24 hrs	100,200		2.9									0.8	Automatic Flushing
4	X	24 hrs	104,400		2.8									1	Automatic Flushing
5	X	24 hrs	93,600		3.8									0.9	Manual and Automatic Flushing
6	X	24 hrs	128,200		3.8									1.1	Automatic Flushing
7		24 hrs	145,650												Automatic Flushing
8	X	24 hrs	145,650		4.5									0.9	Manual and Automatic Flushing
9	X	24 hrs	153,800		3.8									1	Manual and Automatic Flushing
10	X	24 hrs	138,900		3.2									0.9	Automatic Flushing
11	X	24 hrs	95,400		3.3									1.1	Automatic Flushing
12	X	24 hrs	101,100		2.8									0.9	Automatic Flushing
13		24 hrs	110,000												Automatic Flushing
14	X	24 hrs	110,000		2.4									1	Automatic Flushing
15	X	24 hrs	110,700		2.5									0.8	Manual and Automatic Flushing
16	X	24 hrs	126,400		2.9									0.9	Manual and Automatic Flushing
17	X	24 hrs	134,400		3									1	Automatic Flushing
18	X	24 hrs	120,400		2.8									1	Automatic Flushing
19	X	24 hrs	113,100		2.7									1	Automatic Flushing
20	X	24 hrs	227,900		2.4									0.9	Automatic Flushing
21		24 hrs	131,500												Automatic Flushing
22	X	24 hrs	131,500		2.2									1	Manual and Automatic Flushing
23	X	24 hrs	111,600		3.2									1	Manual and Automatic Flushing
24	X	24 hrs	140,900		3									1	Manual and Automatic Flushing
25	X	24 hrs	136,200		3.2									0.9	Manual and Automatic Flushing
26	X	24 hrs	174,200		3.1									1.1	Automatic Flushing
27	X	24 hrs	112,100		2.7									1	Automatic Flushing
28		24 hrs	144,600												Automatic Flushing
29	X	24 hrs	144,600		3									0.9	Manual and Automatic Flushing
30	X	24 hrs	154,600		2.9									0.9	Manual and Automatic Flushing
31	X	24 hrs	158,100		2.8									0.9	Manual and Automatic Flushing
Total			4,000,950												
Average			129,063												
Maximum			227,900												

* 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

See page 4 for instructions

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General Information for the Month/Year of: **November-07**

A. Public Water System (PWS) Information


PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941-377-9456	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941-377-9456	
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	I	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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


 Signature and Date

Robert Paver
 Printed or Typed Name

C12040
 License Number

9413783554

May 01 08 01:51p AUF - Fruitville

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of **November-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration, (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	197,100		3.6										1	Manual and Automatic Flushing
2	X	24 hrs	218,700		3.5										1	Manual and Automatic Flushing
3	X	24 hrs	227,700		2.8										0.7	Manual and Automatic Flushing
4	X	24 hrs	189,300													Automatic Flushing
5		24 hrs	189,300		3.1										1.2	Manual and Automatic Flushing
6	X	24 hrs	131,300		2.2										0.9	Manual and Automatic Flushing
7	X	24 hrs	87,800		2.4										0.9	Manual and Automatic Flushing
8	X	24 hrs	74,300		2.5										1	Manual and Automatic Flushing
9	X	24 hrs	86,700		3.6										1	Manual and Automatic Flushing
10	X	24 hrs	78,100		3.5										1.2	Manual and Automatic Flushing
11		24 hrs	78,300													Automatic Flushing
12	X	24 hrs	78,300		2.9										0.8	Manual and Automatic Flushing
13	X	24 hrs	83,500		3.1										1.2	Manual and Automatic Flushing
14	X	24 hrs	83,300		2.3										0.9	Manual and Automatic Flushing
15	X	24 hrs	62,500		2.4										0.8	Manual and Automatic Flushing
16	X	24 hrs	79,500		2.7										1.3	Manual and Automatic Flushing
17	X	24 hrs	83,900		3.1										1.7	Manual and Automatic Flushing
18		24 hrs	106,500													Automatic Flushing
19	X	24 hrs	106,500		3										1	Manual and Automatic Flushing
20	X	24 hrs	119,100		3.7										1.6	Manual and Automatic Flushing
21	X	24 hrs	124,000		3.9										2	Manual and Automatic Flushing
22	X	24 hrs	94,000		3.9										2.3	Manual and Automatic Flushing
23	X	24 hrs	125,500		3.1										1.9	Manual and Automatic Flushing
24	X	24 hrs	120,800		3.5										1.2	Manual and Automatic Flushing
25		24 hrs	102,600													Automatic Flushing
26	X	24 hrs	102,600		2.9										1.09	Manual and Automatic Flushing
27	X	24 hrs	100,300		2.1										0.9	Manual and Automatic Flushing
28	X	24 hrs	83,600		1.4										0.7	Manual and Automatic Flushing
29	X	24 hrs	99,000		2.2										0.9	Manual and Automatic Flushing
30	X	24 hrs	104,200		1.6										0.8	Manual and Automatic Flushing
31																
Total:			3,418,300													
Average:			113,943													
Maximum:			227,700													

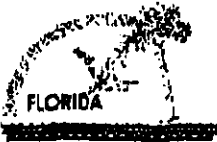
* Refer to the instructions for this report to determine which plants must provide this information.

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9413783554

AUF - Fruitville

May 01 08 01:51p



Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

Feb 07 08 01:50p

AUF - Fruitville

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007				
A. Water System Information				
PWS Name: LAKE JOSEPHINE WATER		PWS Identification Number: 6280162		
PWS Type: <input checked="" type="checkbox"/> XX Community		<input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community
<input type="checkbox"/> Consecutive		Number of service connections at end of month: 536		
Total population served at end of month: 1250			PWS Owner: AQUASOURCE	
Contact Person: JOHNNY CHAMBERLAIN		Contact Person's Title:		
Contact Person's Mailing Address: 6960 PROFESIONAL PKWY E SUITE 400		City: SARASOTA	State: FL	Zip Code: 34240
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 941-907-7401		
Contact Person's E-Mail Address:				
B. Water Treatment Plant Information				
Plant Name: LAKE JOSEPHINE WATER		Plant Telephone Number: 1-800-250-7532		
Plant Address: CANARY WAY		City: SEBRING	State: FL	Zip Code: 33875
Type of Water Treated by Plant: <input checked="" type="checkbox"/> XX Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per subsection 62-699.310(4), F.A.C.): V		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANIEL M. HOLMES	C	4335	5
Other Operators:	OTTO KRUCKER	C	7790	**
	CHRIS GILBERT	C	13107	**
* As Needed				
II. Certification by Lead/Chief Operator				

9413783554

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 62-555.321(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 amount of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Daniel M. Holmes 1/4/08

DANIEL M. HOLMES

C-4335

Signature and Date
DEP Form 62-555.000(3)
Effective August 28, 2004

Print or Typed Name
Page 1

License Number

p.1

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

PWS Identification Number: 6280162 Plant Name: LAKE JOSEPHINE

III. Daily Data for Month/Year of: DECEMBER 2007

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

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

Day of Mo.	Days Plant staffed/ visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or abnormal operation conditions. Repair/ Maintenance work that involves taking water system component out of operation.	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2	Lowest residual disinfectant concentration at remote point in dist. system, mg/L		
1	X	24	118000		1.4									.7	
2		24	84800												
3	X	24	84800		1.8									.6	
4	X	24	86800		1.6									.7	
5	X	24	95200		1.8									.9	
6	X	24	97800		1.9									1.0	
7	X	24	97800		1.7									.8	
8		24	117000												
9	X	24	117000		1.8									.9	
10	X	24	78600		1.7									.8	
11	X	24	89200		1.8									.8	
12	X	24	109000		1.8									.9	
13	X	24	102200		1.4									.7	
14	X	24	104800		1.2									.6	
15	X	24	137000		1.9									.9	
16		24	72100												
17	X	24	72100		1.4									.7	
18	X	24	102800		1.6									.8	
19	X	24	97200		1.8									.9	
20	X	24	102600		2.0									1.0	
21	X	24	93400		1.8									.8	
22	X	24	97800		1.6									.7	
23	X	24	88800		1.7									.8	
24	X	24	88800		1.5									.7	
25	X	24	115800		1.8									.8	
26	X	24	73000		1.8									.9	
27	X	24	80200		1.7									.8	
28	X	24	95400		1.6									.7	
29	X	24	106800		1.9									.8	
30	X	24	108900												
31		24	108900		2.2									1.1	
Total			3057800												
Average			98638												
Maximum			137000												



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

See page 4 for instructions

I. General Information for the Month/Year of: January-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota
Contact Person's Telephone Number:	941/907-7400	State:	FL
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com	Zip Code:	34240
		Contact Person's Fax Number:	941/907-7401

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000	Zip Code:	33875
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operator's Name	License Class	License Number	Day(s)/Shift(s) Worked
Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING R.../ GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: January-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	VCT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation (if Applicable)										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/lb	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	80,000		2.1								1.3	
	X	24 hrs	86,000		2.6								0.7	
	X	24 hrs	243,000		2.7								1.1	Flushing
	X	24 hrs	86,000		2.5								1.2	
		24 hrs	62,000										1.1	
	X	24 hrs	62,000		2.5								1.2	
		24 hrs	64,000											
	X	24 hrs	67,000		2.5								1	
	X	24 hrs	68,000		2.7								1.2	
	X	24 hrs	54,000		2.1								0.9	
	X	24 hrs	63,000		2.2								0.9	
	X	24 hrs	82,000		2.1								1	
		24 hrs	65,000											
	X	24 hrs	65,000		2.4								1	
	X	24 hrs	81,000		2.3								1	
	X	24 hrs	67,000		2.3								1.2	
	X	24 hrs	63,000		2.3								1.1	
	X	24 hrs	76,000		2.3								1	
		24 hrs	61,000											
	X	24 hrs	61,000		2.1								1.1	
	X	24 hrs	48,000		2.2								1	
	X	24 hrs	99,000		2.4								1.2	
	X	24 hrs	66,000		2.5								1.2	
	X	24 hrs	71,000		2.1								1	
	X	24 hrs	64,000		2.2								1.3	
	X	24 hrs	42,000		2.3								1.2	
		24 hrs	42,000											
	X	24 hrs	43,000		2.3								1.2	
	X	24 hrs	71,000		2.4								1.4	
			2,264,000											
			73,032											
			243,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

License Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING LOCAL GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **February-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	*CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	CT Calculations			UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		Minimum UV Dose Required, mW-sec/cm ²		
	X	24 hrs	66,000		2.3									1.2	
	X	24 hrs	64,000		2.2									1.1	
	X	24 hrs	111,000		2.4									1.3	
	X	24 hrs	67,000		2.3									1.2	
		24 hrs	69,000												
	X	24 hrs	69,000		2.4									1.3	
	X	24 hrs	50,000		2									1	
	X	24 hrs	130,000		2.5									1.3	Flushed
	X	24 hrs	148,000		2.8									1.3	Flushed
	X	24 hrs	104,000		2.2									1.2	
	X	24 hrs	81,000		2.6									1.7	
		24 hrs	88,000												
	X	24 hrs	88,000		2.1									1.4	
	X	24 hrs	81,000		3.1									1.8	
	X	24 hrs	128,000		2.4									1.3	
	X	24 hrs	0		2.1									0.9	
	X	24 hrs	8,000		1.9									1	
	X	24 hrs	38,000		1.9									0.9	
		24 hrs	68,000												
	X	24 hrs	68,000		2.1									1.1	
	X	24 hrs	65,000		1.9									0.8	
	X	24 hrs	28,000		1.9									1	
	X	24 hrs	82,000		2.1									1.1	
	X	24 hrs	103,000		3									0.9	
	X	24 hrs	14,000		2.1									1.1	
		24 hrs	97,000												
	X	24 hrs	97,000		2.2									1	
	X	24 hrs	101,000		2.1									1.1	
		24 hrs													
		24 hrs													
		24 hrs													
			2,113,000												
			75,464												
			148,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: March-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400	
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

	Robert Paver	C12040
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **March-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
	X	24 hrs	107,700		1.9									1.2	
	X	24 hrs	96,100		1.9									1.1	
	X	24 hrs	81,000		2.1									1.2	
		24 hrs	95,200												
	X	24 hrs	95,200		2									1	
	X	24 hrs	73,000		2.2									1.2	
	X	24 hrs	23,000		1.9									1.3	
	X	24 hrs	150,700		2.2									1.4	
	X	24 hrs	69,700		2.4									1.4	
	X	24 hrs	80,500		2.3									1.3	
	X	24 hrs	64,500		2.2									1.1	
		24 hrs	113,000												
	X	24 hrs	113,000		2.1									1.2	
	X	24 hrs	87,500		2.2									1.3	
	X	24 hrs	93,500		2.3									1.3	
	X	24 hrs	89,000		2.2									1.3	
	X	24 hrs	54,500		2.1									1.2	
	X	24 hrs	86,000		2.2									1.1	
		24 hrs	78,300												
	X	24 hrs	78,200		2.3									1.2	
	X	24 hrs	79,100		2.2									1.2	
	X	24 hrs	107,000		2.3									1.1	
	X	24 hrs	102,200		2.3									1.4	
	X	24 hrs	104,800		1.8									1.2	
	X	24 hrs	134,500		1.7									1.3	
		24 hrs	111,300												
	X	24 hrs	111,300		1.8									1.2	
	X	24 hrs	113,000		1.9									1.2	
	X	24 hrs	166,200		2									1.3	
	X	24 hrs	190,300		1.9									1.2	
	X	24 hrs	142,800		1.8									1.2	
			3,092,100												
			99,745												
			190,300												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: April-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Robert Paver	C	12040	3 Days per week
Operator				

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver

Printed or Typed Name

C12040

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING R.W. GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **April-06**

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable						Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable		
	X	24 hrs	187,000		1.7					1.3	
		24 hrs	163,100								
	X	24 hrs	163,100		1.4					1.2	
	X	24 hrs	169,200		2.1					1.3	
	X	24 hrs	232,200		2.3					1.4	
	X	24 hrs	246,800		2.2					1.2	
	X	24 hrs	90,900		2.1					1.2	
	X	24 hrs	96,000		2.2					1.2	
		24 hrs	59,500								
	X	24 hrs	59,500		1.9					1.2	
	X	24 hrs	47,300		2.1					1.2	
	X	24 hrs	35,300		1.8					1.1	
	X	24 hrs	119,000		2.2					1.3	
	X	24 hrs	92,100		2.1					1.2	
	X	24 hrs	93,500		2					1.3	
		24 hrs	70,800								
	X	24 hrs	70,800		2.1					1.1	
	X	24 hrs	16,500		2.2					1	
	X	24 hrs	124,600		2.1					0.9	
	X	24 hrs	104,400		2.4					1.3	
	X	24 hrs	43,700		2.3					1.4	
	X	24 hrs	51,000		2.2					1.2	
		24 hrs	70,200								
	X	24 hrs	70,200		1.4					1.2	
	X	24 hrs	26,700		1.2					0.7	
	X	24 hrs	21,000		1.4					1	
	X	24 hrs	19,500		1.5					1.1	
	X	24 hrs	80,600		1.9					1.2	
	X	24 hrs	77,000		1.7					1.1	
		24 hrs	28,000								
		24 hrs									
			2,729,500								
			90,983								
			246,800								

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400	
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Robert Paver</u> Printed or Typed Name	<u>C12040</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING SURFACE WATER OR GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **May-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24 hrs	28,400		1.8									1.1	
	X	24 hrs	115,500		2									1.2	
	X	24 hrs	147,000		2.1									1.3	
	X	24 hrs	101,000		2									1.2	
	X	24 hrs	104,000		2.1									1.3	
	X	24 hrs	134,500		2									1.2	
		24 hrs	100,000												
	X	24 hrs	79,100		2.9									1.3	
	X	24 hrs	103,100		2									1.9	
	X	24 hrs	156,300		2.1									1.9	
	X	24 hrs	100,200		2.4									1	
	X	24 hrs	126,500		1.8									1.1	
	X	24 hrs	123,400		4.9									3.8	
		24 hrs	96,750												
	X	24 hrs	96,750		1.9									1.2	
	X	24 hrs	95,400		1.8									1.1	
	X	24 hrs	105,700		1.7									1	
	X	24 hrs	104,800		1.9									1.1	
	X	24 hrs	117,200		1.8									1	
		24 hrs	111,850												
	X	24 hrs	111,850		1.7									1	
	X	24 hrs	94,600		1.8									1.1	
	X	24 hrs	146,400		1.9									1.1	
	X	24 hrs	92,100		1.8									1.2	
	X	24 hrs	120,800		1.9									1.2	
	X	24 hrs	144,500		1.9									1.3	
	X	24 hrs	142,400		1.8									1.3	
		24 hrs	110,500												
	X	24 hrs	110,500		1.8									1.2	
	X	24 hrs	104,700		1.7									1.2	
	X	24 hrs	118,200		1.5									1.1	
			3,444,000												
			111,097												
			156,300												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-06**

A. Public Water System (PWS) Information

PWS Name: Lake Josephine Water		PWS Identification Number: 6280162	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1233	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E.		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Zip Code: 34240	
Contact Person's E-Mail Address: wadean@aquaaamerica.com		Contact Person's Fax Number: 941/907-7401	

B. Water Treatment Plant Information

Plant Name: Lake Josephine Water		Plant Telephone Number: 941/907-7400	
Plant Address: Canary Way		City: Sebring	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000		Plant Class (per subsection 62-699.310(4), F.A.C.): V	
Plant Category (per subsection 62-699.310(4), F.A.C.): I			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING FROM GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **June-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations: or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
	X	24 hrs	118,200		1.7							1.1	
	X	24 hrs	106,400		1.8							1.2	
	X	24 hrs	102,600		1.1							0.4	
		24 hrs	133,000										
	X	24 hrs	87,700		1.3							0.5	
	X	24 hrs	87,700		1.1							0.4	
	X	24 hrs	104,200		1.9							0.7	
	X	24 hrs	140,600		1.7							0.8	
	X	24 hrs	107,020		1.6							0.7	
	X	24 hrs	141,700		2.2							1.7	
		24 hrs	97,950										
	X	24 hrs	97,950		1.9							0.8	
	X	24 hrs	85,400		1.4							0.7	
	X	24 hrs	96,400		1.6							0.8	
	X	24 hrs	101,000		1.8							0.8	
	X	24 hrs	100,600		2							1.1	
	X	24 hrs	140,300		1.7							0.7	
		24 hrs	96,650										
	X	24 hrs	96,650		1.8							0.9	
	X	24 hrs	90,400		1.6							0.7	
	X	24 hrs	105,700		1.7							0.8	
	X	24 hrs	111,100		1.5							0.9	
	X	24 hrs	83,200		1.7							1	
	X	24 hrs	158,100		2.4							1.5	
		24 hrs	105,350										
	X	24 hrs	105,350		1.9							1.2	
	X	24 hrs	75,800		1.8							1.1	
	X	24 hrs	95,400		1.7							0.9	
	X	24 hrs	69,600		1.7							1	
	X	24 hrs	13,700		1.4							0.9	
		24 hrs											
			3,055,720										
			101,857										
			158,100										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Agua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver

Printed or Typed Name

C12040

License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **July-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L			Lowest Operating UV Dose, mW-sec/cm ²
	X	24 hrs	24,200		1.3							1	Flushing
		24 hrs	23,000										Flushing
	X	24 hrs	23,000		1.5							0.9	Flushing
	X	24 hrs	68,200		1.8							1.1	Flushing
	X	24 hrs	6,300		1.7							10	Flushing
	X	24 hrs	21,400		1.3							0.6	Flushing
	X	24 hrs	145,600		1.4							0.6	Flushing
	X	24 hrs	18,420		3.7							2	Flushing
		24 hrs	21,350										Flushing
	X	24 hrs	21,350		1.8							1.1	Flushing
	X	24 hrs	21,800		1.5							0.8	Flushing
	X	24 hrs	21,600		1.4							0.8	Flushing
	X	24 hrs	21,200		1.6							0.9	Flushing
	X	24 hrs	13,700		1.5							0.8	Flushing
		24 hrs	28,950										Flushing
	X	24 hrs	28,950		1.6							0.7	Flushing
	X	24 hrs	3,000		1.5							0.7	Flushing
	X	24 hrs	42,200		1.4							0.7	Flushing
	X	24 hrs	44,600		1.3							0.6	Flushing
	X	24 hrs	145,000		1.4							0.7	Flushing
	X	24 hrs	141,600		1.3							0.6	Flushing
	X	24 hrs	145,300		1.1							0.4	Flushing
		24 hrs	83,850										Flushing
	X	24 hrs	83,850		1.2							0.5	Flushing
	X	24 hrs	80,000		1.1							0.7	Flushing
	X	24 hrs	95,700		1.7							0.9	Flushing
	X	24 hrs	120,300		1.8							0.9	Flushing
	X	24 hrs	77,700		1.4							1.2	Flushing
	X	24 hrs	72,900		1							0.4	Flushing
		24 hrs	47,250									1.4	Flushing
	X	24 hrs	47,250		2.7								Flushing
			1,739,520										
			56,114										
			145,600										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: August-06

A. Public Water System (PWS) Information

PWS Name: <u>Lake Josephine Water</u>		PWS Identification Number: <u>6280162</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>536</u>		Total Population Served at End of Month: <u>1233</u>	
PWS Owner: <u>Aqua Utilities Florida</u>		Contact Person's Title: <u>Field Coordinator</u>	
Contact Person: <u>Bill Dean</u>	Contact Person's Mailing Address: <u>6960 Professional Parkway E.</u>		City: <u>Sarasota</u> State: <u>FL</u> Zip Code: <u>34240</u>
Contact Person's Telephone Number: <u>941/907-7400</u>	Contact Person's E-Mail Address: <u>wadean@aquaaamerica.com</u>		Contact Person's Fax Number: <u>941/907-7401</u>

B. Water Treatment Plant Information

Plant Name: <u>Lake Josephine Water</u>	Plant Telephone Number: <u>941/907-7400</u>
Plant Address: <u>Canary Way</u>	City: <u>Sebring</u> State: <u>FL</u> Zip Code: <u>33875</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300,000</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>I</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>V</u>

Licensed Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>Robert Paver</u>	<u>C</u>	<u>12040</u>	<u>3 Days per week</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

	<u>Robert Paver</u>	<u>C12040</u>
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: **6280162** Plant Name: **Lake Josephine Water**

III. Daily Data for the Month/Year of: **August-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	86,500		2.5								1.3	
	X	24 hrs	81,500		2.2								1.2	
	X	24 hrs	100,000		1.7								0.9	
	X	24 hrs	115,600		1.8								1	
	X	24 hrs	104,100		2.1								1.1	
		24 hrs	94,800											
	X	24 hrs	94,800		1.9								1.1	
	X	24 hrs	107,200		1.8								1	
	X	24 hrs	109,400		1.9								1.1	
	X	24 hrs	90,400		1.6								0.8	
	X	24 hrs	103,400		1.4								0.7	
	X	24 hrs	82,600		1.2								0.4	
		24 hrs	100,500											
	X	24 hrs	100,500		1								0.3	
	X	24 hrs	83,800		2.2								0.8	
	X	24 hrs	120,000		2.6								1.2	
	X	24 hrs	73,500		1.6								1	
	X	24 hrs	76,200		1.8								1.1	
	X	24 hrs	50,800		2.8								1.3	
		24 hrs	77,500											
	X	24 hrs	77,500		2.2								1.3	
	X	24 hrs	75,000		1.4								0.8	
	X	24 hrs	79,000		1.2								0.5	
	X	24 hrs	39,000		2.2								0.9	
	X	24 hrs	63,100		3.1								1.4	
	X	24 hrs	46,800		3.1								1.9	
		24 hrs	40,500											
	X	24 hrs	40,500		3.2								1.7	
	X	24 hrs	29,700		1.9								1.3	
	X	24 hrs	47,200		1.4								0.8	
	X	24 hrs	75,600		1.8								1.1	
			2,467,000											
			79,581											
			120,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: September-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

License Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Robert Paver</u>	<u>C12040</u>
	Printed or Typed Name	License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **September-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L			Minimum Operating UV Dose, mW-sec/cm ²
	X	24 hrs	65,000		1.7							1	
	X	24 hrs	90,100		2.1							1.2	
		24 hrs	83,700										
	X	24 hrs	83,700		1.9							1	
	X	24 hrs	67,900		1.8							1	
	X	24 hrs	84,400		2.1							1.5	
	X	24 hrs	58,400		2.2							1.2	
	X	24 hrs	89,100		1.8							1.1	
	X	24 hrs	99,200		1.4							0.7	
		24 hrs	56,300										
	X	24 hrs	56,200		1.8							0.8	
	X	24 hrs	57,400		1.9							1.1	
	X	24 hrs	63,600		2.1							1.2	
	X	24 hrs	85,600		2.3							1.3	
	X	24 hrs	56,200		2.2							1.2	
	X	24 hrs	81,000		2.1							1	
		24 hrs	102,100										
	X	24 hrs	102,100		2							1	
	X	24 hrs	89,800		1.8							0.9	
	X	24 hrs	92,700		2.1							1	
	X	24 hrs	124,900		2.7							1.3	
	X	24 hrs	157,400		3.2							2	
	X	24 hrs	137,000		4.1							2.3	
		24 hrs	111,100										
	X	24 hrs	111,100		2.1							1.3	
	X	24 hrs	100,400		2							1.2	
	X	24 hrs	116,200		2.1							1.4	
	X	24 hrs	90,500		2							1.3	
	X	24 hrs	41,500		2.3							1.5	
	X	24 hrs	0		2							1.2	
		24 hrs											
			2,554,600										
			85,153										
			157,400										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: October-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Robert Paver	C	12040	3 Days per week
Other Operators				

II. Certification by Lead/Chief Operator

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

Signature and Date _____ Robert Paver _____ C12040 _____
 Printed or Typed Name License Number

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **October-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	93,000		2.1								1.3	
	X	24 hrs	93,000		1.8								0.9	
	X	24 hrs	96,000		2.1								1.1	
	X	24 hrs	165,000		2.8								1.1	
	X	24 hrs	102,000		3.1								1.7	
	X	24 hrs	87,000		4.6								2.9	
		24 hrs	157,000											
	X	24 hrs	152,000		4.2								2.8	
	X	24 hrs	153,000		3.6								2.4	
	X	24 hrs	94,000		2.2								1.3	
	X	24 hrs	96,000		3.6								2.2	
	X	24 hrs	122,600		3.2								1.6	
	X	24 hrs	176,200		1.1								0.8	
		24 hrs	127,800											
	X	24 hrs	127,800		2.1								1.3	
	X	24 hrs	158,000		1.7								0.9	
	X	24 hrs	168,000		2.1								1.1	
	X	24 hrs	145,000		2.7								1.3	
	X	24 hrs	159,000		1.8								0.9	
	X	24 hrs	182,800		2.7								1	
		24 hrs	130,100											
	X	24 hrs	130,100		2								1.1	
	X	24 hrs	134,400		1.8								1	
	X	24 hrs	139,800		1.6								0.9	
	X	24 hrs	114,800		1.5								0.8	
	X	24 hrs	113,000		1.8								0.9	
	X	24 hrs	103,300		2.1								1	
		24 hrs	118,200											
	X	24 hrs	118,200		1.8								1	
	X	24 hrs	122,000		1.7								0.9	
			3,972,100											
			128,132											
			182,800											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Robert Paver</u> Printed or Typed Name	<u>C12040</u> License Number
--------------------	--	---------------------------------

MONTHLY OPERATION REPORT FOR PWSs TREATING R.O.W. GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **November-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	126,200		1.8								0.9	Flushing
	X	24 hrs	134,600		1.7								0.8	Flushing
	X	24 hrs	127,200		1.9								1	Flushing
		24 hrs	120,000											Flushing
		24 hrs	120,000											Flushing
	X	24 hrs	120,000		1.8								0.9	Flushing
	X	24 hrs	120,000		2								1	Flushing
	X	24 hrs	280,000		1.8								0.9	Flushing
	X	24 hrs	120,000		2.2								1.3	Flushing
	X	24 hrs	120,000		1.8								0.8	Flushing
	X	24 hrs	140,000		2.1								1.4	Flushing
		24 hrs	120,000											Flushing
	X	24 hrs	120,000		2.2								1.1	Flushing
	X	24 hrs	79,000		3.4								1.5	Flushing
	X	24 hrs	80,000		2.8								0.9	Flushing
	X	24 hrs	120,000		2.7								0.5	Flushing
	X	24 hrs	110,000		3.8								2	Flushing
	X	24 hrs	100,000		2.7								1.7	Flushing
	X	24 hrs	100,000		2.5								1	Flushing
	X	24 hrs	100,000		2.5								1	Flushing
	X	24 hrs	85,000		2.7								0.7	Flushing
	X	24 hrs	75,000		2.5								1.2	Flushing
	X	24 hrs	80,000		1.8								0.9	Flushing
	X	24 hrs	80,000		2.1								0.4	Flushing
	X	24 hrs	100,000		2.1								1.1	Flushing
		24 hrs	90,000											Flushing
	X	24 hrs	90,000		3.7								1.2	Flushing
	X	24 hrs	10,000		2.6								1.1	Flushing
	X	24 hrs	80,000		3.9								1.2	Flushing
	X	24 hrs	90,000		1.3								0.7	Flushing
		24 hrs												Flushing
			3,237,000											
			107,900											
			280,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-06

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Water	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1233
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E.	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Water	Plant Telephone Number:	941/907-7400
Plant Address:	Canary Way	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Robert Paver	C	12040	3 Days per week
Other Operators				

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Robert Paver</u> Printed or Typed Name	<u>C12040</u> License Number
--------------------	--	---------------------------------

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

PWS Identification Number: 6280162 Plant Name: Lake Josephine Water

III. Daily Data for the Month/Year of: **December-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
	X	24 hrs	90,000			1.5									0.9	
	X	24 hrs	90,000			1.7									0.6	
		24 hrs	12,000													
	X	24 hrs	120,000			1.6									0.4	
	X	24 hrs	120,000			1.7									0.6	
	X	24 hrs	100,000			1.7									0.7	
	X	24 hrs	100,000			4.9									2.6	
	X	24 hrs	120,000			2									0.7	
	X	24 hrs	100,000			1.5									0.4	
		24 hrs	120,000													
	X	24 hrs	120,000			2.7									1.1	
	X	24 hrs	120,000			2.9									1.2	
	X	24 hrs	120,000			2.7									1	
	X	24 hrs	120,000			2.5									1.1	
	X	24 hrs	120,000			3.9									1.2	
	X	24 hrs	70,000			3.4									1.1	
		24 hrs	139,300													
	X	24 hrs	139,300			2.8									1.1	
	X	24 hrs	140,500			2.5									0.7	
	X	24 hrs	14,780			2.5									1.2	
	X	24 hrs	104,500			2.3									1	
	X	24 hrs	105,400			2.3									0.9	
	X	24 hrs	99,600			2.4									1.2	
		24 hrs	0													
	X	24 hrs	0			1.7									0.5	
	X	24 hrs	120,400			1.9									1	
	X	24 hrs	121,300			2.3									1.1	
	X	24 hrs	111,100			2.7									1	
	X	24 hrs	126,900			2.7									1.2	
	X	24 hrs	133,900			2.4									1	
		24 hrs	124,100													
			3,123,080													
			100,745													
			140,500													

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



An Equal Opportunity Employer

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

December 31, 2003

- Thomas G. Dabney, II**
Chair, Sarasota
- Watson L. Hayes, II**
Vice Chair, Pinellas
- Janet D. Kovach**
Secretary, Hillsborough
- Maggie N. Dominguez**
Treasurer, Hillsborough
- Edward W. Chance**
Manatee
- Ronnie E. Duncan**
Polk
- Pamela L. Fontress**
Highlands
- Ronald C. Johnson**
Polk
- Heidi B. McCree**
Hillsborough
- T. G. "Jerry" Rice**
Pasco
- Judith C. Whitehead**
Hernando

Mr. Ward Wright
Lake Josephine Heights Water
760 Henscratch Road
Lake Placid, FL 33852

**Subject: Final Agency Action Transmittal Letter – Approval
Modification of Permit by Letter**

Project Name: Lake Josephine Heights Water
Water Use Permit (WUP) No.: 20004167.003
County: Highlands
Southern Water Use Caution Area

Reference: Chapter 40D-2, Florida Administrative Code
Section 40D-2.801(3)(d)(4), Florida Administrative Code

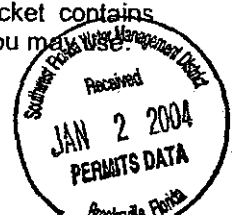
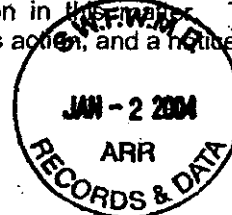
Dear Mr. Wright:

This letter constitutes Final Agency Action (FAA) on the District initiated Letter Modification to modify WUP No. 20004167.002 by letter. The specific modifications are listed in Attachment A and are considered a part of your WUP.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. *A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C.* Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a "Noticing Packet" that provides information regarding District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

Protecting Your Water Resources



DOCUMENT NUMBER-DATE

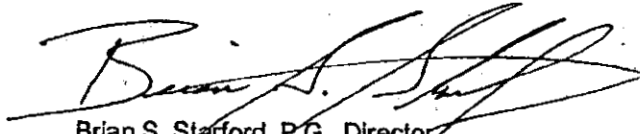
04307 MAY 22 88

FPSC-COMMISSION CLERK

Lake Josephine Heights Water
WUP No. 20004167.003
Page 2
December 31, 2003

If you have questions regarding this permit modification, please contact Michael L. Phillippi, Professional Geologist, at the Bartow Service Office. If you have any questions regarding the Noticing Packet, please contact Myra Ford in the Records and Data Department at the Brooksville office.

Sincerely,



Brian S. Stafford, P.G., Director
Resource Regulation Department

BSS\MLP:ser913

Attachment: Attachment A
Noticing Packet
Sections 28-106.201 and 28-106.301, F.A.C.

cc: File of Record
M. Balser



MODIFICATIONS

The following constitutes modifications to the terms and conditions of Water Use Permit No. 20004167.002, effective December 31, 2003. The purpose of this modification is to add a special condition requiring reporting of meter reading and pumpage.

1. Total Annual Average and Peak Month quantities authorized under this permit (in gpd) remain unchanged:

Annual Average:	308,000
Peak Month:	462,000

2. Water Use: Public Supply

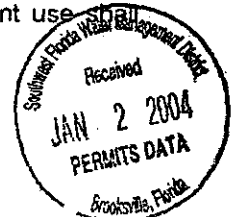
3. The following special conditions were added to your permit as of January 1, 2003. These conditions were new or replaced similar existing special conditions. The special conditions are re-numbered here:
 18. Within the Southern Water Use Caution Area, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the Board, upon reasonable notice to the permittee, including a statement of facts upon which the District based its determination, may reconsider the quantities permitted or other conditions of the permit as appropriate to address the change or impact but only after an opportunity for the permittee to resolve or mitigate the change or impact or to request a hearing.

 19. Within 90 days of the replacement of any or all withdrawal quantities from ground water or surface water bodies with an alternative source of water, the Permittee shall apply for a Standby Alternative Source Permit. An application to modify this permit to a Standby Alternative Source Permit may be obtained upon request or may be obtained from the District's website: www.swfwmd.state.fl.us.

 20. By April 1 of each year, for the preceding calendar year, the Permittee shall account for all significant water uses separately and submit a report on all significant uses whether or not taken as a deduction from the Per Capita calculation. Significant use is defined as any individual, non-residential customer using 25,000 gallons per day or greater on an annual average basis, or any individual, non-residential customer whose use represents greater than five percent (5%) of the annual average quantity on this permit. Utilities with a large number of commercial accounts which fall below the 25,000 gpd individual significant use threshold may deduct the percentage of commercial use greater than the District-wide average of the three most recent years commercial use, provided that they do not deduct any individual significant uses and that they do not make population adjustments based on commuter population.

The users that are not included in the significant use category are golf courses, multi-family residential accounts classified as commercial by the utility, and irrigation accounts associated with residential accounts. The summary on significant use shall include but not be limited to:

- a. Name and address of the significant user(s),
- b. Type of use (e.g., type of industry, or commercial venture);
- c. Total annual average quantities provided to each, and



- d. Water conservation programs designed specifically for each significant use or type of significant use.

This report may be submitted as an element of the Annual Report.

21. The Permittee shall adopt a water conservation oriented rate structure no later than January 1, 2004. If the Permittee already has a water conservation oriented rate structure, a description of the structure, any supporting documentation, and a report on the effectiveness of the rate structure shall be submitted by January 1, 2003. Permittees that adopt a water conservation oriented rate structure pursuant to this rule shall submit the above-listed information by July 1, 2004.
22. The permittee shall read each customer's meter and bill the customer no less frequently than bi-monthly (every other month), and the customer's billing period usage shall be indicated on each bill. In addition, the Permittee shall provide the following information to all water customers at least once each calendar year:
- a. Rate structure information describing applicable fixed and variable charges rates, minimum quantity charges, block size and pricing, seasonal rates, and applicable months. If billing units are not in gallons, a means to convert the billing units to gallons must be described to the customer with this information.
- b. Historical billing period usage averaged over the three previous years for the applicable customer class.
23. By April 1 of each year for the preceding calendar year, the Permittee shall submit an Annual Report giving the following information:
- a. Calculation of the Adjusted Gross Per Capita daily water use as follows:

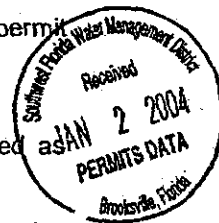
$$\frac{WD + IM - EX - TL - SU - EM}{FP}$$

Where:

- WD = ground water and surface water withdrawals,
IM = water imported or bought from another supplier,
EX = water exported or sold to other suppliers,
TL = treatment loss (typically reverse osmosis or sand filtration),
SU = significant uses,
EM = environmental mitigation, if required as a permit condition,
FP = Functional Population.

Documentation of components of the equation shall be submitted as follows:

- (1) WD: Total withdrawals (a master meter may be used for this purpose);
(2) IM: Sources and quantities of incoming transfers of water and wholesale purchases of water, with quantities determined at the supplier's departure point;
(3) EX: Sources and quantities of outgoing transfers of water and wholesale sales of water, with quantities determined at the Permittee's departure point. For each wholesale customer that



does not have a wholesale water use permit, the Permittee shall calculate a separate per capita use using the equation set forth in item a. of this condition.

- (4) TL: All treatment losses;
- (5) SU: Significant deducted uses. For each significant use taken as a deduction from the gross per capita use rate, a water survey must be done that includes:
 - (a) The types of water uses that occur within the significant user's facility,
 - (b) The documented quantities associated with these uses, and
 - (c) Any leak detection or conservation activities undertaken by the user.

A water survey is not required if the significant use is not deducted.

- (6) EM: Environmental mitigation quantities that are required by the District.
- (7) FP: The Functional population is the base population adjusted for seasonal variation, tourists and commuters. Document the methodology for determining functional population. Information on how to make these adjustments is contained within the "Basis of Review for Water Use Permit Applications", available upon request from the District, or from the District's website, www.swfwmd.state.fl.us, under "District Rules".

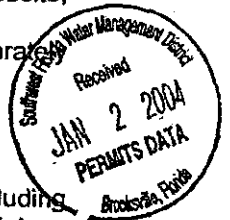
- b. A description of the current water rate structure;
- c. Annual average daily quantity of unaccounted water and the percentage of unaccounted water relative to total withdrawals;
- d. Audit Report: If the annual report reflects a greater than 12% unaccounted water, the Permittee must complete a water audit within 90 days of submittal of the annual report. The audit shall include but not be limited to an assessment of unauthorized uses, line flushing, authorized un-metered uses, under-registration of meters, fire flows and leaks. Utilities with large complex water supply systems may conduct the audit in phases, with prior approval by the District. A report on the water audit shall be submitted within 90 days of completion of the water audit (on or before September 28 of the same year as the annual report). Assistance is available from the District at its website, www.swfwmd.state.fl.us/watercon/audits/wateraudits.htm.

- e. Residential Water Use Report where residential water use is separately accounted by type of dwelling unit as follows:

- (1) single family,
- (2) multi-family (two or more dwelling units), and
- (3) mobile homes.

Residential water use includes indoor and outdoor water uses, including irrigation uses, whether separately metered or not. The methodology used to determine the number of dwelling units by type and their quantities used shall be documented. Estimates of water use based upon meter size may be inaccurate and will not be accepted.

- f. Suppliers of Alternative Source Report on the quantities of reclaimed water or stormwater provided. The report shall include:
 - (1) Quantity of total alternative source water provided for beneficial reuse on both a total annual average daily and monthly basis;
 - (2) Quantity and locations of effluent disposed;



WUP - LETTER MODIFICATION ATTACHMENT A

WUP No. 20004167.003

Page 4

December 31, 2003

- (3) Information about individual customer alternative source connections with line sizes of four inches or greater that includes:
- (a) Account name and address,
 - (b) Location of connection by latitude and longitude,
 - (c) Line size,
 - (d) Whether metered, and
 - (e) Metered quantities if metered, on both an annual average daily and monthly basis.

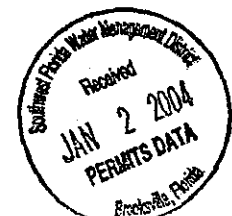
The Permittee may use the "Public Supply Per Capita Water Use Survey, Form A" and the "Public Supply Survey: Type of Water Use, Form B" to assist in complying with this condition. The survey form will be mailed under separate cover at the beginning of each year. It may also be requested from the District, or it may be downloaded from the District's website, www.swfwmd.state.fl.us.

24. In the areas formerly known as the Eastern Tampa Bay and Highlands Ridge Water Use Caution Areas, the Permittee may include Reuse and Desalination Credits in the calculation of per capita daily water use rate, provided the credits are documented. These deductions are:
- a. Reuse Credit: Deduction of an amount equal to the quantity of reclaimed water delivered by the Permittee for uses not served by the permittee's water utility. Allowable deductions shall be limited to those quantities that would normally be permitted for the activity. Examples are provision of reuse to agricultural operations so that the farmer discontinues ground water withdrawals, or provision of reuse to a golf course for irrigation where irrigation wells, not belonging to the utility, are discontinued.
 - b. Desalination Credit: Deduction of an amount equal to 50% of the quantity of finished water from desalination sources. A desalination source is a plant which removes or reduces salts and other chemicals from highly mineralized water of greater than 500 mg/l Total Dissolved Solids.

4. Special Condition No. 25 is added.

The Permittee shall meter withdrawals from surface waters and/or the ground water resources, and meter readings from each withdrawal shall be recorded on a monthly basis within the last week of the month. The meter reading(s) shall be reported to the Permit Data Section, Records and Data Department (using District scanning forms, unless the District has approved another arrangement for submission of this data) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, the meter report shall be submitted to the District indicating the same meter reading as was submitted the previous month. The following withdrawals shall be metered as applicable:

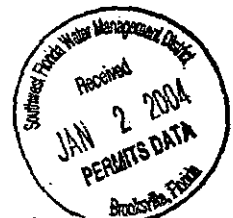
- a. Permittees with existing permitted withdrawal facilities shall continue to maintain and operate existing, non-resettable, totalizing flow meter(s) or other flow measuring device(s) as approved by the Regulation Department Director on District ID Nos. 1 & 3, Permittee ID Nos. 2 & 1.



The meters shall adhere to the following descriptions and shall be installed or maintained as follows:

- (1) The meter(s) shall be non-resettable, totalizing flow meter(s). If other measuring device(s) are proposed, prior to installation, approval shall be obtained in writing from the Regulation Department Director.
- (2) Meters shall be installed on all stand by withdrawal facilities prior to activation.
- (3) The flow meter(s) or other approved device(s) shall have and maintain an accuracy within five percent of the actual flow as installed.
- (4) The meter shall be tested for accuracy on-site, as installed, every two years beginning from the date of issuance unless the Permittee demonstrates to the satisfaction of the District that a longer period of time for testing is warranted. The test shall be performed by a person certified in the equipment used. If the actual flow is found to be greater than 5% different from the measured flow, the Permittee shall have the meter re-calibrated or replaced, whichever is necessary. Documentation of the test and a certificate of re-calibration, if applicable, shall be submitted within 30 days of each test or re-calibration.
- (5) The meter shall be installed in a straight length of pipe where there is a least an upstream length equal to ten (10) times the outside pipe diameter and a downstream length equal to two (2) times the outside pipe diameter. Where there is not at least a length of ten diameters upstream available, flow straightening vanes shall be used in the line.
- (6) If the meter or other flow measuring device malfunctions or has to be removed from the withdrawal for maintenance or repair, the Permittee shall notify the District within 30 days of discovering the necessity to replace or repair the meter and replace it with a repaired or new meter, subject to the same specifications given above, within 30 days of its removal from the withdrawal.
- (7) While the meter is off the withdrawal, the Permittee shall request instruction on how to estimate use from the Permit Data Section. The estimate of the number of gallons used each month during that period shall be submitted according to the instructions received from the District.
- (8) In the event a new meter is installed to replace a broken meter, it and its installation shall meet the specifications of this condition. The permittee shall notify the District of the replacement with the first submittal of meter readings from the new meter.

All other terms and conditions of this permit shall remain as stated on WUP No. 20004167.002, unless specifically modified by this Letter Modification, and this permit will expire on December 12, 2009.



DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

SHORT ENVIRONMENTAL LABORATORIES, INC. 10405 U.S. HWY 27 • SEBRING, FL 33876-9502 PH: 1-863-655-4022 • FAX: 1-863-655-5820 HRS # E85458

Delivered by: [Signature] Lab Receipt Date & Time: 12.6.07 1:35 Analysis Date & Time: 12.6.07 16:15 Sample Acceptance Criteria: Sample Preservation [X] On Ice [] Not On Ice [X] 4.0 °C Disinfectant Check [X] Not Detected [] mg/L This sample does not meet the following NELAC requirements:

Report Number: 69551 Sub-Contract Lab ID: Analysis Requested: (please check all that apply) [] Standard Coliform Test [] HPC [] Other:

System Name: Lake Josephine Water PWS I.D. 6280162 System Address: 1449 Canary Way City: Sebring System or Owner's Phone #: 1-800-250-7332 Fax #: Collector: Danny Holmes Collector's Phone #: 405-6911

Type of Supply: (check only one) [X] Community Water System [] Private Well [] Noncommunity Water System [] Swimming Pool [] Nontransient Noncommunity Water System [] Bottled Water [] Limited Use System [] Other Reason for Sampling: (check only one) [X] Routine Compliance [] Repeat [] Replacement [] Main Clearance [] Well Survey [] Other Sample Collection Date: 12-6-07

Table with columns: Sample Number, Sample Point (Location or Specific Address), Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Total Coliform Analysis Method, Fecal or E. coli Analysis Method, Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier, Lab Sample Number. Rows 1-4 contain data for wells and beach locations.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: [X] DPD Colorimetric [] Other: Person performing analysis is: [X] A certified operator (# C-4335) [] Supervised by a cert operator (#) [] Employed by a certified lab [] Employed by DEP or DOH

1.1 Defined in Florida Administrative Code Rule 62-160, Table 1 All tests are performed in accordance with NELAC standards. Date PWS notified by lab of positive results: Date State notified by lab of positive results:

Name and Mailing Address of Person to Receive Report Aqua Utilities 8374 Market Street #419 Bradenton, Florida 34202

Lab Signature: [Signature] Title: QA Manager [] Satisfactory [] Incomplete Collection Information [] Repeat Samples Required [] Replacement Samples Required Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

DOCUMENT NUMBER: 04307 MAY 22 08 FPSC-COMMISSION CLERK

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022
800 833-4022 Shortlab@strato.net fax: (863) 655-5820



Report Cover Page

Client: **Aqua Utilities Florida, Inc.**
Address: **6960 Professional Pkwy E**

City, St, Zip: **Sarasota, FL 34240**
Attention: **Bill Dean**

Report #: **2007070301**
Report Date: **7/28/2007**

Project: **Lake Josephine**
DW Nitrates

Sample date: **July 20, 2007**
Sample #'s **290900**

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Cover Page:		1		
Report of Analysis:	DW Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
	Sampler cert	1	Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		6		

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected.

Respectfully Submitted,

David W. Murto
Laboratory Director

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

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

System Name: LAKE JOSEPHINE WATER PWS I.D. #: 6280162
 System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity
 Address: 6960 Professional Parkway East,
 City: Sarasota State: Florida ZIP Code: 34240
 Phone: 1-800-250-7532 Fax #: _____
 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 290900 Location Code (if Known): _____
 Sample Date: 7/20/2007 Sample Time: 1440 AM PM (circle one)
 Sample Location (be specific): Point of entry

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or other Comments Grab

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

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

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

Sampler's Name: Eddie Christmas
 Sampler's Phone #: (863) 381-0755 Sampler's Fax: (863) 655-2556
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Eddie Christmas Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 7/20/2007

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/08
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/20/2007
PWS ID (From Page 1): 6280162 Sample Number (From Page 1): 290900
Lab Assigned Report Number or Job ID: 290900

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

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

Were any analyses subcontracted? () Yes (x) No

If yes, please provide DOH certification Numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, David W. Murto, Laboratory Director
(Print Name) (Print Title)

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

Signature: David W. Murto Date: 7/28/2007

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested
 Additional Monitoring Required (circle or highlight group(s) above) (circle or highlight group(s) above)
Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

2 of 3

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

Inorganic Contaminants
62-550.310(1)

Report Number/Job ID: 290900

PWS ID (from page 1): 6280162

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.04	I	EPA 353.2	0.02	7/25/2007	1350	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	7/20/2007	1620	E85458
1005	Arsenic	0.01	mg/L			SM 3113 B	0.002			E85458
1010	Barium	2	mg/L			EPA 200.7	0.002			E85458
1015	Cadmium	0.005	mg/L			EPA 200.7	0.001			E85458
1020	Chromium	0.10	mg/L			EPA 200.7	0.001			E85458
1024	Cyanide	0.20	mg/L			EPA 335.4	0.005			E85458
1025	Fluoride	4.0	mg/L			SM4500F-C	0.05			E85458
1030	Lead	0.015	mg/L			SM 3113 B	0.001			E85458
1035	Mercury	0.002	mg/L			EPA 245.1	0.0002			E85458
1036	Nickel	0.10	mg/L			EPA 200.7	0.002			E85458
1045	Selenium	0.05	mg/L			SM 3113 B	0.005			E85458
1052	Sodium	160	mg/L			EPA 200.7	0.05			E85458
1074	Antimony	0.006	mg/L			SM 3113 B	0.003			E85458
1075	Beryllium	0.004	mg/L			EPA 200.7	0.0005			E85458
1085	Thallium	0.002	mg/L			EPA 200.9	0.001			E85458
1094	Asbestos	7 MFL	MFL							

All results meet the requirements of NELAC.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

System Name: LAKE JOSEPHINE WATER PWS ID #: 6280162
 System Type (check one): Community () NonTransient Noncommunity () Transient Noncommunity
 Address: CANARY WAY
 City: SEALING State: Florida ZIP Code: 33875
 Phone: 810 250 7532 Fax #: _____
 -Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 7-20-07 Sample Time: 2:40 AM (circle one)
 Sample Location (be specific): POE
 disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly 2nd/2005
- Special (not for compliance with 62-550.)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or other Comments: Grab

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

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

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

Sampler's Name: EDDIE CHRISTMAS
 Sampler's Phone #: 863 381 0755 Sampler's Fax: 863 655 2556
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name)
 do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.
 Signature: Eddie Christmas (Print Title)
 Date: 7-20-07

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

P.7

LABORATORY ANALYSES									
250 N	250 S								

8636552556

Sebring Lakes

SAMPLER'S NAME: *Eddie Christman* CLIENT NAME: *Aqua Utilities Florida* # *384*
 (PLEASE PRINT)
 SAMPLER'S SIGNATURE: *Eddie Christman* PROJECT: *Lake Josephine WP* LOCATION: *POE*

FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT	NO3 NOx	NO2
	<i>POE</i>	<i>7-20-07</i>	<i>240</i>	<i>DW</i>	<i>X</i>		<i>290900</i>	<i>2</i>	<i>X</i>	<i>X</i>

COMMENTS:
 SOME CONTAINERS MAY BE PRE-RESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED H2SO4
 METALS CONTAINERS PRESERVED HNO3
 OTHER _____

YES	NO

Aug 01 07 05:06p

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	<i>Eddie Christman</i>	<i>David C. Webster</i>	<i>7-20-07</i>	<i>1600</i>

64766 3142

	TIME
DEPARTED LAB	
ARRIVED SITE	
DEPARTED SITE	
ARRIVED LAB	

CHAIN OF CUSTODY AND TRANSMITTAL FORM

SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S Sebring, FL 33876 (863) 655-4022
 800 833-4022 Shortlab@strato.net fax: (863) 655-5820



Report Cover Page

Client: Aqua Utilities Florida, Inc.
Address: 6960 Professional Pkwy E

City, St, Zip: Sarasota, FL 34240
Attention: Bill Dean

Report #: 2007070301
Report Date: 7/28/2007

Project: Lake Josephine
 DW Nitrates

Sample date: July 20, 2007
Sample #'s 290900

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

Item	Pages	Qualifier	Explanation
Cover Page:	1		
Report of Analysis: DW Original	3	U	Compound was analyzed for but not detected.
Attachments: Chain of Custody	1	I	Result is between the PQL and the MDL.
Sampler cert	1	Q	Sample was analyzed out of holding time.
		J	Estimated value; value may not be accurate.
Total Pages:	6		

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected.

Respectfully Submitted,

David W Murto
 David W. Murto
 Laboratory Director

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

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

System Name: LAKE JOSEPHINE WATER PWS I.D. #: 6280162

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 6960 Professional Parkway East.

City: Sarasota State: Florida ZIP Code: 34240

Phone: 1-800-250-7532 Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 290900 Location Code (if known): _____

Sample Date: 7/20/2007 Sample Time: 1440 AM PM (circle one)

Sample Location (be specific): Point of entry

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

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: Eddie Christmas

Sampler's Phone #: (863) 381-0755 Sampler's Fax: (863) 655-2556

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Eddie Christmas Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 7/20/2007

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/08
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/20/2007
 PWS ID (From Page 1): 6280162 Sample Number (From Page 1): 290900
 Lab Assigned Report Number or Job ID: 290900

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

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

Were any analyses subcontracted? () Yes (x) No

If yes, please provide DOH certification Numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, David W. Murto, Laboratory Director
 (Print Name) (Print Title)

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

Signature: David W. Murto Date: 7/28/2007

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

- | | |
|---|---|
| <input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above) | <input type="checkbox"/> Revised Report Requested |
| <input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above) | (circle or highlight group(s) above) |
| Reason(s): <input type="checkbox"/> MCL(s) Exceeded <input type="checkbox"/> Detection(s) | <input type="checkbox"/> Incomplete Report |
| <input type="checkbox"/> Missing Analyte Sheet <input type="checkbox"/> Location Unsatisfactory | <input type="checkbox"/> Analysis Unsatisfactory |
| <input type="checkbox"/> Other: _____ | |

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Inorganic Contaminants
62-550.310(1)

Report Number/Job ID: 290900

PWS ID (from page 1): 6280162

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.04	I	EPA 353.2	0.02	7/25/2007	1350	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	7/20/2007	1620	E85458
1005	Arsenic	0.01	mg/L			SM 3113 B	0.002			E85458
1010	Barium	2	mg/L			EPA 200.7	0.002			E85458
1015	Cadmium	0.005	mg/L			EPA 200.7	0.001			E85458
1020	Chromium	0.10	mg/L			EPA 200.7	0.001			E85458
1024	Cyanide	0.20	mg/L			EPA 335.4	0.005			E85458
1025	Fluoride	4.0	mg/L			SM4500F-C	0.05			E85458
1030	Lead	0.015	mg/L			SM 3113 B	0.001			E85458
1035	Mercury	0.002	mg/L			EPA 245.1	0.0002			E85458
1036	Nickel	0.10	mg/L			EPA 200.7	0.002			E85458
1045	Selenium	0.05	mg/L			SM 3113 B	0.005			E85458
1052	Sodium	160	mg/L			EPA 200.7	0.05			E85458
1074	Antimony	0.006	mg/L			SM 3113 B	0.003			E85458
1075	Beryllium	0.004	mg/L			EPA 200.7	0.0005			E85458
1085	Thallium	0.002	mg/L			EPA 200.9	0.001			E85458
1094	Asbestos	7 MFL	MFL							

All results meet the requirements of NELAC.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

System Name: Lake Josephine Water PWS ID #: 6280162
 System Type (check one): Community () Non-Transient Noncommunity () Transient Noncommunity
 Address: Canary Way
 City: Sebring State: Florida ZIP Code: 33825
 Phone: 800 250 7532 Fax #: _____
 -Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 7-20-07 Sample Time: 2:40 AM (circle one)
 Sample Location (be specific): POE
 disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly 2nd/2005
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or other Comments: Grab

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

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

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

Sampler's Name: Eddie Christmas
 Sampler's Phone #: 863 381 0755 Sampler's Fax: 863 655 2556
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name)
 do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct. (Print Title)
 Signature: Eddie Christmas Date: 7-20-07

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

LABORATORY ANALYSES

250 N	250 S				
-------	-------	--	--	--	--

P.7

8636552556

Sebring Lakes

AUG 01 07 05:06P

SAMPLE NAME: (PLEASE PRINT) Eddie Christmas		CLIENT NAME: Aqua Utilities Florida			# 376					
SAMPLE SIGNATURE: <i>Eddie Christmas</i>		PROJECT: Lake Josephine WP		LOCATION: POE						
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT	NO3 NOx	NO2
	POE	7-20-07	240	DW	X		290900	1	X	X

COMMENTS:
 SOME CONTAINERS MAY BE PRE-RESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED H2SO4
 METALS CONTAINERS PRESERVED HNO3
 OTHER

YES	NO

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	<i>Eddie Christmas</i>	<i>David C. [Signature]</i>	7-20-07	1600

64766 342

TIME

DEPARTED LAB	
ARRIVED DATE	
DEPARTED SITE	
ARRIVED LAB	

CHAIN OF CUSTODY AND TRANSMITTAL FORM

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client: Aqua Utilities Florida, Inc. Report #: 2006100172
Address: 6960 Professional Parkway East Date: October 10, 2006
City, St, Zip: Sarasota, FL 34240 Project: Lake Josephine Campground
Attention: Bill Dean Sample #'s: 267569

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings
Project Manager

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



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

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

System Name: LAKE JOSEPHINE WATER PWS I.D. #: 6280162

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 6960 Professional Parkway East,

City: Sarasota State: Florida ZIP Code: 34240

Phone: 1-800-250-7532 Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 267569 Location Code (if Known): _____

Sample Date: 08/08/06 Sample Time: 1300 AM PM (circle one)

Sample Location (be specific): Point of entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH 7.9

Sample Type (Check Only One)

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

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

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

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

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

Sampler's Name: Robert Paver

Sampler's Phone #: (941) 650-3032 Sampler's Fax: (863) 655-2556

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Paver Operator C-12040
(Print Name) (Print Title)

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

Signature:  Date: 08/08/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification # : E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone # : (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 08/08/06

PWS ID (From Page 1): 6280162 Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 267569

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

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

Were any analyses subcontracted? Yes No


If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
 (Print Name) (Print Title)

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

Signature:  Date: 10/10/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

- | | |
|--|---|
| <input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above) | <input type="checkbox"/> Revised Report Requested |
| <input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above) | (circle or highlight group(s) above) |
| Reason(s): <input type="checkbox"/> MCL(s) Exceeded <input type="checkbox"/> Detection(s) <input type="checkbox"/> Incomplete Report | <input type="checkbox"/> Analysis Unsatisfactory |
| <input type="checkbox"/> Missing Analyte Sheet <input type="checkbox"/> Location Unsatisfactory | |
| <input type="checkbox"/> Other: _____ | |

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number/Job ID: 267569

PWS ID (from page 1): 6280162

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.02	I	EPA 353.2	0.02	08/14/06	1200	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	08/08/06	1630	E85458
1005	Arsenic	0.01	mg/L	0.005	U	EPA 206.2	0.002	09/01/06	0900	E85458
1010	Barium	2	mg/L	0.087		EPA 200.7	0.002	08/11/06	0822	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	08/14/06	0848	E85458
1025	Fluoride	4.0	mg/L	0.05	U	SM4500F-C	0.05	08/16/06	1026	E85458
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	08/21/06	1100	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	08/10/06	1347	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	08/11/06	0822	E85458
1045	Selenium	0.05	mg/L	0.005	U	SM 3113 B	0.005	08/29/06	0843	E85458
1052	Sodium	160	mg/L	30.5		EPA 200.7	0.05	08/11/06	0822	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	08/17/06	0947	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	08/11/06	0822	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	08/28/06	1131	E85458
1094	Asbestos	7 MFL	MFL							

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

All results meet the requirements of NELAC.

Page 3 of 6

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
 62-550.320

Report Number/Job ID: 267569

PWS ID (From Page 1): 6280162

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L	0.04	I	EPA 200.7	0.02	08/11/06	0822	E85458
1017	Chloride	250	mg/L	34.		EPA 325.3	0.5	08/11/06	1225	E85458
1022	Copper	1	mg/L	0.005	I	EPA 200.7	0.002	08/11/06	0822	E85458
1025	Fluoride	2.00	mg/L	0.05	U	SM4500F-C	0.05	08/16/06	0848	E85458
1028	Iron	0.30	mg/L	0.029		EPA 200.7	0.005	08/11/06	0822	E85458
1032	Manganese	0.05	mg/L	0.0036		EPA 200.7	0.0005	08/11/06	0822	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1055	Sulfate	250	mg/L	24.		EPA 375.4	1.	08/17/06	0857	E85458
1095	Zinc	5	mg/L	0.005	I	EPA 200.7	0.004	08/11/06	0822	E85458
1905	Color	15	CU	6		SM 2120 B	1.	08/09/06	0855	E85458
1920	Odor	3	TON	2		SM 2150 B	1.	08/09/06	0855	E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU	7.9		EPA 150.1	0.1	08/08/06	1300	E85458
1930	Total Dissolved Solids	500	mg/L	294.		SM 2540 C	10.	08/09/06	0856	E85458
2905	Foaming Agents	0.50	mg/L	0.02	U	SM 5540 C	0.02	08/09/06	0905	E85458

Reporting Format 62-550.730
 Effective January 1995, Revised January 2004
 All results meet the requirements of NELAC.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number/Job ID: 267569

PWS ID (from page 1): 6280162

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification
2378	1,2,4-Trichlorobenzene	70	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1243	E84129
2955	Xylenes (total)	10,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2964	Dichloromethane	5	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2968	o-Dichlorobenzene	600	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2969	para-Dichlorobenzene	75	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2976	Vinyl Chloride	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2980	1,2-Dichloroethane	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1243	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
2982	Carbon tetrachloride	3	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
2983	1,2-Dichloropropane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1243	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1243	E84129
2987	Tetrachloroethylene	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1243	E84129
2989	Monochlorobenzene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2990	Benzene	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2991	Toluene	1,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2992	Ethylbenzene	700	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129
2996	Styrene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1243	E84129

Reporting Format 62-550730

Effective January 1995, Revised January 2004

All results meet the requirements of NELAC.

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 65.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number/Job ID:

267569

PWS ID (From Page 1):

6280162

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	ug/L	0.1	U	EPA 525.2	0.1	0.01	08/15/06	08/15/06	2056	E84129
2010	Lindane	0.20	ug/L	0.06	U	EPA 525.2	0.06	0.02	08/15/06	08/15/06	2056	E84129
2015	Methoxychlor	40	ug/L	0.05	U	EPA 525.2	0.05	0.10	08/15/06	08/15/06	2056	E84129
2020	Toxaphene	3	ug/L	0.5	U	EPA 508.1	0.5	1	08/15/06	08/17/06	0046	E84129
2031	Dalapon	200	ug/L	1	I	EPA 515.3	1.	1	08/11/06	08/12/06	0856	E84129
2032	Diquat	20	ug/L	1	U	EPA 549.2	1.	0.4	08/12/06	08/14/06	1909	E84129
2033	Endothall	100	ug/L	20	U	EPA 548.1	20.	9	08/12/06	08/16/06	2042	E84129
2034	Glyphosate	700	ug/L	10	U	EPA 547	10.	6		08/09/06	2253	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.3	U	EPA 525.2	0.3	0.6	08/15/06	08/15/06	2056	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.5	U	EPA 531.1	0.5	2		08/14/06	2327	E84129
2037	Simazine	4	ug/L	0.07	U	EPA 525.2	0.07	0.07	08/15/06	08/15/06	2056	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	1	U	EPA 525.2	1.	0.6	08/15/06	08/15/06	2056	E84129
2040	Picloram	500	ug/L	0.75	U	EPA 515.3	0.75	0.1	08/11/06	08/12/06	0856	E84129
2041	Dinoseb	7	ug/L	0.5	U	EPA 515.3	0.5	0.2	08/11/06	08/12/06	0856	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.2	U	EPA 525.2	0.2	0.1	08/15/06	08/15/06	2056	E84129
2046	Carbofuran	40	ug/L	0.5	U	EPA 531.1	0.5	0.9		08/14/06	2327	E84129
2050	Atrazine	3	ug/L	0.06	U	EPA 525.2	0.06	0.1	08/15/06	08/15/06	2056	E84129
2051	Alachlor	2	ug/L	0.2	U	EPA 525.2	0.2	0.2	08/15/06	08/15/06	2056	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L					0.005				
2065	Heptachlor	0.40	ug/L	0.08	U	EPA 525.2	0.08	0.04	08/15/06	08/15/06	2056	E84129
2067	Heptachlor Epoxide	0.20	ug/L	0.1	U	EPA 525.2	0.1	0.02	08/15/06	08/15/06	2056	E84129
2105	2,4-D	70	ug/L	1	U	EPA 515.3	1.	0.1	08/11/06	08/12/06	0856	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.25	U	EPA 515.3	0.25	0.2	08/11/06	08/12/06	0856	E84129
2274	Hexachlorobenzene	1	ug/L	0.05	U	EPA 525.2	0.05	0.1	08/15/06	08/15/06	2056	E84129
2306	Benzo(a)pyrene	0.20	ug/L	0.1	U	EPA 525.2	0.1	0.02	08/15/06	08/15/06	2056	E84129
2326	Pentachlorophenol	1	ug/L	0.1	U	EPA 515.3	0.1	0.04	08/11/06	08/12/06	0856	E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	ug/L	0.2	U	EPA 508.1	0.2	0.1	08/15/06	08/17/06	0046	E84129
2931	Dibromochloropropane	0.20	ug/L	0.005	U	EPA 504.1	0.005	0.02	08/15/06	08/16/06	0120	E84129
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.005	U	EPA 504.1	0.005	0.01	08/15/06	08/16/06	0120	E84129
2959	Chlordane	2	ug/L	0.05	U	EPA 508.1	0.05	0.2	08/15/06	08/17/06	0046	E84129

NOTE: Effective January 1, 2004 results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62.550.310(4)(b).

Reporting Format 62-550.730

All results meet the requirements of NELAC unless otherwise noted.

Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be repalced with acceptable results from samples collected during the same monitoring period.

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

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

System Name: Lake Josephine PWS I.D. #: 6280162
 System Type (check one): () Community () NonTransient Noncommunity () Transient NonCommunity
 Address: Aqua wtl.
 City: Sebring State: Florida ZIP Code: _____
 Phone: 800 250 7532 Fax #: 863 655 2556
 -Mail Address: 99 Aqua wtl. 6960 Professional Pkwy. E SARASOTA FL 34240

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if Known): _____
 Sample Date: 8-8-06 Sample Time: 1300, 1:00 AM PM (circle one)
 Sample Location (be specific): POE
 disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.4 mg/L Field pH: 7.9

Sample Type (Check Only One)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly 2nd/2005 |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

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

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

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

Sampler's Name: Robert PAUER
 Sampler's Phone #: 941 650 3032 Sampler's Fax: 863-655 2556
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert PAUER (Print Name) operator (Print Title)
 do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 8-8-06

SHORT ENVIRONMENTAL LABORATORIES
10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

SHORT ENVIRONMENTAL LABORATORIES											LABORATORY ANALYSES				
SAMPLER'S NAME: (PLEASE PRINT) Robert Paulson			CLIENT NAME: AQUA UTILITIES								INORGANICS	SECONDARIES	SYNTHETIC ORGANICS	VOCs	
SAMPLER'S SIGNATURE: Robert Paulson			PROJECT: LAKE JOSEPHINE				LOCATION: DWTP								
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT							
	P.O.E.	8-8-06	1320	DW	X		267569	21	X	X	X	X			

COMMENTS:
SOME CONTAINERS MAY BE PRE-RESERVED.
PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

	YES	NO
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	

SAMPLES ICED TO 4C
NUTRIENT CONTAINERS PRESERVED H2SO4
METALS CONTAINERS PRESERVED HNO3
OTHER

59071

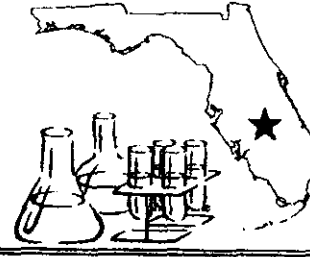
SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	Robert Paulson	Ken Webb	8-8-06	1325

314 Q17

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net

SHORT
Environmental
Laboratories, Inc.

10405 US Highway 27 South
Sebring, Florida 33876



Report Cover Page

Client: Aqua Utilities Florida,
Inc.
Address: P.O. Box 490310

Report #: 2006080285
Date: August 23, 2006

City, St, Zip: Leesburg, FL 34749-0310
Attention:

Project: Lake Josephine Campground
Sample #'s: 265222

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings
Project Manager

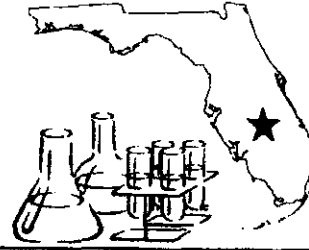
This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net

10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client: Aqua Utilities Florida, Inc.
Address: P.O. Box 490310
City, St, Zip: Leesburg, FL 34749-0310
Attention:

Report #: 2006080285
Date: August 23, 2006
Project: Lake Josephine Campground
Sample #'s: 265222

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Bruce Cummings".

Bruce Cummings
Project Manager

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



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

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

System Name: LAKE JOSEPHINE WATER PWS I.D. #: 6280162

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: Canary Way

City: Sebring State: Florida ZIP Code: 33875

Phone: 1-800-250-7532

Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 265222 Location Code (if known): _____

Sample Date: 07/07/06 Sample Time: 1050 AM PM (circle one)

Sample Location (be specific): 2700 Oak Beach

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 g/L Field pH 8.0

Sample Type (Check Only One)

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

Distribution

Routine Compliance (with 62-550)

Quarterly 3rd

Entry Point (to Distribution)

Confirmation of MCL Exceedance*

Special(not for compliance with 62-550.)

Plant Tap (not for compliance with 62-550.)

Composite Multiple Sites**

Violation Resolution

Raw (at well intake)

Clearance (permitting)

Replacement (of Invalidated Sample)

Max. Residence Time

Other: _____

Ave. Residence Time

Sampling Procedure Used or other Comments: _____

Near First Costumer

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

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

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

Sampler's Name: Robert Paver

Sampler's Phone #: _____

Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Paver
(Print Name)

Operator
(Print Title)

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

Signature: _____

Date: 07/07/06

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

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

System Name: LAKE JOSEPHINE WATER PWS I.D. #: 6280162

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: Canary Way

City: Sebring State: Florida ZIP Code: 33875

Phone: 1-800-250-7532 Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 265222 Location Code (if Known): _____

Sample Date: 07/07/06 Sample Time: 1050 AM PM (circle one)

Sample Location (be specific): 2700 Oak Beach

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 g/L Field pH 8.0

Sample Type (Check Only One)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly 3rd |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

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

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

Sampler's Name: Robert Paver

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Paver Operator
(Print Name) (Print Title)
do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 07/07/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification # : E85458
Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone # : (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 07/07/06
PWS ID (From Page 1): 6280162 Sample Number (From Page 1): 1
Lab Assigned Report Number or Job ID: 265222

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

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

Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
(Print Name) (Print Title)

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

Signature:  Date: 08/23/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

<input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above)	<input type="checkbox"/> Revised Report Requested (circle or highlight group(s) above)
<input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above)	
Reason(s):	
<input type="checkbox"/> MCL(s) Exceeded	<input type="checkbox"/> Detection(s)
<input type="checkbox"/> Missing Analyte Sheet	<input type="checkbox"/> Location Unsatisfactory
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Incomplete Report
	<input type="checkbox"/> Analysis Unsatisfactory

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification # : E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone # : (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 07/07/06

PWS ID (From Page 1): 6280162 Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 265222

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

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

Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
 (Print Name) (Print Title)

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

Signature:  Date: 08/23/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

- | | |
|---|--|
| <input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above) | <input type="checkbox"/> Revised Report Requested (circle or highlight group(s) above) |
| <input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above) | <input type="checkbox"/> Incomplete Report |
| Reason(s): <input type="checkbox"/> MCL(s) Exceeded | <input type="checkbox"/> Detection(s) |
| <input type="checkbox"/> Missing Analyte Sheet | <input type="checkbox"/> Location Unsatisfactory |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Analysis Unsatisfactory |

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

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

DISINFECTION BYPRODUCTS

Report Number / Job ID: 265222

62-550.310(3)

Disinfectant Residual (mg/L) (From Page 1): 0.4

PWS ID (From Page 1): 6280162

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1099	Chlorite	1000	ug/L							
1011	Bromate	10	ug/L							

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2450	Monochloroacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129
2451	Dichloroacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129
2452	Trichloroacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1	U	EPA 552.2	1	07/14/06	0412	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2941	Chloroform	N/A	ug/L	0.88		EPA 502.2	0.2	07/11/06	1955	E84129
2942	Bromoform	N/A	ug/L	0.5	U	EPA 502.2	0.5	06/15/06	1955	E84129
2943	Bromodichloromethane	N/A	ug/L	0.3	U	EPA 502.2	0.3	06/15/06	1955	E84129
2944	Dibromochloromethane	N/A	ug/L	0.5	U	EPA 502.2	0.5	06/15/06	1955	E84129
2950	Total Trihalomethanes	80	ug/L	0.88		EPA 502.2	0.2	06/16/06	1955	E84129

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

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

System Name: Lake Josephine PWS I.D. #: 6280162

System Type (check one): Community () NonTransient Noncommunity () Transient NonCommunity

Address: _____

City: Sabring State: Florida ZIP Code: _____

Phone: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ Sample Time: 1050 AM () PM (circle one)

Sample Location (be specific): 2700 oak Beach

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

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Quarterly (Which One?) 3rd.
- Confirmation of MCL Exceedance*
- Special(not for compliance with 62-550.)
- Composite Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or other Comments: _____

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

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

Sampler's Name: Robert Raver

Sampler's Phone # 941 650 3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Raver Operator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 7-7-06

**DRINKING WATER
SHORT ENVIRONMENTAL LABORATORIES**

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

PRINT SAMPLER'S NAME <i>Robert PAVETZ</i>		CLIENT NAME: <i>Agull. Lake Jasmine</i>	
SAMPLERS SIGNATURE <i>Ralt Pa</i>		SAMPLE ID: <i>0280162</i>	
LABORATORY ANALYSES		LABORATORY #: <i>265222</i>	
INORGANICS		<i>2700 oak beach</i>	
SECONDARY		PROJECT LOCATION	
GROSS-ALPHA		<i>536</i>	
GROSS BETA		NUMBER OF CONTAINERS	
RAD 226/228			
VOC		DATE: <i>7-7-06</i>	
PEST/PCB			
NITRITE/NITRATE		TIME: <i>1050</i>	
THM	<input checked="" type="checkbox"/>		YES NO
HAA	<input checked="" type="checkbox"/>	NUTRIENT CONTAINER PRESERVED, H2SO4	
TC/LERT		METALS CONTAINER PRESERVED, HNO3	
Pb, Cu		SAMPLES ICED TO 4C	
		OTHER	
		OTHER	

pH 8.0
Cl2 0.4

SAMPLE KIT PREPARED BY: _____

SOME CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

58341

# OF SAMPLES	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	<i>Ralt Pa</i>	<i>W...</i>	<i>7-7-06</i>	<i>1120</i>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD—From: 01/01/06 **To:** 01/31/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter <small>Store code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.023	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.2	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000630 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.7	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/02/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

04307 MAY 22 08

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 01/01/2006 To: 01/31/2006

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031618 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL 031618 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.2			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.5	mg/L		Monthly	Grab
	Permit Requirement						12, (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					209		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000630 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					672		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

Three-month Average Daily Flow: **0.022**
(TMSDF/Permitted Capacity)x100: **44%**

Month / Year: **January-08**

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.026						7.5		1.3			
2	0.014						7.5		1.2			
3	0.035						7.6		1.6			
4	0.025						7.7		1.8			
5	0.019						7.6		2.0			
6	0.017						7.5		2.2			
7	0.026											
8	0.027						7.4		2.0			
9	0.022						7.5		2.4			
10	0.019						7.4		1.8			
11	0.025											
12	0.025						7.5		1.8			
13	0.019						7.5		2.0			
14	0.016						7.5		1.8			
15	0.024						7.6		2.1			
16	0.031						7.6		1.8			
17	0.023						7.5		1.9			
18	0.027						7.5		2.0			
19	0.021	209	672	2u	1.2		7.6	1u	1.7	0.5	14:30	G
20	0.023						7.5		1.8			
21	0.022											
22	0.023						7.6		2.0			
23	0.025						7.5		1.8			
24	0.024						7.6		1.7			
25	0.020						7.5		1.6			
26	0.022						7.6		1.8			
27	0.025						7.5		2.0			
28	0.016						7.5		1.7			
29	0.024						7.5		1.5			
30	0.020						7.5		1.4			
31	0.020											

205

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth

Evening Shift Operator Class: Certification No.: Name:

Night Shift Operator Class: Certification No.: Name:

Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 02/01/08 **To:** 02/29/08

LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic

FACILITY: Lelaure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
<small>State code Mon. Site No.</small> FLOW, in conduit or thru treatment plant 050080 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.028	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann. Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.6	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000630 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.4		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann. Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				8.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Firm)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendall L. Faircloth		(883) 471-1400	08/03/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

p.2

9413783554

AUF - Fruitville

May 01 08 01:41p

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 02/01/2008 To: 02/28/2008
 LIMIT: Final

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read Instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100		Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.0		#100		Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050060 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.5			mg/L		Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.2	mg/L		Monthly	Grab
	Permit Requirement						12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080042 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					376		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					184		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.023
47%

Month / Year: February-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.050						7.5		3.2			
2	0.026						7.4		3.1			
3	0.018						7.5		3.0			
4	0.031											
5	0.032						7.4		3.1			
6	0.021						7.5		2.8			
7	0.023						7.5		3.1			
8	0.030						7.5		2.4			
9	0.024						7.6		1.9			
10	0.027						7.5		2.0			
11	0.027						7.4		1.8			
12	0.023						7.4		1.5			
13	0.031						7.5		1.8			
14	0.026						7.4		2.0			
15	0.025											
16	0.025						7.5		1.9			
17	0.026						7.5		1.7			
18	0.025											
19	0.024						7.6		1.8			
20	0.021						7.5		1.6			
21	0.018						7.5		1.5			
22	0.034	375	194	2u	1.6		7.5	1u	1.8	0.2	14:25	G
23	0.026											
24	0.026						7.6		1.6			
25	0.016						7.6		1.8			
26	0.023						7.5		1.5			
27	0.031						7.5		1.6			
28	0.028						7.6		1.5			
29												
30												
31												

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth

Evening Shift Operator Class: Certification No.: Name:

Night Shift Operator Class: Certification No.: Name:

Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

Version 5/18/98

0.767

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

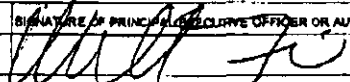
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 03/01/08 To: 03/28/08
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Lelsure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.024	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.4	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000630 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					8.2	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000630 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.8		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.8	u.u.	Daily 5 wk	Grab
	Permit Requirement				8.0, minimum		8.5, (max)	u.u.	Daily 5 wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/04/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

p.4

9413783554

AUF - Fruitville

May 01 08 01:42p

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 03/01/2006 To: 03/28/2006

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.

FACILITY ID: 5228P05930 GROUP: Domestic

COUNTY: Highlands

DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Store code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
COUFORM, FECAL					5	NA	5	#/100		Monthly	Grab
091818 1 EFA-01 EFFLUENT GROSS VALUE					Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COUFORM, FECAL						1.3		#/100		Monthly	Grab
031818 Y EFA-01 ANNUAL GROSS VALUE						200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)					1.0			mg/L		Daily 5.wk	Grab
050080 1 EFA-01 EFFLUENT GROSS VALUE					0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)							0.04	mg/L		Monthly	Grab
000800 1 EFA-01 EFFLUENT GROSS VALUE							12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						395		mg/L		Monthly	Grab
080082 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT						188		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		mg/L		Monthly	Grab

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AUF - Fruitville

May 01 08 01:49p

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Three-month Average Daily Flow: 0.024
(TMSDF/Permitted Capacity)x100: 49%

Month / Year: March-08

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50080	00620			
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.027						7.5		2.0			
2	0.023						7.6		2.2			
3	0.016						7.5		2.0			
4	0.025											
5	0.025						7.6		2.0			
6	0.020						7.6		1.8			
7	0.030						7.6		1.7			
8	0.022											
9	0.023						7.6		1.4			
10	0.028						7.5		1.5			
11	0.019						7.4		1.3			
12	0.025						7.4		1.1			
13	0.030						7.5		1.4			
14	0.031						7.5		1.6			
15	0.020						7.6		1.8			
16	0.020						7.6		2.0			
17	0.028						7.5		1.9			
18	0.021											
19	0.021						7.5		2.0			
20	0.030						7.6		1.6			
21	0.023						7.6		1.5			
22	0.027	395	188	2.4	8.2		7.6	5	1.2	0.04	14:25	G
23	0.020											
24	0.020						7.6		1.5			
25	0.024						7.5		1.1			
26	0.024						7.6		1.3			
27	0.026						7.6		1.0			
28	0.036						7.5		1.2			
29	0.017						7.4		1.8			
30	0.024						7.6		2.0			
31	0.027						7.5		2.2			
Total	0.746											
Mo.Avg.	0.024	395	188	2.4	8.2		7.5	5	1.6	0.04		

PLANT STAFFING:

Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 9088 </u>	Name: <u> Wendell L. Faircloth </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

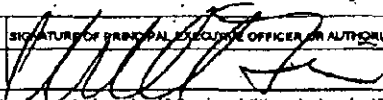
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 04/01/08 To: 04/30/08
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Store code Mon. Site No. FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.021	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.4	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	00, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					5.4	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	00, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.1		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Falcloth		(863) 471-1400	06/06/08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

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9413783554

AUF - Fruitville

May 01 08 01:41p

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014366-001-DW3P
MONITORING PERIOD--From: 04/01/06 **To:** 04/30/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
<small>Secret code Mon. Site No.</small> FLOW, in conduit or thru treatment plant 050050 1 0TH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.021	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.4	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					5.4	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.1		7.6	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(883) 471-1400	08/06/28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

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9413783554

AUF - Fruitville

May 01 08 01:48p

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: April-08

Three-month Average Daily Flow: 0.024
(TMSDF/Permitted Capacity)x100: 47%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
50050	80082	00530	80082	00530	00400	00400	74055	50060	00620			
Mon.Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.012											
2	0.012						7.5		2.6			
3	0.037						7.6		2.2			
4	0.022						7.6		1.8			
5	0.025											
6	0.024						7.5		1.3			
7	0.024						7.5		1.9			
8	0.017						7.5		1.7			
9	0.028						7.5		1.5			
10	0.020						7.5		1.2			
11	0.024						7.4		1.3			
12	0.022						7.3		1.9			
13	0.019						7.3		2.4			
14	0.017						7.3		2.9			
15	0.029						7.2		2.2			
16	0.016											
17	0.017						7.4		3.2			
18	0.024						7.6		4.1			
19	0.021	385	314	2.4	5.4		7.5	1	3.8	0.06	12:35	G
20	0.016						7.4		3.1			
21	0.021						7.3		2.8			
22	0.018						7.4		3.2			
23	0.021						7.5		3.4			
24	0.022						7.4		2.9			
25	0.023						7.4		3.1			
26	0.018											
27	0.018						7.3		2.8			
28	0.018						7.2		3.1			
29	0.022											
30	0.023						7.1		3.0			
Total	0.630											
Mo.Avg.	0.021	385	314	2.4	5.4		7.4	1	2.5	0.06		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 06/01/06 To: 06/30/06
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.016	0.022	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	80, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1U	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.3		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/08/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD—From: 06/01/2006 To: 05/31/2006

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

DISCHARGE POINT NUMBER: 001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>Storet code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	600 (max)	#/100	Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.3		#/100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.3			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.10	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					458		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					1200		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab

MAY-1-2008 02:14P FROM: SHORT UTILITY

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TD:13527876333

P.3

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA914388-001-DW3P**

Three-month Average Daily Flow: **0.020**
 (TMSDF/Permitted Capacity) **00: 40%**

Month / Year: **May-06**

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.012						7.4		1.9			
2	0.012						7.2		2.2			
3	0.016						7.4		2.4			
4	0.011						7.6		2.2			
5	0.020						7.4		2.4			
6	0.018						7.4		2.1			
7	0.015						7.5		2.3			
8	0.018						7.4		2.4			
9	0.015						7.6		2.0			
10	0.017						7.5		1.8			
11	0.014						7.6		2.1			
12	0.012						7.4		2.2			
13	0.017											
14	0.017											
15	0.018						7.5		2.1			
16	0.015						7.4		1.8			
17	0.016						7.5		2.3			
18	0.013						7.5		2.1			
19	0.010						7.4		1.8			
20	0.019						7.4		1.7			
21	0.018						7.4		1.9			
22	0.015						7.5		1.6			
23	0.017						7.4		1.9			
24	0.015						7.3		2.2			
25	0.020	458	1200	2U	1U		7.4	1U	2.1	0.10	12:20	G
26	0.014						7.5		2.2			
27	0.014						7.6		1.8			
28	0.017											
29	0.018						7.5		1.3			
30	0.015						7.6		1.8			
31	0.018						7.5		2.4			
Total	0.484											
Mo. Avg.	0.016	458	1200	2U	1U		7.5	1U	2.1	0.10		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9082 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

Unlined Wet Weather Discharge Accepted: Not Not Applicable If yes, cumulative days of wet weather discharge

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 06/01/06 To: 06/30/06
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 060050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.018	0.021	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.6	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.8		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.4		7.6	s.u.	Daily 5-wk	Grab
	Permit Requirement				8.0, minimum		6.5, (max)	s.u.	Daily 5-wk	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 (Type of Firm)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/07/10

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD—From: 06/01/2006 **To:** 06/30/2006
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter <small>Stat code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
COLIFORM, FECAL 031010 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1U	NA	1U	#/100		Monthly	Grab
	Permit Requirement				Report (Average)	400 (50 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL 031010 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.3		#/100		Monthly	Grab
	Permit Requirement					200 ANN_AVG		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.6			mg/L		Daily 5-wk	Grab
	Permit Requirement				0.5 (min)			mg/L		Daily 5-wk	Grab
NITROGEN, TOTAL (as N) 000900 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.43	mg/L		Monthly	Grab
	Permit Requirement						12 (max)	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 20 C) 080082 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					101		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					76		mg/L		Monthly	Grab
	Permit Requirement					REPORT MONTHLY		mg/L		Monthly	Grab

MAY-1-2008 02:15P FROM:SHORT UTILITY

8634712102

TO:13527876333

P.5

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA914388-001-DW3P

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity) 00:

0.018

Month / Year: June-06

35%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. She	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.012						7.4		2.1			
2	0.011						7.5		2.3			
3	0.020						7.5		2.4			
4	0.016						7.5		2.3			
5	0.017						7.5		2.1			
6	0.015						7.5		1.9			
7	0.018						7.3		1.8			
8	0.015						7.5		2.1			
9	0.014						7.5		1.8			
10	0.015											
11	0.015											
12	0.015						7.5		1.6			
13	0.019						7.6		2.0			
14	0.015	101	78	2u	1.8		7.5	1u	2.4	0.43	13:30	G
15	0.018						7.4		3.2			
16	0.016						7.5		2.6			
17	0.015						7.5		2.7			
18	0.013						7.4		2.4			
19	0.021						7.4		2.2			
20	0.016											
21	0.017						7.5		1.9			
22	0.015						7.4		2.1			
23	0.018						7.5		2.9			
24	0.016											
25	0.018											
26	0.015						7.6		2.0			
27	0.016						7.5		1.9			
28	0.017						7.5		1.8			
29	0.016						7.6		2.0			
30	0.018						7.5		2.3			
Total	0.480											
Mo. Avg	0.016	101	78	2U	1.8		7.5	1U	2.2	0.43		

PLANT STAFFING:

Day Shift Operator Class: 0 Certification No.: 9066 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6880 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014383-001-DW3P
 MONITORING PERIOD-From: 07/01/00 To: 07/31/00
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Pans / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Sp's No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in cfs at or thro treatment plant		0.015	0.020	MGD					Continuous	Flow Meter
000050 Y 0TH-01 ANNUAL AVERAGE DAILY		Report Monthly	0.030 Ann. Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 20C)						2.0	2.0	mg/L	Monthly	Grab
00082 I EPA-01 EFFLUENT GROSS VALUE						3.0 Monthly	60 Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 20C)						2.3		mg/L	Monthly	Grab
00082 Y EPA-01 ANNUAL GROSS VALUE						20.0 Ann. Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT						1.8	2.0	mg/L	Monthly	Grab
00080 I EPA-01 EFFLUENT GROSS VALUE						3.0 Monthly	60 Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT						2.8		mg/L	Monthly	Grab
00080 Y EPA-01 ANNUAL GROSS VALUE						20.0 Ann. Avg.		mg/L	Monthly	Grab
pH					7.4		7.8	s.u.	Daily 5-6	Grab
00080 I EPA-01 EFFLUENT GROSS VALUE					6.0 minimum		8.8 (max)	s.u.	Daily 5-6	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 MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Firm)	SIGNATURE OF MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(883) 471-1400	06/26/00

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DWSP
 MONITORING PERIOD--From: 07/01/2008 To: 07/31/2008

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.

FACILITY ID: 522BP05830 GROUP: Domestic

COUNTY: Highlands

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3C

TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>Monet code Mon. Sto No</small>		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
CALIFORNIA PECAL 031918 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1	NA	1	mg/L	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	400 (max)	mg/L	Monthly	Grab
CALIFORNIA PECAL 031918 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.3		mg/L	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		mg/L	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 060080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.4			mg/L	Daily Swt	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily Swt	Grab
NITROGEN, TOTAL (as N) 000900 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					0.98		mg/L	Monthly	Grab
	Permit Requirement					12 (max)		mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 20°C) 090082 0 INF-01 EFFLUENT GROSS VALUE	Sample Measurement					66		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab
TSS, EFFLUENT 000930 0 INF-01 EFFLUENT GROSS VALUE	Sample Measurement					118		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTH		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FL014308-001-DW02P

Month / Year: July-08

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.018
32%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (a.u.) min.	pH (a.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.011						7.5		2.1			
2	0.017						7.5		1.9			
3	0.010						7.6		1.6			
4	0.025						7.5		1.4			
5	0.011						7.6		1.6			
6	0.008						7.5		2.0			
7	0.022						7.6		2.4			
8	0.016											
9	0.017						7.5		2.1			
10	0.015						7.6		2.4			
11	0.025						7.5		1.9			
12	0.006						7.4		2.0			
13	0.006	65	118	2u	1.6		7.5	1	1.6	0.89	9:35	G
14	0.024						7.6		2.2			
15	0.015											
16	0.016						7.5		2.1			
17	0.015						7.6		1.9			
18	0.016						7.5		2.3			
19	0.014						7.6		2.2			
20	0.013						7.5		1.9			
21	0.022						7.6		2.0			
22	0.009						7.8		2.2			
23	0.017						7.5		1.8			
24	0.022						7.6		2.1			
25	0.009						7.5		2.3			
26	0.019						7.5		2.2			
27	0.014						7.6		2.0			
28	0.014											
29	0.014											
30	0.014											
31	0.015						7.5		2.1			
Total	0.473											
Mo. Avg.	0.015	65	118	2U	1.6		7.5	1	2.0	0.89		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240


PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 08/01/06 To: 08/31/06
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORED CODE Mon. Site No. FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.017	0.020	MGD						Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.3		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.4	2.0	mg/L		Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.0		mg/L		Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.5	s.u.		Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.		Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	08/09/20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 08/01/2006 To: 08/31/2006

LIMIT: Final
 CLASS SIZE: Minor

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter Storet code Mon. Site No.		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031818 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1u	NA	1U	#100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100	Monthly	Grab
COLIFORM, FECAL 031818 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.3		#100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050080 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.4			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000600 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.61	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 080062 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					175		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLH		mg/L	Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					268		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHLH		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

Month / Year: **August-06**

Three-month Average Daily Flow: **0.016**
 (TMSDF/Permitted Capacity)x100: **32%**

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.018						7.5		1.5			
2	0.017						7.5		1.7			
3	0.018						7.6		2.0			
4	0.012						7.5		2.2			
5	0.019						7.5		2.0			
6	0.015						7.5		1.8			
7	0.019						7.6		2.1			
8	0.015						7.5		2.4			
9	0.008						7.6		2.1			
10	0.016						7.5		2.2			
11	0.018						7.6		1.6			
12	0.017											
13	0.017											
14	0.018						7.5		1.9			
15	0.020						7.6		1.6			
16	0.011	175	268	2u	2.4		7.5	1u	1.5	0.6	8:50	G
17	0.018						7.5		1.4			
18	0.017						7.6		1.9			
19	0.011						7.6		2.1			
20	0.019						7.5		1.8			
21	0.019						7.6		1.9			
22	0.013						7.6		2.2			
23	0.020						7.5		1.9			
24	0.013						7.5		2.1			
25	0.014						7.5		1.9			
26	0.015											
27	0.015											
28	0.016						7.6		1.6			
29	0.017						7.5		2.0			
30	0.020						7.6		2.1			
31	0.031						7.5		2.2			
Total	0.516											
Mo. Avg.	0.017	175	268	2U	2.4		7.5	1u	1.9	0.61		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

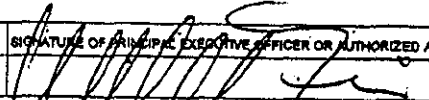
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 09/01/06 To: 09/30/06
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Sample Measurement / Permit Requirement	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Storet code Mon. Site No. FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.025	0.021	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.2	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.1		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Falcloth		(863) 471-1400	06/10/20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 09/01/2006 **To:** 09/30/2006
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBE R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analsys	Sample Type	
			Average	Maximum	Units	Minimum	Average	Maximum				Units
COLIFORM, FECAL						1u	NA	1U	#/100		Monthly	Grab
031616 1 EFA-01 EFFLUENT GROSS VALUE						Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL							1.3		#/100		Monthly	Grab
031616 Y EFA-01 ANNUAL GROSS VALUE							200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)						0.9			mg/L		Daily 5.wk	Grab
050060 1 EFA-01 EFFLUENT GROSS VALUE						0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)								9.07	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE								12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)							210		mg/L		Monthly	Grab
060062 G INF-01 INFLUENT GROSS VALUE							REPORT MONTH		mg/L		Monthly	Grab
TSS, INFLUENT							218		mg/L		Monthly	Grab
000530 G INF-01 INFLUENT GROSS VALUE							REPORT MONTH		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014388-001-DW3P**

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.019
38%

Month / Year: September-06

Leisure Lakes / Covered Bridge

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Code	50050	80082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.6		1.8			
2	0.026						7.5		1.9			
3	0.029						7.5		1.7			
4	0.069						7.6		1.5			
5	0.035						7.6		1.6			
6	0.034						7.5		1.2			
7	0.037						7.5		1.2			
8	0.034						7.6		1.0			
9	0.030											
10	0.030											
11	0.030						7.6		1.1			
12	0.025						7.6		0.9			
13	0.030						7.5		1.2			
14	0.017						7.5		1.8			
15	0.023						7.6		2.0			
16	0.027						7.5		1.7			
17	0.024						7.5		1.5			
18	0.024						7.6		1.2			
19	0.015						7.5		1.9			
20	0.020						7.5		2.1			
21	0.020						7.5		1.8			
22	0.023	210	218	2u	2.2		7.6	1u	2.0	9.07	14:20	G
23	0.014											
24	0.014						7.5		2.2			
25	0.019						7.6		1.8			
26	0.018						7.6		2.0			
27	0.012						7.5		2.2			
28	0.022						7.6		1.8			
29	0.015						7.5		2.0			
30	0.017						7.6		2.1			
Total	0.758											
Mo.Avg.	0.025	210	218	2U	2.2		7.5	1u	1.7	9.07		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

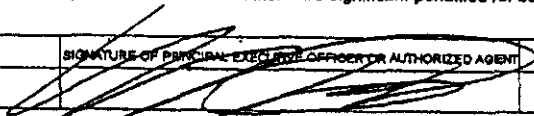
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD-From: 10/01/06 To: 10/31/06
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Store code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.017	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2U	2U	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.2	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					3.0		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				6.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Wendell L. Faircloth		(863) 471-1400	06/11/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 10/01/2006 **To:** 10/31/2006

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter <small>State code Mon. Site No.</small>		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL 031010 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1u	NA	1U	#100	Monthly	Grab
	Permit Requirement				Report (Average)	400 (90 Percentile)	800 (max)	#100	Monthly	Grab
COLIFORM, FECAL 031010 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					1.3		#100	Monthly	Grab
	Permit Requirement					200 ANN_AVG.		#100	Monthly	Grab
Chlorine, Total Residual (For Disinfection) 050000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				1.5			mg/L	Daily 5.wk	Grab
	Permit Requirement				0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N) 000000 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement						0.06	mg/L	Monthly	Grab
	Permit Requirement						12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 20 C) 080002 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					130		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHL		mg/L	Monthly	Grab
TSS, INFLUENT 000530 G INF-01 INFLUENT GROSS VALUE	Sample Measurement					116		mg/L	Monthly	Grab
	Permit Requirement					REPORT MONTHL		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: October-06

Three-month Average Daily Flow: 0.020
(TMSDF/Permitted Capacity)x100: 39%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.015						7.5		1.7			
2	0.010						7.6		1.5			
3	0.026						7.5		1.6			
4	0.015						7.6		1.8			
5	0.017						7.5		1.6			
6	0.010						7.8		1.8			
7	0.019											
8	0.019											
9	0.018						7.6		2.0			
10	0.011						7.6		1.6			
11	0.012						7.5		1.7			
12	0.018						7.5		2.0			
13	0.021						7.6		2.2			
14	0.009						7.5		1.9			
15	0.020						7.5		1.8			
16	0.017						7.5		2.1			
17	0.013											
18	0.014						7.5		1.8			
19	0.020	130	116	2u	1.2		7.5	1u	2.0	0.06	12:20	G
20	0.017						7.5		1.7			
21	0.020											
22	0.020											
23	0.020						7.5		1.6			
24	0.025						7.5		1.5			
25	0.020						7.6		2.0			
26	0.015						7.5		1.9			
27	0.019						7.5		2.0			
28	0.011						7.5		1.7			
29	0.020						7.6		1.8			
30	0.023						7.5		2.0			
31	0.011						7.5		1.6			
Total	0.525											
Mo. Avg.	0.017	130	116	2U	1.2		7.5	1u	1.8	0.06		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6900 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

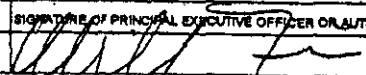
PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 11/01/06 To: 11/30/06
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Storage code Mon. Site No. FLOW, in conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY	Sample Measurement	0.019	0.020	MGD					Continuous	Flow Meter
	Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD					Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					2.6	2.6	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.2		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement					1.8	2.0	mg/L	Monthly	Grab
	Permit Requirement					30, Monthly	60, Single Sample	mg/L	Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE	Sample Measurement					2.9		mg/L	Monthly	Grab
	Permit Requirement					20.0 Ann_Avg.		mg/L	Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE	Sample Measurement				7.5		7.8	s.u.	Daily 5.wk	Grab
	Permit Requirement				8.0, minimum		8.5, (max)	s.u.	Daily 5.wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	06/12/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 11/01/2006 **To:** 11/30/2006
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
COLIFORM, FECAL					1u	NA	1U	#/100		Monthly	Grab
031618 1 EFA-01 EFFLUENT GROSS VALUE					Report (Average)	400 (90 Percentile)	800 (max)	#/100		Monthly	Grab
COLIFORM, FECAL						1.3		#/100		Monthly	Grab
031618 Y EFA-01 ANNUAL GROSS VALUE						200 ANN_AVG.		#/100		Monthly	Grab
Chlorine, Total Residual (For Disinfection)					1.2			mg/L		Daily 5.wk	Grab
080060 1 EFA-01 EFFLUENT GROSS VALUE					0.5 (min)			mg/L		Daily 5.wk	Grab
NITROGEN, TOTAL (as N)							0.02	mg/L		Monthly	Grab
000600 1 EFA-01 EFFLUENT GROSS VALUE							12 (max)			Monthly	Grab
BOD, Carbonaceous (5 day 200 C)						246		mg/L		Monthly	Grab
060082 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		mg/L		Monthly	Grab
TSS, INFLUENT						164		mg/L		Monthly	Grab
000630 G INF-01 INFLUENT GROSS VALUE						REPORT MONTHLY		mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: November-06

Three-month Average Daily Flow: 0.020
(TMSDF/Permitted Capacity)x100: 41%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.025						7.5		1.6			
2	0.015						7.5		1.8			
3	0.014						7.5		2.0			
4	0.021											
5	0.021											
6	0.020						7.6		1.7			
7	0.014						7.5		1.8			
8	0.021						7.5		1.6			
9	0.015						7.5		1.8			
10	0.023						7.5		1.6			
11	0.011						7.6		1.9			
12	0.019						7.5		1.7			
13	0.023						7.5		1.8			
14	0.008						7.5		2.0			
15	0.023						7.5		1.8			
16	0.013						7.5		2.0			
17	0.019						7.6		2.2			
18	0.020											
19	0.020											
20	0.021						7.5		1.9			
21	0.021	246	164	2.6	1.8		7.5	1u	2.0	0.02		
22	0.030						7.6		1.7			
23	0.009						7.6		1.6			
24	0.014						7.6		1.3			
25	0.025						7.5		1.5			
26	0.023						7.6		1.7			
27	0.028						7.6		1.2			
28	0.010						7.5		1.5			
29	0.030						7.5		2.8			
30	0.015						7.5		2.5			
Total	0.571											
Mo.Avg.	0.019	246	164	2.6	1.8		7.5	1u	1.8	0.02		

PLANT STAFFING:

Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 9088 </u>	Name: <u> Wendell L. Faircloth </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

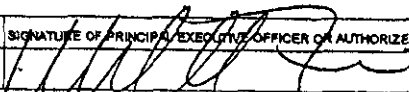
PERMIT NUMBER: FLA014388-001-DW3P
MONITORING PERIOD--From: 12/01/06 **To:** 12/31/06
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: 5228P05930 **GROUP:** Domestic
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3C
TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

FACILITY: Leisure Lakes / Covered Bridge
LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
COUNTY: Highlands

Please read instructions before completing this form.

Parameter	Storet code	Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type		
			Average	Maximum	Units	Minimum	Average	Maximum				Units	
FLOW, In conduit or thru treatment plant 050050 1 OTH-01 ANNUAL AVERAGE DAILY			Sample Measurement	0.020	0.020	MGD					Continuous	Flow Meter	
			Permit Requirement	Report Monthly	0.050 Ann_Avg.	MGD						Continuous	Flow Meter
BOD, Carbonaceous (5 day 200 C) 80082 1 EFA-01 EFFLUENT GROSS VALUE			Sample Measurement					4.8	4.8	mg/L		Monthly	Grab
			Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
BOD, Carbonaceous (5 day 200 C) 80082 Y EFA-01 ANNUAL GROSS VALUE			Sample Measurement					2.3		mg/L		Monthly	Grab
			Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
TSS, EFFLUENT 000530 1 EFA-01 EFFLUENT GROSS VALUE			Sample Measurement					3.0	2.0	mg/L		Monthly	Grab
			Permit Requirement					30, Monthly	60, Single Sample	mg/L		Monthly	Grab
TSS, EFFLUENT 000530 Y EFA-01 ANNUAL GROSS VALUE			Sample Measurement					2.6		mg/L		Monthly	Grab
			Permit Requirement					20.0 Ann_Avg.		mg/L		Monthly	Grab
pH 000400 1 EFA-01 EFFLUENT GROSS VALUE			Sample Measurement				7.4		7.6	s.u.		Daily 5,wk	Grab
			Permit Requirement				6.0 minimum		8.5 (max)	s.u.		Daily 5,wk	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wendell L. Faircloth		(863) 471-1400	07/01/26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONT.

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway E., Suite 400
 Sarasota, Florida 34240

PERMIT NUMBER: FLA014388-001-DW3P
 MONITORING PERIOD--From: 12/01/2006 To: 12/31/2006

FACILITY: Leisure Lakes / Covered Bridge
 LOCATION: 101 Parkview Circle S.
 Lake Placid, FL 33852
 COUNTY: Highlands

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5228P05930 GROUP: Domestic
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3C
 TYPE OF EFFLUENT DISPOSAL: Dual Perc / Evap Ponds

Please read instructions before completing this form.

Parameter	Storet code Mon. Site No.	Quantity or Loading			Quality of Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
COLIFORM, FECAL	031816 1 EFA-01	Sample Measurement			1u	NA	1U	#/100	Monthly	Grab
EFFLUENT GROSS VALUE		Permit Requirement			Report (Average)	400 (90 Percentile)	800 (max)	#/100	Monthly	Grab
COLIFORM, FECAL	031816 Y EFA-01	Sample Measurement				1.3		#/100	Monthly	Grab
ANNUAL GROSS VALUE		Permit Requirement				200 ANN_AVG.		#/100	Monthly	Grab
Chlorine, Total Residual (For Disinfection)	050080 1 EFA-01	Sample Measurement			1.0			mg/L	Daily 5.wk	Grab
EFFLUENT GROSS VALUE		Permit Requirement			0.5 (min)			mg/L	Daily 5.wk	Grab
NITROGEN, TOTAL (as N)	000800 1 EFA-01	Sample Measurement					0.05	mg/L	Monthly	Grab
EFFLUENT GROSS VALUE		Permit Requirement					12 (max)		Monthly	Grab
BOD, Carbonaceous (5 day 200 C)	080082 G INF-01	Sample Measurement				62		mg/L	Monthly	Grab
INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTH		mg/L	Monthly	Grab
TSS, INFLUENT	000530 G INF-01	Sample Measurement				86		mg/L	Monthly	Grab
INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTH		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388-001-DW3P

Month / Year: December-08

Three-month Average Daily Flow:
(TMSDF/Permitted Capacity)x100:

0.019
37%

Leisure Lakes / Covered Bridge

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Time of sample	Type of sample (C/G)
Mon. Site	FLOW-001	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001		
1	0.023						7.5		2.0			
2	0.012						7.5		2.1			
3	0.025						7.5		1.8			
4	0.025						7.5		2.1			
5	0.020						7.5		2.2			
6	0.025						7.6		1.8			
7	0.019						7.5		1.6			
8	0.016						7.5		1.9			
9	0.021						7.6		2.0			
10	0.020						7.5		1.8			
11	0.016						7.5		1.7			
12	0.031	62	86	4.6	3.0		7.5	1u	1.8	0.1	14:35	G
13	0.014						7.6		2.0			
14	0.020						7.5		2.1			
15	0.028						7.5		1.9			
16	0.015											
17	0.016						7.5		2.0			
18	0.019						7.6		1.6			
19	0.013						7.5		1.8			
20	0.018						7.5		2.1			
21	0.019						7.5		2.3			
22	0.014						7.5		2.0			
23	0.031						7.4		1.9			
24	0.020						7.5		2.1			
25	0.020											
26	0.020						7.5		1.6			
27	0.025						7.5		1.0			
28	0.027						7.5		1.5			
29	0.025						7.5		1.8			
30	0.012											
31	0.013						7.5		2.0			
Total	0.622											
Mo. Avg.	0.020	62	86	4.6	3.0		7.5	1u	1.9	0.05		

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 9088 Name: Wendell L. Faircloth
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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



Jeb Bush
Governor

Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549
Ph. (239) 332-6975
Fax (239) 332-6969

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014388

PA FILE NUMBER:

FLA014388-002-DW3P

ISSUANCE DATE:

July 28, 2004

EXPIRATION DATE:

July 27, 2009

RESPONSIBLE AUTHORITY:

Mr. Glenn P LaBrecque
Vice President and Chief Operating Officer
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

(407) 598-4199

FACILITY:

Leisure Lakes/Covered Bridge WWTP
101 Parkview Circle
Lake Placid, FL 33852
Highlands County
Latitude: 27° 21' 00" N Longitude: 81° 25' 00" 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:

Operate a 0.050 MGD annual average daily Flow (AADF) extended aeration process domestic wastewater treatment facility consisting of ten aeration basins with a total volume of 50,000 gallons, dual blowers, dual clarifiers with a total volume of 12,400 gallons, dual chlorine contact chambers with a total volume of 4,950 gallons, and a 5,000 gallon digester.

REUSE:

Land Application: An existing 0.05 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of dual percolation ponds located approximately at latitude 27° 21' 10" N, longitude 81° 25' 06" W.

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

DOCUMENT NUMBER-DATE

04307 MAY 22 08

FPSC-COMMISSION CLERK

FACILITY: Leisure Lakes/Covered Bridge WWTP
 PERMITTEE: Aqua Utilities Florida, Inc.
 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

PERMIT NUMBER: FLA014388
 PA FILE NUMBER: FLA014388-002-DW3P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	See Cond.I.A.5
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	See Cond.I.A.5
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.5
Coliform, Fecal	#/100M L	Maximum	See Permit Condition I.A.3.				Monthly	Grab	EFA-1	See Cond.I.A.5
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.4&5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-1	See Cond.I.A.5

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Samples are taken from the V-notch weir located after the chlorine contact chambers and before discharge into the percolation ponds.

3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
5. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740(1)(a) 2]

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B. Other Limitations and Monitoring and Reporting Requirements

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

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow	MGD	Maximum	0.05	-	-	-	5 Days/Week	V-notch weir	FLW-1	See Cond.LB.4	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Every Two Weeks	Grab	INF-1	See Cond.LB.3	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	Grab	INF-1	See Cond.LB.3	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report (Mo.Total)	-	-	Monthly	Calculated	-		

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

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	A V notch weir located after the final CCC is used to measure flow. An EIT Recording Flow meter is used to totalize daily flows.
INF-1	Samples are taken from the influent force main before it enters the facility,

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. A 90° V-notch weir primary device along with an EIT recording flow meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
7. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

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

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

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

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Phone Number - (239) 332-6975
FAX Number - (239) 332-6969

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is land application or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [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. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640]
6. The domestic wastewater residuals for this facility are classified as Class B.
7. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Use of PSRP) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
8. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]
9. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
10. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months.

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Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre
pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

11. Residuals samples shall be taken at the monitoring site locations described below:

Monitoring Location Site Number	Description of Monitoring Location
RMP-B	Class B Residuals

12. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]
13. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e)]
14. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f)]
15. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e)]

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16. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
17. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1.]
18. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2.]
19. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]
20. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
21. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
22. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
23. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]
24. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
25. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b)]
26. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]
27. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

Site Name	Site Type (AG or LR)	App. Area (acres)	Site Location						
			County	Latitude			Longitude		
				DD	MM	SS	DD	MM	SS
Palmer Simmons Site	AG	1262	Highlands	27	18	48	81	27	00

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless all of the following conditions are met:

- a) The permittee notifies the Department within 24 hours that the site is being used;
- b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
- d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,

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- e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3)]

28. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]
29. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]
30. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]
31. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]
32. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]
33. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d)]
34. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
- a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

35. The permittee shall submit an annual summary of residuals application activity to the South District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]
36. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f)]

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37. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
38. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
39. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
40. 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)]
41. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The annual average hydraulic loading rate to the Leisure Lakes/Covered Bridge WWTP shall be limited to a maximum of 3.07 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. The Leisure Lakes/Covered Bridge WWTP 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)]
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's South 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 1/2 hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

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

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2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - 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

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

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VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.[62-604.130(4)]
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
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.

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;

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- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

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18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C. [62-620.610(18)]
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

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

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- 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 review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL
PROTECTION



John M. Jglehart
Acting Director of District Management

DATE: July 28, 2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA014388

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Leisure Lakes/Covered Bridge WWTP
 LOCATION: 101 Parkview Circle
 Lake Placid, FL 33852

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Highlands

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
pH	Sample Measurement							
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)	#/100ML		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes/Covered Bridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014388

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean) 800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)	MG/L		Monthly	Grab
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.05 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement							
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD			5 Days/Week	Meter
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 Mon.Site No.	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014388
 Monitoring Period From: _____ To: _____

Facility: Leisure Lakes/Covered Bridge WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)		
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1		
1											
2											
3											
4											
5											
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24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:
 Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data. When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

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

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

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

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

PART A -DISCHARGE MONITORING REPORT (DMR)

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

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

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

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

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

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

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

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

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

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

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

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.
Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
Time Sample Obtained: Enter the time the sample was taken.
Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.
Detection Limits: Record the detection limits of the analytical methods used.
Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.
Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)
Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.
Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.
No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.
CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.
Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.
No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA014388

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Leisure Lakes/Covered Bridge WWTP
 LOCATION: 101 Parkview Circle
 Lake Placid, FL 33852

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: Highlands

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement							
	Permit Requirement	Report (Max.)	PER-CENT				Monthly	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement							
	Permit Requirement	Report (Max.)	PER-CENT				Monthly	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement							
	Permit Requirement	Report (Max.)	PER-CENT				Monthly	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement							
	Permit Requirement			75.0 (Max.)	MG/KG		Monthly	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement							
	Permit Requirement			85.0 (Max.)	MG/KG		Monthly	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement							
	Permit Requirement			4300.0 (Max.)	MG/KG		Monthly	Composite

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes/Covered Bridge WWTP

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA014388

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement							
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Monthly	Composite
Mercury, Dry Weight, Sludge	Sample Measurement							
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Monthly	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement							
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Monthly	Composite
Nickel, Dry Weight, Sludge	Sample Measurement							
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Monthly	Composite
Selenium Sludge Solid	Sample Measurement							
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Monthly	Composite
Zinc, Dry Weight, Sludge	Sample Measurement							
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Monthly	Composite
pH	Sample Measurement							
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Monthly	Grab
Solids, Total, Sludge, Percent	Sample Measurement							
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Monthly	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							



Jeb Bush
Governor

Department of Environmental Protection

FILE

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549
(238) 332-6975

Colleen M. Castilla
Secretary

STATE OF FLORIDA NOTICE OF TRANSFER OF PERMIT

ENTERED JUL 16 2004

CERTIFIED MAIL NO.: 7003 2260 0004 9496 2907
RETURN RECEIPT REQUESTED

In the Matter of an Application
for Permit by:

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

Highlands County - DW
Leisure Lakes WWTP (AKA: Covered Bridge)
DEP Wastewater Permit Number: FLA014388
Transfer Number: FLA014388-003-DWF

Dear Mr. LaBrecque:

In response to your application for transfer of a permit, this is notification of the Department of Environmental Protection ("Department") revision of wastewater permit number FLA014565 to incorporate changes, issued under Section(s) 403.087 of the Florida Statutes to change the name of the permittee as follows:

FROM:

Craig J. Anderson, Florida Water Services
Florida Water Services Corporation
P. O. BOX 609520
Orlando, FL 32860-9520

TO:

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

This letter must be attached to the above referenced permit and becomes a permanent part thereof. The permit expiration date and all the conditions of the permit shall remain the same.

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

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

Petitions filed by the permittee or by any of the parties listed below must be filed within fourteen (14) days of receipt of this written notice. Petitions filed by any person other than those entitled to written notice under Section 120.60(3) of the Florida Statutes must be filed within fourteen (14) days of publication of the public notice or within fourteen (14) days of receipt of the written notice, whichever occurs first. However, pursuant to Section 120.60(3) of the Florida Statutes, any

Glenn P. LaBrecque, Aqua Utilities, Inc.
Leisure Lakes WWTP (AKA: Covered Bridge)
Transfer Number: FLA014388

person who has asked the Department for notice of agency action may file a petition within fourteen (14) days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the permittee at the address indicated above at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative hearing under Sections 120.569 and 120.57 of the 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 of the Florida Administrative Code.

A petition that disputes the material facts upon 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's permit identification number, and the name of 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's action;
- (c) a statement of how each petitioner's substantial interests are affected by the Department's 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's 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.

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

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.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (which include the permittee, the Department, and any person who has filed a timely and sufficient petition for hearing). The agreement must contain all the information required by Rule 28-106.404 of the Florida Administrative Code and must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten (10) days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to an administrative hearing if mediation does not result in a settlement.

As provided in Section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57 of the Florida Statutes for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty (60) days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect substantial interests that would be affected by such a modified final decision must file their petitions within the appropriate time period, as set forth above, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57 of the Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57 of the Florida Statutes remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

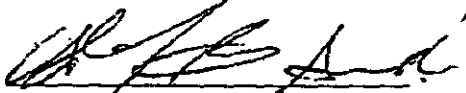
Glenn P. LaBrecque, Aqua Utilities, da, Inc.
Leisure Lakes WWTP (AKA: Covered Bridge
Transfer Number: FLA014388

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

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Abdul B. Ahmadi, Ph.D., P.E.
Water Facilities Administrator

DATE: 07-02-2004

CERTIFICATE OF SERVICE

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

FILING AND ACKNOWLEDGMENT

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



Clerk

7-2-04
Date

JMI/SRM/cfh

Copies furnished to:

Keith Kleinmann - Fort Myers FDEP
Craig J. Anderson - Florida Water Services



Florida Department of
Environmental Protection
South District
P.O. Box 2549
Fort Myers, FL 33902-2549

file
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

November 7, 2007

Jack Lihvarcik, Chief Operating Officer
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

RE: Highlands - DW
Leisure Lakes Utilities/Covered Bridge WWTP
FLA014388

Dear Mr. Lihvarcik:

A file review and a field inspection of the above referenced WWTP on September 27th, 2007 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

1. Department personnel observed that a copy of the permit was not available to plant personnel at the time of the inspection. F.A.C. Rule 62-620.350(5) states that unless the permit specifically indicates an alternative location, the permittee shall maintain the following records on the site of the permitted facility or activity and make them available for inspection: A copy of the current permit.
2. A file review of the September and December 2006, January, March, April, May, June, July and August 2007 Discharge Monitoring Reports (DMR's) indicated that they were submitted on 10/30/06, 1/29/07, 3/2/07, 5/3/07, 5/31/07, 7/2/07, 7/30/07, 8/29/07 and 10/1/07 respectively. F.A.C. Rule 62-601.300 (1)(b) states that Parts A and B of DEP Form 62-620.910(10) shall be completed and submitted on a monthly basis and in a timely manner so as to be received by the appropriate District Office of the Department by the twenty-eighth (28th) of the month following the month of operation.
3. There was an indication of a spill on the ground underneath the clarifier of the wastewater treatment facility. Florida Administrative Code (F.A.C.) 62-604.550(2) states that unauthorized releases or spills of 1000 gallons per incident or less shall be reported orally to the Department within 24 hours from the time that the owner/operator of the collection/transmission system becomes aware of the circumstances. (c) The oral notification shall be followed by a written submission, which shall be provided within five days

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FPSC-COMMISSION CLERK

of the time that the owner/operator becomes aware of the circumstances. The written submission shall contain: a description of the spill, release or abnormal event and its cause; the duration including exact dates and time, and if it has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence. The Department shall waive the written report if the oral report has been received within 24 hours from the time that the owner/operator of the collection/transmission system becomes aware of the circumstances, and the release, spill or abnormal event has been corrected and did not endanger health or the environment.

4. **An approved backflow preventer was not observed on the potable water line supplying the WWTP in accordance with F.A.C Rule 62-555.360(3) Please contact Ray Kenney of the DEP Drinking water section) at (239)332-6975 ext. 119 in order to discuss the requirements for backflow prevention at this facility.**
5. **The following observations were made by Department personnel which violate Florida Administrative Code F.A.C. Rule 62-600.410(6) which requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.**
 - a. **Overgrown vegetation surrounding the plant**
 - b. **Aeration basin is not providing adequate mixing**
 - c. **RAS had excessive splashing onto plant grounds**
 - d. **Rags and scum build up in aeration basin**
 - e. **Solids discharging over the clarifier weir**
 - f. **Gasification on the clarifier**
 - g. **The digester was full preventing the facility from wasting**
 - h. **Vegetation was growing in the digester**
 - i. **Accumulation of solids in the chlorine contact chamber**
 - j. **Rags on plant grounds were not disposed of properly**
6. **Wastewater was leaking from the wastewater treatment plant structure. F.A.C. Rule 62-600.740 (2)(a) states that the release of disposal of excreta, sewage, or other wastewaters or domestic wastewater residuals without providing proper treatment is prohibited.**
7. **The percolation ponds do not appear to have adequate freeboard space. F.A.C Rule 62-610.414(7) states that rapid infiltration basins or percolation ponds shall be designed to provide a minimum of three feet of freeboard in order to protect the integrity of pond embankments. Percolation ponds and rapid infiltration basins shall be provided with an emergency discharge device to prevent water levels from rising closer than one foot from the top of the embankment or berm. The overflow device shall have sufficient capacity to discharge potential excess flows. Disposition of the overflow shall be described in the engineering report and shown on the plans and shall be approved by the Department.**



Florida Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, FL 33902-2549

file
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 26, 2007

John M. Lihvarcik, President & COO
Aqua Utilities, Florida, Inc.
PO Box 490310
Leesburg FL 34749

Re: Highlands County - PW
Lake Josephine heights
PWS I.D. Number: 6260162
Sanitary Survey Report

Dear Mr. Lihvarcik:

Enclosed is your copy of the recently completed Sanitary Survey Report for the referenced public drinking water system.

The deficiency listed in the Report may be a violation of Rule 62-555, F.A.C. Please correct the deficiency as soon as possible and notify the Department in writing postmarked no later than September 15, 2007 that the deficiency has been corrected. If the deficiency has not been corrected, indicate how and on what schedule the system will address the deficiency noted in the report.

Comments are included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

"More Protection, Less Process"
www.dep.state.fl.us

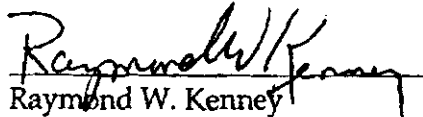
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FPSC-COMMISSION CLERK

Mr. John M. Lihvarcik
Page 2
July 26, 2007

Sincerely,


Raymond W. Kenney
Engineering Specialist II

RWK

Enclosure

cc: Mr. Patrick Farris (w/enc)
Mr. Bill Dean (w/enc)
Mr. Robert Paver (w/enc)

State of Florida
 Department of Environmental Protection
 South District - Fort Myers Office
SANITARY SURVEY REPORT

Plant Name LAKE JOSEPHINE HEIGHTS County Highlands PWS ID # 6280162
 Plant Location Canary Way, Sebring FL 33875 Phone _____
 Owner Name Aqua Utilities Florida Inc Phone _____
 Owner Address 6960 Professional Parkway East, Suite 400, Sarasota FL 34240
 Contact Person John Lihvarcik Title President & COO Phone (352) 435-4028
 This Survey Date 7/25/07 Last Survey Date 10/21/04 Last C.I. Date 10/19/06

PWS TYPE & CLASS

- Community
- Non-transient Non-community
- Non-Community

PWS STATUS

- Approved system with approval number & date
WC28-104654 (7/30/85); WC28-258247 (3/30/95)
- Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision and trailer park _____
 Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Robert Paver C 12040

O & M Log: Yes No Not required

Operator Visitation Frequency
 Hrs/day: Required _____ Visit _____ Actual _____ Visit _____
 Days/wk: Required _____ 6 Actual _____ 6

Consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A

Number of Service Connections 536
 Population Served 1233 Basis MOR
 Average Day (from MORs) 111,000 gpd
 Max. Day (from MORs) 280,000 gpd
 Max-day Design Capacity 300,000 gpd
 Comments _____

RAW WATER SOURCE

- GROUND; Number of Wells 2
- SURFACE/UDI; Source _____
- PURCHASED from PWS ID # _____
- Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
- Source Katolighe diesel generator
- Capacity of Standby (kW) 125
- Switchover: Automatic Manual
- Standby Plan: Yes No
- Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
 Satisfy 1/2 max-day demand? Yes No Unk
 Comments _____

TREATMENT PROCESSES IN USE

Chlorination, aeration
 What additional treatment is needed?
None
 For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow meter
 Meter Size & Type See comments
 Backflow Prevention Devices: Yes No
 Cross-connections None observed
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments Pressure: Plant 75 psi; Remote 64 psi
NE Well 3" Neptune meter, SW well 3" McCrometer

GROUND WATER SOURCE

Well Number	1	2		
Florida ID No	AAJ9388	AAJ9387		
Year Drilled	1989	1994		
Depth Drilled, ft	1100	1400		
Drilling Method	Unk	Rotary		
Type of Grout	Cement	Cement		
Static Water Level, ft	---	---		
Pumping Water Level, ft	---	---		
Design Well Yield, gpm	---	---		
Test Yield, gpm	250	1000		
Actual Yield (if different than rated capacity)	250	400		
Strainer	---	---		
Length (outside casing), ft	---	---		
Diameter (outside casing), in	8	8		
Material (outside casing)	Steel	Steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	No	No	
	Reuse Water	No	No	
	WW Plumbing	No	No	
	Other Sanitary Hazard	No	No	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Goulds	Goulds	
	Model Number	3656	3656	
	Rated Capacity (gpm)	Unk	Unk	
	Motor Horsepower	---	20	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	Yes	Yes		

COMMENTS _____

PWS ID # 6280162
 Date 7/25/07

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chemtech 200 Capacity 2 @ 100 gpd
 Chlorine Feed Rate 15 gal/day
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.5 mg/l Remote 1.0 mg/l
 Remote tap location End of Oak Beach
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Top of aerator
 Booster Pump Info _____
 Comments _____

AERATION (Gases, Fe, & Mn Removal)

Type Cascade Capacity Unk
 Aerator Condition ok
 Bloodworm Presence No
 Visible Algae Growth No
 Protective Screen Condition Good
 Comments Water overflows the aerator and runs on top of the tank

STORAGE FACILITIES

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

Tank Type/Number	H	G
Capacity (gal)	3,000	17,000
Material	Steel	Steel
Gravity Drain	Yes	Yes
By-pass Piping	Yes	No
Pressure Gauge	Yes	N/A
Sight Glass or Level Indicator	SG	LI
Fittings for Sight Glass	Yes	No
Protected Openings	Yes	Yes
PRV/ARV	PRV	N/A
On/Off Pressure	46-62	N/A
Access Padlocked	Yes	Yes

Comments The hydro tank is valved out of service and not being used. VFD drives were installed on the high service pumps which eliminated the need for the hydro tank.

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Centrif	Centrif
Make	Gould	Gould
Model	7BF11635	—
Capacity (gpm)	200	100
Motor HP	15	15
Date Installed	Feb 90	Dec 89
Maintenance	As required	As required

Comments #1 is the west pump
Plant pressure 64 psi; remote 75 psi

DEFICIENCIES:

1. The aerator is not operating properly as water is overflowing on to the tank when the well was operating. "Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended." Rule 62-555.350(2) F.A.C.

COMMENTS:

1. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be cleaned at least once every five years to remove blogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank. The rule was effective August 28, 2003.

2. The interconnect with Sebring Lakes is to be always closed. This is an emergency interconnect that is to be utilized if Lake Josephine Heights were to be unable to supply water to its customers. Sebring Lakes and Lake Josephine Heights are two separate water systems with each being assigned its own PWS ID No.

3. Documentation for dead end main flushing was at Sebring Lakes.

4. Isolation valve exercising has not been completed for 2007 as of the date of the inspection. Records for 2006 were at Sebring Lakes.

RECOMMENDATIONS: None

Inspector Raymond W Kenney Raymond W Kenney Title Engineering Specialist II Date 7/26/07
Approved by Mark Charneski Mark Charneski Title Env Supervisor II Date 7/26/07



Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

September 27, 2007

Raymond Kenney
Environmental Specialist II
FDEP South District
P.O. Box 2549
Fort Myers, FL 33902-2549

**RE: Reply to Sanitary Survey
Lake Josephine Heights
PWS ID No. 6260162
Highlands County**

Dear Mr. Kenney:

Thank you for your inspection on July 25, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

The aerator has been repaired so that water does not overflow on to the tank when the well operates.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaaamerica.com. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Patrick Farris".

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Bill Dean, via e-mail
Michael O'Reilly, via e-mail



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

See page 4 for instructions

I. General Information for the Month/Year of: January-07

A. Public Water System (PWS) Information

Form with fields for PWS Name (Sebring Lakes), PWS Identification Number (5284137), PWS Type (Community), Number of Service Connections (55), Total Population Served (127), PWS Owner (Aqua Utilities Florida), Contact Person (Bill Dean), Contact Person's Title (Field Coordinator), Contact Person's Mailing Address (6960 Professional Parkway E. Suit), City (Sarasota), State (FL), Zip Code (34240), Contact Person's Telephone Number (941/907-7400), Contact Person's Fax Number (941/907-7401), and Contact Person's E-Mail Address (wadean@aquaaamerica.com).

B. Water Treatment Plant Information

Form with fields for Plant Name (Sebring Lakes), Plant Telephone Number (941/907-7400), Plant Address (5313 Knight Ave), City (Sebring), State (FL), Zip Code (33875), Type of Water Treated by Plant (Raw Ground Water), Permitted Maximum Day Operating Capacity (280,000), Plant Category (C-I), and Plant Class (V). Includes a table for Licensed Operators with columns for Name, License Class, License Number, and Day(s)/Shift(s) Worked.

II. Certification by Lead/Chief Operator

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

Signature and Date: Robert Paver Printed or Typed Name

C12040 License Number

04307 MAY 22 08

FPSC-COMMISSION CLERK

sent per Johnny OMH

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **January-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	35,000		2.9									0.7	Flushing
2	X	24 hrs	43,300		2.7									0.9	Flushing
3	X	24 hrs	72,300		2.5									0.6	Flushing
4	X	24 hrs	16,500		1.7									0.6	Flushing
5	X	24 hrs	41,300		1.8									0.8	Flushing
6	X	24 hrs	40,100		2.1									1	Flushing
7		24 hrs	19,100												Flushing
8	X	24 hrs	19,100		2.3									0.6	Flushing
9	X	24 hrs	23,500		1.9									0.7	Flushing
10	X	24 hrs	26,800		2.1									1	Flushing
11	X	24 hrs	20,700		2									0.7	Flushing
12	X	24 hrs	45,500		2.1									0.9	Flushing
13	X	24 hrs	30,600		2									1.1	Flushing
14		24 hrs	29,650												Flushing
15	X	24 hrs	29,650		2.8									0.9	Flushing
16	X	24 hrs	39,700		2.4									1	Flushing
17	X	24 hrs	43,900		1.4									0.7	Flushing
18	X	24 hrs	45,110		1.2									0.6	Flushing
19	X	24 hrs	28,800		0.9									0.4	Flushing
20	X	24 hrs	35,800		1.1									0.6	Flushing
21	X	24 hrs	26,700		0.8									0.4	Flushing
22	X	24 hrs	32,000		1.6									0.8	Flushing
23	X	24 hrs	24,500		1.3									0.6	Flushing
24	X	24 hrs	86,000		1.4									0.6	Flushing
25	X	24 hrs	297,500		0.7									0.4	Flushing
26	X	24 hrs	107,800		1.3									0.7	Flushing
27		24 hrs	17,000												Flushing
28	X	24 hrs	17,000		1.5									0.7	Flushing
29	X	24 hrs	18,000		1.3									0.6	Flushing
30	X	24 hrs	21,200		1.5									0.7	Flushing
31	X	24 hrs	18,100		1.2									0.5	Flushing
Total			1,352,210												
Average			43,620												
Maximum			297,500												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-07

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400	
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

	Robert Paver	C12040
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **February-07**

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	18,000		1.5									0.7	Flushing
2	X	24 hrs	16,600		1.3									0.6	Flushing
3		24 hrs	24,000												Flushing
4	X	24 hrs	24,000		1.4									0.6	Flushing
5	X	24 hrs	16,800		1.5									0.8	Flushing
6	X	24 hrs	118,000		1.5									0.7	Flushing
7	X	24 hrs	199,000		1.4									0.7	Flushing
8	X	24 hrs	20,300		1.7									0.9	Flushing
9	X	24 hrs	78,400		1.6									1.7	Flushing
10	X	24 hrs	25,600		1.6									0.7	Flushing
11		24 hrs	23,450												Flushing
12	X	24 hrs	23,450		1.4									0.8	Flushing
13	X	24 hrs	73,800		0.8									0.3	Flushing
14	X	24 hrs	49,600		1.6									0.6	Flushing
15	X	24 hrs	22,200		3.8									2.8	Flushing
16	X	24 hrs	16,900		2.5									1	Flushing
17		24 hrs	15,050												Flushing
18	X	24 hrs	15,050		3.4									1.5	Flushing
19	X	24 hrs	16,700		3.3									1.1	Flushing
20	X	24 hrs	24,100		1.9									0.7	Flushing
21	X	24 hrs	22,100		1.8									1	Flushing
22	X	24 hrs	22,600		1.7									0.7	Flushing
23	X	24 hrs	26,400		2.8									1.1	Flushing
24	X	24 hrs	29,000		3									1.4	Flushing
25		24 hrs	21,450												Flushing
26	X	24 hrs	21,450		1.9									1.1	Flushing
27	X	24 hrs	24,500		2.1									1	Flushing
28	X	24 hrs	111,900		1.9									0.9	Flushing
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			1,100,400												
Average			39,300												
Maximum			199,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-07**

A. Public Water System (PWS) Information

PWS Name: Sebring Lakes		PWS Identification Number: 5284137	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 127	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: wadean@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Sebring Lakes		Plant Telephone Number: 941/907-7400		
Plant Address: 5313 Knight Ave		City: Sebring	State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): C-I		Plant Class (per subsection 62-699.310(4), F.A.C.): V		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

*going out per
Johnny
dem*

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **March-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24 hrs	23,900		1.7								0.9	Automatic Flushing
2	X	24 hrs	23,000		2								1.1	Automatic Flushing
3	X	24 hrs	25,200		1.7								1.1	Automatic Flushing
4		24 hrs	37,500											Automatic Flushing
5	X	24 hrs	37,500		1.7								0.6	Automatic Flushing
6	X	24 hrs	100,000		3.9								2.4	Automatic & Manual Flushing
7	X	24 hrs	32,800		1.7								0.9	Automatic Flushing
8	X	24 hrs	41,000		2								0.8	Automatic Flushing
9	X	24 hrs	30,400		1.8								0.7	Automatic Flushing
10	X	24 hrs	28,000		1.9								0.7	Automatic Flushing
11		24 hrs	30,450											Automatic Flushing
12	X	24 hrs	30,450		1.7								0.6	Automatic Flushing
13	X	24 hrs	35,760		1.4								0.7	Automatic & Manual Flushing
14	X	24 hrs	49,800		1.7								0.7	Automatic & Manual Flushing
15	X	24 hrs	34,600		2.8								1.1	Automatic Flushing
16	X	24 hrs	30,100		2.2								0.8	Automatic Flushing
17		24 hrs	24,550											Automatic Flushing
18	X	24 hrs	24,550		2.9								0.8	Automatic Flushing
19	X	24 hrs	29,100		3.2								0.6	Automatic Flushing
20	X	24 hrs	40,100		3								0.8	Automatic Flushing
21	X	24 hrs	22,700		1.9								0.8	Automatic Flushing
22	X	24 hrs	16,600		1.9								0.8	Automatic & Manual Flushing
23	X	24 hrs	18,700		2								0.9	Automatic Flushing
24		24 hrs	17,750											Automatic Flushing
25	X	24 hrs	17,750		4.5								2	Automatic Flushing
26	X	24 hrs	16,300		2.8								0.9	Automatic Flushing
27	X	24 hrs	19,900		2.5								1.7	Automatic Flushing
28	X	24 hrs	31,300		3.9								1.9	Automatic Flushing
29	X	24 hrs	28,700		2.5								1	Automatic Flushing
30	X	24 hrs	21,300		2.8								0.9	Automatic Flushing
31	X	24 hrs	29,500		2.4								1.1	Automatic Flushing
Total			949,260											
Average			30,621											
Maximum			100,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: April-07

A. Public Water System (PWS) Information

PWS Name: Sebring Lakes		PWS Identification Number: 5284137	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 127	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: wadean@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Sebring Lakes		Plant Telephone Number: 941/907-7400		
Plant Address: 5313 Knight Ave		City: Sebring	State: FL Zip Code: 33875	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): C-1		Plant Class (per subsection 62-699.310(4), F.A.C.): V		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver

Printed or Typed Name

C12040

License Number

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **April-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	CT Calculations				UV Dose							
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1		24 hrs	21,650													Automatic Flushing
2	X	24 hrs	21,650		2.1										0.8	Automatic Flushing
3	X	24 hrs	57,700		2.1										0.9	Manual and Automatic Flushing
4	X	24 hrs	38,900		2.4										0.8	Automatic Flushing
5	X	24 hrs	30,600		2.1										0.9	Manual and Automatic Flushing
6	X	24 hrs	49,400		3.2										1.1	Automatic Flushing
7	X	24 hrs	18,000		3										0.9	Automatic Flushing
8		24 hrs	20,200													Automatic Flushing
9	X	24 hrs	20,200		3.1										0.9	Automatic Flushing
10	X	24 hrs	17,600		2.7										1	Automatic Flushing
11	X	24 hrs	22,100		3.1										1.1	Automatic Flushing
12	X	24 hrs	20,300		2.7										1.0	Manual and Automatic Flushing
13	X	24 hrs	26,500		1.8										0.7	Automatic Flushing
14	X	24 hrs	60,600		4										2.1	Manual and Automatic Flushing
15		24 hrs	17,200													Automatic Flushing
16	X	24 hrs	17,200		2.1										0.8	Automatic Flushing
17	X	24 hrs	12,000		2.2										1	Automatic Flushing
18	X	24 hrs	13,900		1.9										0.7	Automatic Flushing
19	X	24 hrs	13,200		2.1										0.9	Automatic Flushing
20	X	24 hrs	18,900		2.5										1	Manual and Automatic Flushing
21	X	24 hrs	18,500		2.1										0.9	Automatic Flushing
22		24 hrs	13,550													Automatic Flushing
23	X	24 hrs	13,550		2										0.9	Automatic Flushing
24	X	24 hrs	19,800		2										0.8	Automatic Flushing
25	X	24 hrs	23,300		1.9										0.7	Automatic Flushing
26	X	24 hrs	59,700		3.5										1	Manual and Automatic Flushing
27	X	24 hrs	67,500		2										0.8	Manual and Automatic Flushing
28	X	24 hrs	15,900		2.9										1.1	Automatic Flushing
29		24 hrs	18,700													Automatic Flushing
30	X	24 hrs	18,700		1.9										0.8	Automatic Flushing
31		24 hrs														
Total			787,000													
Average			26,233													
Maximum			67,500													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-07

A. Public Water System (PWS) Information

PWS Name: Sebring Lakes		PWS Identification Number: 5284137	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 127	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Zip Code: 34240	
Contact Person's E-Mail Address: wadean@aquamerica.com		Contact Person's Fax Number: 941/907-7401	

B. Water Treatment Plant Information

Plant Name: Sebring Lakes		Plant Telephone Number: 941/907-7400		
Plant Address: 5313 Knight Ave		City: Sebring	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000		Plant Class (per subsection 62-699.310(4), F.A.C.): V		
Plant Category (per subsection 62-699.310(4), F.A.C.): C-I		Plant Class (per subsection 62-699.310(4), F.A.C.): V		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **May-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2			Minimum UV Dose Required, mW-sec/cm2
1	X	24 hrs	14,000		1.8							0.6	Automatic Flushing	
2	X	24 hrs	14,000		1.7							0.8	Automatic Flushing	
3	X	24 hrs	17,200		1.6							0.9	Automatic and Manual Flushing	
4	X	24 hrs	48,000		1.2							0.6	Automatic Flushing	
5	X	24 hrs	50,300		1.8							0.8	Automatic Flushing	
6		24 hrs	35,400										Automatic Flushing	
7	X	24 hrs	35,400		1.7							0.8	Automatic Flushing	
8	X	24 hrs	39,600		1.8							0.8	Automatic Flushing	
9	X	24 hrs	38,800		1.6							0.9	Automatic Flushing	
10	X	24 hrs	74,800		1.8							0.7	Automatic Flushing	
11	X	24 hrs	28,400		1.9							0.7	Automatic Flushing	
12	X	24 hrs	33,200		2.1							0.9	Automatic Flushing	
13		24 hrs	30,450										Automatic Flushing	
14	X	24 hrs	30,450		1.7							0.6	Automatic Flushing	
15	X	24 hrs	25,200		1.2							0.9	Automatic Flushing	
16	X	24 hrs	26,000		1.7							0.7	Automatic and Manual Flushing	
17	X	24 hrs	22,100		1.5							0.8	Automatic Flushing	
18	X	24 hrs	22,300		1.5							0.7	Automatic and Manual Flushing	
19	X	24 hrs	95,200		1.6							0.6	Automatic Flushing	
20		24 hrs	31,858										Automatic Flushing	
21	X	24 hrs	31,858		1.9							0.7	Automatic and Manual Flushing	
22	X	24 hrs	46,000		1.7							0.6	Automatic and Manual Flushing	
23	X	24 hrs	55,000		1.7							0.8	Automatic Flushing	
24	X	24 hrs	43,100		1.7							0.6	Automatic Flushing	
25	X	24 hrs	61,700		1.4							0.6	Automatic Flushing	
26	X	24 hrs	43,700		1.6							0.6	Automatic Flushing	
27		24 hrs	48,100										Automatic Flushing	
28	X	24 hrs	48,100		1.6							0.5	Automatic Flushing	
29	X	24 hrs	62,700		0.9							0.3	Automatic Flushing	
30	X	24 hrs	52,700		1.3							0.5	Automatic Flushing	
31	X	24 hrs	35,700		1.6							0.5	Automatic and Manual Flushing	
Total			1,241,316											
Average			40,042											
Maximum			95,200											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-07

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota
Contact Person's Telephone Number:	941/907-7400	State:	FL
Contact Person's E-Mail Address:	wadean@aquaamerica.com	Zip Code:	34240
		Contact Person's Fax Number:	941/907-7401

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400	
Plant Address:	5313 Knight Ave	City:	Sebring	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000	Zip Code:	33875	
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver

Printed or Typed Name

C12040

License Number

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: June-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	55,400			1.2								0.6	
2		24 hrs	30,750												
3	X	24 hrs	30,750			5.7								3.9	
4	X	24 hrs	29,500			1.5								0.7	
5	X	24 hrs	35,700			4.7								1.9	
6	X	24 hrs	31,300			1.4								0.7	
7	X	24 hrs	41,700			1.9								0.8	
8	X	24 hrs	22,100			1.2								0.6	
9	X	24 hrs	83,600			2.9								1.1	
10		24 hrs	126,850												
11	X	24 hrs	126,850			1.2								0.8	
12	X	24 hrs	134,900			2.4								0.9	
13	X	24 hrs	130,500			4.1								1.8	
14	X	24 hrs	94,100			2.7								1.2	
15	X	24 hrs	62,000			3.2								0.8	
16	X	24 hrs	67,900			2.4								0.9	
17		24 hrs	81,650												
18	X	24 hrs	81,650			2								0.7	
19	X	24 hrs	43,100			1.7								0.7	
20	X	24 hrs	51,600			1.6								0.8	
21	X	24 hrs	75,000			1.9								0.8	
22	X	24 hrs	43,100			1.7								0.8	
23	X	24 hrs	79,600			2.8								1	
24		24 hrs	55,000												
25	X	24 hrs	55,000			1.5								0.8	
26	X	24 hrs	32,100			1.8								0.6	
27	X	24 hrs	46,500			1.6								0.8	
28	X	24 hrs	30,800			1.5								0.7	
29	X	24 hrs	40,200			1.9								0.6	
30	X	24 hrs	32,200			2								0.7	
31		24 hrs													
Total			1,851,400												
Average			61,713												
Maximum			134,900												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-07

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Agua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400	
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	3 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **July-07**

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1		24 hrs	53,950													Auto Flushing
2	X	24 hrs	53,950		3.7									1.7		Auto Flushing
3	X	24 hrs	49,700		4.5									1.2		Auto Flushing
4	X	24 hrs	53,300		1.7									0.9		Auto Flushing
5	X	24 hrs	26,400		1.8									0.7		Auto and Manual Flushing
6	X	24 hrs	33,800		2.8									1		Auto Flushing
7	X	24 hrs	29,300		1.6									0.7		Auto Flushing
8		24 hrs	36,600													Auto Flushing
9	X	24 hrs	36,600		1.9									0.8		Auto Flushing
10	X	24 hrs	31,100		4									1.1		Auto Flushing
11	X	24 hrs	38,200		1.7									0.6		Auto Flushing
12	X	24 hrs	52,300		4									1.0		Auto Flushing
13	X	24 hrs	46,600		2.1									1		Auto Flushing
14	X	24 hrs	35,600		2.7									1.1		Auto Flushing
15		24 hrs	30,250													Auto Flushing
16	X	24 hrs	30,250		2.2									1		Auto Flushing
17	X	24 hrs	32,900		1.6									0.8		Auto Flushing
18	X	24 hrs	51,400		2.4									0.9		Auto and Manual Flushing
19	X	24 hrs	37,100		1.3									0.7		Auto and Manual Flushing
20	X	24 hrs	49,100		1.4									0.5		Auto Flushing
21		24 hrs	21,800													Auto Flushing
22	X	24 hrs	21,800		1.1									0.9		Auto Flushing
23	X	24 hrs	36,100		1.2									0.5		Auto Flushing
24	X	24 hrs	46,800		1.2									0.5		Auto and Manual Flushing
25	X	24 hrs	50,000		1.2									0.6		Auto Flushing
26	X	24 hrs	44,400		2									0.6		Auto Flushing
27	X	24 hrs	48,700		1.9									0.6		Auto Flushing
28	X	24 hrs	33,500		2.1									0.6		Auto Flushing
29		24 hrs	43,000													Auto Flushing
30	X	24 hrs	43,000		1.9									0.8		Auto Flushing
31	X	24 hrs	59,300		1.8									0.9		Auto Flushing

Total	1,256,800
Average	40,542
Maximum	59,300

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-07**

A. Public Water System (PWS) Information

PWS Name: Sebring Lakes		PWS Identification Number: 5284137	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 127	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Zip Code: 34240	
Contact Person's E-Mail Address: wadean@aquaaamerica.com		Contact Person's Fax Number: 941/907-7401	

B. Water Treatment Plant Information

Plant Name: Sebring Lakes		Plant Telephone Number: 941/907-7400	
Plant Address: 5313 Knight Ave		City: Sebring	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): C-I		Plant Class (per subsection 62-699.310(4), F.A.C.): V	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Robert Paver	C	12040
Other Operators:			

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
--------------------	---------------------------------------	--------------------------

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: August-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	59,200		1.5								0.8	Manual and Automatic Flushing	
2	X	24 hrs	33,800		1.3								0.6	Automatic Flushing	
3	X	24 hrs	40,900		0.8								0.4	Manual and Automatic Flushing	
4	X	24 hrs	49,400		4.9								3.2	Automatic Flushing	
5		24 hrs	48,700											Automatic Flushing	
6	X	24 hrs	48,700		1.9								0.5	Automatic Flushing	
7	X	24 hrs	54,900		2.5								0.9	Manual and Automatic Flushing	
8	X	24 hrs	106,700		1.3								0.6	Manual and Automatic Flushing	
9	X	24 hrs	66,000		1.8								0.9	Automatic Flushing	
10	X	24 hrs	48,100		2								0.4	Automatic Flushing	
11	X	24 hrs	96,400		1.8								0.7	Automatic Flushing	
12		24 hrs	84,950											Automatic Flushing	
13	X	24 hrs	84,950		1.3								0.7	Manual and Automatic Flushing	
14	X	24 hrs	109,300		3.1								0.9	Automatic Flushing	
15	X	24 hrs	80,100		3.4								1	Manual and Automatic Flushing	
16	X	24 hrs	131,800		3.9								1.6	Automatic Flushing	
17	X	24 hrs	111,300		3.6								1.1	Automatic Flushing	
18	X	24 hrs	84,600		2.3								1.3	Manual and Automatic Flushing	
19		24 hrs	60,550											Automatic Flushing	
20	X	24 hrs	60,550		3								1.2	Automatic Flushing	
21	X	24 hrs	39,800		3								1.1	Manual and Automatic Flushing	
22	X	24 hrs	35,900		2.1								1.2	Automatic Flushing	
23	X	24 hrs	44,600		1.8								0.9	Manual and Automatic Flushing	
24	X	24 hrs	40,700		2.1								1.1	Automatic Flushing	
25	X	24 hrs	36,900		1.9								0.8	Automatic Flushing	
26		24 hrs	41,500											Automatic Flushing	
27	X	24 hrs	41,500		2								0.9	Manual and Automatic Flushing	
28	X	24 hrs	40,000		2.8								1.4	Automatic Flushing	
29	X	24 hrs	41,300		2								1.2	Manual and Automatic Flushing	
30	X	24 hrs	41,300		3.9								1.2	Automatic Flushing	
31	X	24 hrs	42,100		3.8								1.6	Manual and Automatic Flushing	
Total			1,906,500												
Average			61,500												
Maximum			131,800												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-07

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway E	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941-377-9456	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941-377-9456	
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C - 1	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040	6 Days per week
Other Operators:				

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver

Printed or Typed Name

C12040

License Number

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **December-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2		
1	X	24 hrs	29,240		1.9							0.9	Automatic and Manual Flushing
2		24 hrs	25,895										
3	X	24 hrs	25,895		1.7							1.1	Automatic and Manual Flushing
4	X	24 hrs	20,030		1.4							0.8	Automatic and Manual Flushing
5	X	24 hrs	28,350		1.7							0.9	Automatic and Manual Flushing
6	X	24 hrs	25,070		1.6							0.8	Automatic and Manual Flushing
7	X	24 hrs	27,670		0.7							0.3	Automatic and Manual Flushing
8		24 hrs	32,935										
9	X	24 hrs	32,935		1.6							0.8	Automatic and Manual Flushing
10	X	24 hrs	24,880		1.5							0.8	Automatic and Manual Flushing
11	X	24 hrs	26,350		1.1							0.5	Automatic and Manual Flushing
12	X	24 hrs	30,670		0.9							0.4	Automatic and Manual Flushing
13	X	24 hrs	25,750		1.4							0.6	Automatic and Manual Flushing
14	X	24 hrs	30,840		2.1							0.9	Automatic and Manual Flushing
15	X	24 hrs	38,880		1.8							0.8	Automatic and Manual Flushing
16		24 hrs	25,165										
17	X	24 hrs	25,165		1.7							0.8	Automatic and Manual Flushing
18	X	24 hrs	25,690		1.8							0.9	Automatic and Manual Flushing
19	X	24 hrs	35,810		1.7							0.8	Automatic and Manual Flushing
20	X	24 hrs	17,830		1.6							0.7	Automatic and Manual Flushing
21	X	24 hrs	24,830		1.5							0.7	Automatic and Manual Flushing
22	X	24 hrs	27,620		1.7							0.8	Automatic and Manual Flushing
23	X	24 hrs	27,590		1.6							0.8	Automatic and Manual Flushing
24	X	24 hrs	25,290		1.5							0.7	Automatic and Manual Flushing
25	X	24 hrs	30,970		1.6							0.7	Automatic and Manual Flushing
26	X	24 hrs	20,070		1.6							0.8	Automatic and Manual Flushing
27	X	24 hrs	22,280		1.7							0.8	Automatic and Manual Flushing
28	X	24 hrs	22,590		1.5							0.7	Automatic and Manual Flushing
29	X	24 hrs	23,640		1.7							0.8	Automatic and Manual Flushing
30		24 hrs	28,760										
31	X	24 hrs	28,760		1.5							0.7	Automatic and Manual Flushing
Total			837,450										
Average			27,015										
Maximum			38,880										

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

PWS ID: 5284137 Plant Name: Sebring Lakes

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No
follows:

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

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No
polymer are as follows:

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

C. Is any iron or manganese sequestrant used at the water treatment plant? No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

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

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



Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

Feb 07 08 01:51p

AUF - Fruitville

See page 4 for instructions.

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

A. Water System Information			
PWS Name: SEBRING LAKES		PWS Identification Number: 5284137	
PWS Type: XX Community	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of service connections at end of month: 65		Total population served at end of month: 75	
PWS Owner: AQUASOURCE			
Contact Person: JOHNNY CHAMBERLAIN		Contact Person's Title:	
Contact Person's Mailing Address: 6960 PROFESIONAL PKWY E SUITE 400		City: SARASOTA	State: FL Zip Code: 34240
Contact Person's Telephone Number: 1-800-250-7532		Contact Person's Fax Number: 941-907-7401	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: SEBRING LAKES		Plant Telephone Number: 1-800-250-7532	
Plant Address: 5313 KNIGHT AVENUE		City: SEBRING	State: FL Zip Code: 33875
Type of Water Treated by Plant: XX Raw Ground Water		Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.): V	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANIEL M. HOLMES	C	4335	5
Other Operators:	OTTO KRUCKER	C	7790	**
	CHRIS GILBERT	C	13107	**
	* As Needed			

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.321(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 amount of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 1/4/08
 Signature and Date
 DEP Form 62-555.900(3)
 Effective August 28, 2004

DANIEL M. HOLMES
 Print or Typed Name
 Page 1

C-4335
 License Number

9413783554

p.3

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

PWS Identification Number: 5284137 Plant Name: SEBRING LAKES

III. Daily Data for Month/Year of: **DECEMBER 2007**

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

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

Day of Mo.	Days Plant Staffed/visited by oper. (X)	Hours Plant in operation	Net quantity of finished water produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest residual disinfectant concentration at remote point in dist. system, mg/L	Emergency or abnormal operation conditions. Repair/Maintenance work that involves taking water system component out of operation.
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant contact time (T) a C measurement point during peak flow, minutes	Lowest CT provided before or at first customer during peak flow, mg-min/L	Temp of water C	PH of water if appl.	Min. CT Req. mg-min/L	Lowest operating UV dose, MW-sec/cm2	Min. UV dose req. mW-sec/cm2		
1	X	24	29240		1.8								.8	
2		24	26990											
3	X	24	26395		1.7								1.1	
4	X	24	20030		1.4								.8	
5	X	24	28350		1.7								.8	
6	X	24	25070		1.6								.8	
7	X	24	27670		.7								.3	
8		24	32935											
9	X	24	32936		1.8								.8	
10	X	24	24880		1.5								.8	
11	X	24	28360		1.1								.6	
12	X	24	30670		.9								.4	
13	X	24	25750		1.4								.6	
14	X	24	30840		2.1								.9	
15	X	24	38880		1.8								.8	
16		24	26168											
17	X	24	28165		1.7								.8	
18	X	24	26890		1.8								.8	
19	X	24	36810		1.7								.8	
20	X	24	17170		1.6								.7	
21	X	24	24830		1.5								.7	
22	X	24	27820		1.7								.8	
23	X	24	27590		1.6								.8	
24	X	24	26290		1.5								.7	
25	X	24	30970		1.6								.7	
26	X	24	20070		1.6								.8	
27	X	24	22280		1.7								.8	
28	X	24	22590		1.6								.7	
29	X	24	23540		1.7								.8	
30		24	28760											
31	X	24	28780		1.6								.7	
Total			636890											
Average			27900											
Maximum			38880											

DEP Form 62-555.900(3)
Effective August 28, 2004

Feb 07 08 01:51p

AUF - Fruitville

9413783554

p.4



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

See page 4 for instructions

I. General Information for the Month/Year of: January-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Carolyn McFalls	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	cfmcfalls@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400	
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V	
Licensed Operators	Name	License/Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

04307 MAY 22 8
Page 1

FPSC-COMMISSION CLERK

MO... HLY OPERATION REPORT FOR PWSs TREATING RA... GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: January-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow; mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow; minutes	Lowest CT Provided Before or at First Customer During Peak Flow; mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
		24 hrs	146,000												
	X	24 hrs	146,000		2.7								1.3		
	X	24 hrs	176,000		2.1								1.4		
	X	24 hrs	238,000		1.9								1		
	X	24 hrs	111,000		1.4								1		
	X	24 hrs	131,000		2.1								1.4		
		24 hrs	132,000												
	X	24 hrs	132,000		2.2								1.3		
	X	24 hrs	147,000		2								1.4		
	X	24 hrs	130,000		1.9								1.1		
	X	24 hrs	156,000		2.1								1		
	X	24 hrs	130,000		2								1.1		
	X	24 hrs	112,000		1.8								0.9		
	X	24 hrs	152,000		2.3								1.1		
		24 hrs	113,000												
	X	24 hrs	113,000		2.1								1.5		
	X	24 hrs	147,000		2.1								1.4		
	X	24 hrs	103,000		2.1								1.2		
	X	24 hrs	108,000		2								1.4		
	X	24 hrs	133,000		2								1		
		24 hrs	132,000												
	X	24 hrs	132,000		2.1								0.9		
	X	24 hrs	161,000		1.9								1		
	X	24 hrs	140,000		2								1.1		
	X	24 hrs	123,000		2.1								1.1		
	X	24 hrs	162,000		2								1.2		
	X	24 hrs	139,000		3.4								2.1		
	X	24 hrs	163,000		3.3								2.2		
		24 hrs	173,000												
	X	24 hrs	173,000		2.4								1.2		
	X	24 hrs	78,000		3.2								1.4		
			4,332,000												
			139,742												
			238,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operator's Name	License Class	License Number	Day(s)/Shift(s) Worked
Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Robert Paver</u> Printed or Typed Name	<u>C12040</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **February-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd.	CT Calculations			UV DOSE				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2		Minimum UV Dose Required, mW-sec/cm2	
	X	24 hrs	79,000			1.7							1.2	
	X	24 hrs	87,000			2.4							1.1	
	X	24 hrs	116,000			2.3							1.3	
	X	24 hrs	59,000			1.8							1.2	
		24 hrs	93,000											
	X	24 hrs	92,000			2.4							1	
	X	24 hrs	141,000			2.2							1.2	
	X	24 hrs	109,000			1.8							1	
	X	24 hrs	113,000			3.2							1.9	
	X	24 hrs	54,000			2.4							1.4	
	X	24 hrs	52,000			3.2							1.7	
		24 hrs	42,000											
	X	24 hrs	42,000			3.1							1.6	
	X	24 hrs	42,000			3							1.4	
	X	24 hrs	30,000			2.8							1.5	
	X	24 hrs	121,000			2.7							1.2	
	X	24 hrs	72,000			2.1							1.1	
	X	24 hrs	114,000			2.2							1.2	
		24 hrs	140,000											
	X	24 hrs	140,000			1.9							1	
	X	24 hrs	69,000			2.1							1	
	X	24 hrs	151,000			2							1	
	X	24 hrs	71,000			2.1							1.1	
	X	24 hrs	63,000			2.1							0.9	
	X	24 hrs	82,000			2.2							1	
		24 hrs	45,000											
	X	24 hrs	45,000			2.1							1	
	X	24 hrs	40,000			2							1.2	
		24 hrs												
		24 hrs												
		24 hrs												
			2,304,000											
			82,286											
			151,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-06**

A. Public Water System (PWS) Information

PWS Name: Sebring Lakes		PWS Identification Number: 5284137	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 127	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Zip Code: 34240	
Contact Person's E-Mail Address: wadean@aquaaamerica.com		Contact Person's Fax Number: 941/907-7401	

B. Water Treatment Plant Information

Plant Name: Sebring Lakes		Plant Telephone Number: 941/907-7400	
Plant Address: 5313 Knight Ave		City: Sebring	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): C-1		Plant Class (per subsection 62-699.310(4), F.A.C.): V	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING R... GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **March-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
	X	24 hrs	53,000		2.2										1.2	
	X	24 hrs	45,000		1.8										1.1	
	X	24 hrs	71,000		1.8										1.2	
		24 hrs	72,000													
	X	24 hrs	72,000		1.9										1.2	
	X	24 hrs	162,000		2.1										1.2	Flushed
	X	24 hrs	286,000		2.3										1.4	Flushed
	X	24 hrs	161,000		2.3										1.4	
	X	24 hrs	116,000		1.8										1.4	
	X	24 hrs	106,000		1.7										1.3	
	X	24 hrs	140,000		2.1										1.3	
		24 hrs	138,000													
	X	24 hrs	138,000		1.9										1.2	
	X	24 hrs	67,000		2.1										1.3	
	X	24 hrs	94,000		1.9										1.3	
	X	24 hrs	98,000		1.8										1.3	
	X	24 hrs	152,000		1.9										1.2	
	X	24 hrs	110,000		1.9										1.3	
		24 hrs	108,000													
	X	24 hrs	108,000		1.4										0.7	
	X	24 hrs	133,000		1.3										0.7	
	X	24 hrs	51,000		2.3										1.1	
	X	24 hrs	118,000		2.2										1.4	
	X	24 hrs	56,000		1.9										1.2	
	X	24 hrs	52,000		1.8										1.3	
		24 hrs	47,000													
	X	24 hrs	47,000		1.7										1.2	
	X	24 hrs	22,000		1.8										1.2	
	X	24 hrs	31,000		1.7										1.3	
	X	24 hrs	24,000		1.7										1.2	
	X	24 hrs	43,000		1.4										1	
			2,921,000													
			94,226													
			286,000													

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



MONTHLY OPERATION REPORT FOR PWSs TR TING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: April-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operator's Name	License Class	License Number	Day(s)/Shift(s) Worked
Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAIN, GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **April-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
	X	24 hrs	42,000		1.9									1.3	
		24 hrs	47,000												
	X	24 hrs	47,000		2.1									1.1	
	X	24 hrs	241,000		2.2									1.3	Flushing
	X	24 hrs	192,000		1.9									1.3	
	X	24 hrs	87,000		2.1									1.3	
	X	24 hrs	99,000		2.2									1.2	
	X	24 hrs	92,000		2									0.9	
		24 hrs	124,000												
	X	24 hrs	124,000		2.2									1.2	
	X	24 hrs	144,000		2.3									1.2	
	X	24 hrs	127,000		2.1									1.2	
	X	24 hrs	72,000		1.9									1.3	
	X	24 hrs	87,000		2									1.2	
	X	24 hrs	169,000		1.9									1.2	
		24 hrs	130,000												
	X	24 hrs	130,000		1.3									0.7	
	X	24 hrs	186,000		1.8									0.9	
	X	24 hrs	82,000		1.6									0.7	
	X	24 hrs	153,000		2.2									1.5	
	X	24 hrs	158,000		2.3									1.4	
	X	24 hrs	151,000		2.1									1.3	
		24 hrs	139,000												
	X	24 hrs	139,000		1.2									1.2	
	X	24 hrs	211,000		1.8									0.7	
	X	24 hrs	139,000		1.2									1	
	X	24 hrs	167,000		1.9									1.1	
	X	24 hrs	100,000		1.5									1.1	
	X	24 hrs	206,000		1.4									1.2	
	X	24 hrs	116,000		1.4									1.1	
		24 hrs													
			3,901,000												
			130,033												
			241,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Operator Name	License Class	License Number	Days/Shift(s) Worked
Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING R... / GROUND WATER OR PURCHASED FINISHED WATER...

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **May-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	116,000		1.4								1.1	Automatic Flushing
	X	24 hrs	139,000		1.2								0.9	Automatic and Manual Flushing
	X	24 hrs	176,000		3.2								1.6	Automatic and Manual Flushing
	X	24 hrs	107,000		2.8								1.4	Automatic Flushing
	X	24 hrs	83,000		2.6								1.4	Automatic Flushing
	X	24 hrs	129,000		1.9								1.1	Automatic Flushing
		24 hrs	127,000											Automatic Flushing
	X	24 hrs	127,000		2.7								1.3	Automatic Flushing
	X	24 hrs	97,000		2.3								1.9	Automatic Flushing
	X	24 hrs	41,000		2.2								1.5	Automatic Flushing
	X	24 hrs	90,000		2.2								1	Automatic Flushing
	X	24 hrs	58,000		1.6								1.1	Automatic Flushing
	X	24 hrs	61,000		2								0.9	Automatic Flushing
		24 hrs	89,000											Automatic Flushing
	X	24 hrs	89,000		1.5								1.1	Automatic Flushing
	X	24 hrs	96,000		1.6								1.2	Automatic Flushing
	X	24 hrs	40,000		1.5								1.1	Automatic Flushing
	X	24 hrs	53,000		1.8								1.1	Automatic Flushing
	X	24 hrs	60,000		1.7								1	Automatic Flushing
		24 hrs	124,000											Automatic Flushing
	X	24 hrs	124,000		1.3								0.8	Automatic Flushing
	X	24 hrs	124,000		1.5								0.9	Automatic Flushing
	X	24 hrs	79,000		1.4								0.7	Automatic Flushing
	X	24 hrs	63,000		1.9								1	Automatic Flushing
	X	24 hrs	66,000		1.8								1.2	Automatic Flushing
	X	24 hrs	60,000		1.8								1.3	Automatic Flushing
	X	24 hrs	36,000		1.7								1.2	Automatic Flushing
		24 hrs	59,000											Automatic Flushing
	X	24 hrs	59,000		1.8								1.2	Automatic Flushing
	X	24 hrs	74,000		1.7								1.7	Automatic Flushing
	X	24 hrs	68,000		1.8								1.1	Automatic Flushing
			2,714,000											
			87,548											
			176,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

	Robert Paver	C12040
Signature and Date	Printed or Typed Name	License Number

M. DAILY OPERATION REPORT FOR PWSs TREATING R... GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **June-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	*CT Calculations of UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	45,000		1.8								1.1	Automatic Flushing
	X	24 hrs	34,000		1.8								1.2	Automatic Flushing
	X	24 hrs	46,000		1.5								1	Automatic Flushing
		24 hrs	49,000											Automatic Flushing
	X	24 hrs	49,000		1.7								1.1	Manual and Automatic Flushing
	X	24 hrs	93,000		1.6								1	Automatic Flushing
	X	24 hrs	41,000		1.7								1.2	Automatic Flushing
	X	24 hrs	97,000		1.3								0.8	Automatic Flushing
	X	24 hrs	50,000		1.2								0.7	Automatic Flushing
	X	24 hrs	42,000		1.8								1.1	Automatic Flushing
		24 hrs	29,000											Automatic Flushing
	X	24 hrs	29,000		1.8								1.1	Automatic Flushing
	X	24 hrs	29,000		1.7								1.7	Automatic Flushing
	X	24 hrs	19,000		1.6								1.1	Automatic Flushing
	X	24 hrs	48,000		1.7								1	Automatic Flushing
	X	24 hrs	33,000		1.9								1.1	Automatic Flushing
	X	24 hrs	48,000		1.8								1.1	Automatic Flushing
		24 hrs	38,000											Automatic Flushing
	X	24 hrs	38,000		1.8								1	Automatic Flushing
	X	24 hrs	58,000		1.8								1.1	Automatic Flushing
	X	24 hrs	68,000		1.9								1.1	Automatic Flushing
	X	24 hrs	72,000		1.8								1	Automatic Flushing
	X	24 hrs	88,000		1.8								1	Automatic Flushing
	X	24 hrs	180,000		1.7								1.1	Automatic Flushing
		24 hrs	39,000											Automatic Flushing
	X	24 hrs	39,000		1.4								0.8	Automatic Flushing
	X	24 hrs	26,000		1.5								0.8	Automatic Flushing
	X	24 hrs	36,000		1.6								0.7	Automatic Flushing
	X	24 hrs	140,000		1.4								0.7	Automatic Flushing
	X	24 hrs	160,000		1.6								0.9	Automatic Flushing
		24 hrs												
			1,763,000											
			58,767											
			180,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-I	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operator	Name	License/Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>Robert Paver</u>	C12040
	Printed or Typed Name	License Number

M. DAILY OPERATION REPORT FOR PWSs TREATING R. . . GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **July-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak-Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24 hrs	197,000		1.5									0.9	Flushing
		24 hrs	122,000												Flushing
	X	24 hrs	122,000		1.4									0.9	Flushing
	X	24 hrs	182,000		1.7									1	Flushing
	X	24 hrs	141,000		1.6									1	Flushing
	X	24 hrs	114,000		1.4									0.7	Flushing
	X	24 hrs	59,000		1.5									0.8	Flushing
	X	24 hrs	112,000		4.8									3.9	Flushing
		24 hrs	105,000												Flushing
	X	24 hrs	105,000		3.2									1.9	Flushing
	X	24 hrs	112,000		1.8									1.2	Flushing
	X	24 hrs	133,000		1.6									1.0	Flushing
	X	24 hrs	113,000		2.8									1.6	Flushing
	X	24 hrs	126,000		1.8									1.3	Flushing
		24 hrs	136,000												Flushing
	X	24 hrs	156,000		4.4									2.7	Flushing
	X	24 hrs	126,000		2.4									1.6	Flushing
	X	24 hrs	100,000		2.2									1.3	Flushing
	X	24 hrs	127,000		1.8									0.9	Flushing
	X	24 hrs	36,000		1.9									1	Flushing
	X	24 hrs	36,000		1.8									0.9	Flushing
	X	24 hrs	35,000		2.6									1.3	Flushing
		24 hrs	25,000												Flushing
	X	24 hrs	25,000		1.5									0.7	Flushing
	X	24 hrs	31,000		2.2									0.9	Flushing
	X	24 hrs	41,000		1.6									0.9	Flushing
	X	24 hrs	43,000		1.5									0.8	Flushing
	X	24 hrs	115,000		2.4									1.3	Flushing
	X	24 hrs	64,000		3.1									1.7	Flushing
		24 hrs	89,000												Flushing
	X	24 hrs	89,000		2.4									1.3	Flushing
			3,017,000												
			97,323												
			197,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-06**

A. Public Water System (PWS) Information

PWS Name: Sebring Lakes		PWS Identification Number: 5284137	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 127	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota	State: FL
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: wadean@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Sebring Lakes		Plant Telephone Number: 941/907-7400	
Plant Address: 5313 Knight Ave		City: Sebring	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000		Plant Class (per subsection 62-699.310(4), F.A.C.): V	
Plant Category (per subsection 62-699.310(4), F.A.C.): C-I			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING SURFACE WATER OR GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: August-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	317,000		2.2								1.1	Manually and Automatically Flushed
	X	24 hrs	72,000		1.8								1.2	
	X	24 hrs	60,000		1.7								1.1	Automatically Flushed
	X	24 hrs	60,000		1.7								1	
	X	24 hrs	90,000		1.8								0.9	Automatically Flushed
		24 hrs	42,000											
	X	24 hrs	42,000		1.5								0.7	Automatically Flushed
	X	24 hrs	40,000		1.7								0.9	
	X	24 hrs	32,000		1.5								0.7	Automatically Flushed
	X	24 hrs	40,000		2.4								1.3	
	X	24 hrs	41,000		2.1								1.2	Automatically Flushed
	X	24 hrs	116,000		2.4								1.4	
		24 hrs	55,000											Automatically Flushed
	X	24 hrs	55,000		2.2								1.3	
	X	24 hrs	93,000		1.8								1.2	Automatically Flushed
	X	24 hrs	61,000		1.4								0.9	
	X	24 hrs	56,000		1.5								1	Automatically Flushed
	X	24 hrs	42,000		1.3								0.7	
	X	24 hrs	145,000		1.3								0.5	Automatically Flushed
		24 hrs	39,000											
	X	24 hrs	39,000		1.2								0.5	Automatically Flushed
	X	24 hrs	54,000		1.3								0.6	
	X	24 hrs	84,000		1								0.4	Automatically Flushed
	X	24 hrs	114,000		2.7								1.3	
	X	24 hrs	80,000		1.7								1	Automatically Flushed
	X	24 hrs	145,000		2.7								1.3	
		24 hrs	112,000											Automatically Flushed
	X	24 hrs	118,000		1.4								0.7	
	X	24 hrs	123,000		1.5								0.8	Automatically Flushed
	X	24 hrs	107,000		1.3								0.7	
	X	24 hrs	78,000		2.8								1.3	Automatically Flushed
			2,552,000											
			82,323											
			317,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **September-06**

A. Public Water System (PWS) Information

PWS Name: Sebring Lakes		PWS Identification Number: 5284137	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 127	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit		City: Sarasota State: FL Zip Code: 34240	
Contact Person's Telephone Number: 941/907-7400		Contact Person's Fax Number: 941/907-7401	
Contact Person's E-Mail Address: wadean@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Sebring Lakes		Plant Telephone Number: 941/907-7400	
Plant Address: 5313 Knight Ave		City: Sebring State: FL Zip Code: 33875	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): C-I		Plant Class (per subsection 62-699.310(4), F.A.C.): V	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING R... GROUND WATER OR PURCHASED FINISHED WATER.

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **September-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
	X	24 hrs	94,400		1.5								0.9	Flushing
	X	24 hrs	119,300		1.8								0.9	
		24 hrs	85,950											Flushing
	X	24 hrs	89,950		1.6								0.8	
	X	24 hrs	112,400		1.7								0.9	Flushing
	X	24 hrs	256,200		2.2								1.2	
	X	24 hrs	99,000		2.4								1.3	Flushing
	X	24 hrs	60,700		2.4								1.4	
	X	24 hrs	61,700		2.5								1.3	Flushing
		24 hrs	223,800											
	X	24 hrs	223,800		1.3								0.5	Flushing
	X	24 hrs	80,200		2.1								1.1	
	X	24 hrs	63,800		1.8								0.9	Flushing
	X	24 hrs	86,000		1.3								0.8	
	X	24 hrs	91,600		1.8								0.9	Flushing
	X	24 hrs	71,700		2								0.8	Flushing
		24 hrs	29,350											
	X	24 hrs	29,350		1.2								0.5	Flushing
	X	24 hrs	56,300		1.8								0.8	
	X	24 hrs	34,700		1.3								0.8	Flushing
	X	24 hrs	32,800		1.4								1	
	X	24 hrs	21,300		2.3								1.7	Flushing
	X	24 hrs	58,900		2.5								1.3	
		24 hrs	51,400											Flushing
	X	24 hrs	51,400		2.1								1.2	
	X	24 hrs	84,600		1.7								1	Flushing
	X	24 hrs	21,300		1.5								0.9	
	X	24 hrs	110,700		1.7								1	Flushing
	X	24 hrs	53,900		1.4								0.9	
	X	24 hrs	136,600		1.3								0.6	Flushing
		24 hrs												
			2,593,100											
			86,437											
			256,200											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: October-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V
License Operator's Name	License Class	License Number	Day(s)/Shift(s) Worked
Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

	Robert Paver	C12040
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: October-06

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations; or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
		24 hrs	91,500												
	X	24 hrs	91,500		1.5								0.7	Flushing	
	X	24 hrs	109,400		1.8								0.8		
	X	24 hrs	355,500		1.7								0.9	Flushing	
	X	24 hrs	345,600		1.8								0.9		
	X	24 hrs	77,900		3.2								1.5	Flushing	
	X	24 hrs	116,400		4.4								2.1		
		24 hrs	53,550											Flushing	
	X	24 hrs	53,550		3.5								2		
	X	24 hrs	94,400		1.7								1.3	Flushing	
	X	24 hrs	29,300		1.5								1		
	X	24 hrs	28,700		1.6								0.9	Flushing	
	X	24 hrs	18,000		1.5								0.8		
	X	24 hrs	52,600		1.6								0.8	Flushing	
		24 hrs	22,750												
	X	24 hrs	22,750		1.3								0.7	Flushing	
	X	24 hrs	38,000		1.1								0.6		
	X	24 hrs	29,200		1.6								0.9	Flushing	
	X	24 hrs	86,300		2.1								1.2		
	X	24 hrs	75,600		1.5								1	Flushing	
	X	24 hrs	36,000		1.7								0.7		
		24 hrs	57,600											Flushing	
	X	24 hrs	57,600		1.3								0.5		
	X	24 hrs	40,900		1.8								0.9	Flushing	
	X	24 hrs	20,100		1.4								0.7		
	X	24 hrs	39,000		1.3								0.6	Flushing	
	X	24 hrs	20,700		1.3								0.6		
	X	24 hrs	23,800		1.3								0.4	Flushing	
		24 hrs	17,000												
	X	24 hrs	17,000		1.4								0.5	Flushing	
	X	24 hrs	19,500		1.3								0.5		
			2,141,700												
			69,087												
			355,500												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

License Operator's Name	License Class	License Number	Days/Shift(s) Worked
Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date

Robert Paver
Printed or Typed Name

C12040
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING R.O.W. GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **November-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Provided CT Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
	X	24 hrs	30,000		1.2								0.4	Flushing	
	X	24 hrs	26,900		1.4								0.5	Flushing	
	X	24 hrs	27,500		1.9								0.6	Flushing	
		24 hrs	27,500											Flushing	
		24 hrs	41,800											Flushing	
	X	24 hrs	41,800		1.5								0.5	Flushing	
	X	24 hrs	71,100		1.5								0.5	Flushing	
	X	24 hrs	20,200		1.2								0.5	Flushing	
	X	24 hrs	48,100		1.7								0.4	Flushing	
	X	24 hrs	63,400		2								0.6	Flushing	
	X	24 hrs	27,600		1.7								0.8	Flushing	
		24 hrs	24,000											Flushing	
	X	24 hrs	24,000		1.4								0.6	Flushing	
	X	24 hrs	75,000		1.6								0.5	Flushing	
	X	24 hrs	53,100		2								1	Flushing	
	X	24 hrs	13,600		1.8								0.6	Flushing	
	X	24 hrs	12,500		1.5								0.4	Flushing	
	X	24 hrs	9,000		1.7								0.6	Flushing	
		24 hrs	21,350											Flushing	
	X	24 hrs	21,350		1.9								0.9	Flushing	
	X	24 hrs	41,100		1.8								1	Flushing	
	X	24 hrs	61,100		2.3								1.1	Flushing	
	X	24 hrs	50,800		1.9								0.9	Flushing	
	X	24 hrs	51,300		2.2								0.9	Flushing	
	X	24 hrs	101,400		1.7								0.7	Flushing	
		24 hrs	49,500											Flushing	
	X	24 hrs	49,500		2								0.5	Flushing	
	X	24 hrs	29,000		1.9								0.6	Flushing	
	X	24 hrs	40,900		1.9								0.7	Flushing	
	X	24 hrs	21,700		1.5								0.6	Flushing	
		24 hrs												Flushing	
			1,176,100												
			39,203												
			101,400												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-06

A. Public Water System (PWS) Information

PWS Name:	Sebring Lakes	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	127
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	6960 Professional Parkway E. Suit	City:	Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number:	941/907-7400	Contact Person's Fax Number:	941/907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Sebring Lakes	Plant Telephone Number:	941/907-7400
Plant Address:	5313 Knight Ave	City:	Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	C-1	Plant Class (per subsection 62-699.310(4), F.A.C.):	V

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Robert Paver	C	12040	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Robert Paver Printed or Typed Name	C12040 License Number
--------------------	---------------------------------------	--------------------------

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

PWS Identification Number: 5284137 Plant Name: Sebring Lakes

III. Daily Data for the Month/Year of: **December-06**

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

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

Day of the Month	Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
	X	24 hrs	21,000		2.6										1.5	
	X	24 hrs	25,200		2.1										0.8	
		24 hrs	22,000													
	X	24 hrs	22,000		1										0.5	
	X	24 hrs	85,400		2.4										1	
	X	24 hrs	48,600		1.2										0.6	
	X	24 hrs	64,900		1.8										0.9	
	X	24 hrs	17,900		3.3										1	
	X	24 hrs	23,700		2.1										0.9	
		24 hrs	26,350													
	X	24 hrs	26,350		1.1										0.4	
	X	24 hrs	26,600		1										0.6	
	X	24 hrs	7,500		2.1										0.7	
	X	24 hrs	21,100		1.8										0.7	
	X	24 hrs	22,700		3.8										1.1	
	X	24 hrs	10,900		2.5										0.9	
		24 hrs	151,650													
	X	24 hrs	151,650		2.3										1	
	X	24 hrs	28,400		1.9										0.7	
	X	24 hrs	16,400		1.7										0.7	
	X	24 hrs	27,200		2.1										0.8	
	X	24 hrs	18,800		1.9										0.9	
	X	24 hrs	65,800		2.3										1.1	
		24 hrs	124,700													
	X	24 hrs	124,700		2.5										0.8	
	X	24 hrs	13,400		1.8										0.4	
	X	24 hrs	13,100		1.7										0.7	
	X	24 hrs	15,700		3.5										1.8	
	X	24 hrs	15,900		4.7										1.9	
	X	24 hrs	15,900		3.1										0.9	
		24 hrs	17,500													
			1,273,000													
			41,065													
			151,650													

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

SHORT ENVIRONMENTAL LABORATORIES, INC. 10405 U.S. HWY 27 • SEBRING, FL 33876-9502 PH: 1-863-655-4022 • FAX: 1-863-655-5820 HRS # E85458

Delivered by: [Signature] Lab Receipt Date & Time: 12.6.07 11:35 Analysis Date & Time: 12.6.07 12:16:15 Sample Acceptance Criteria: Sample Preservation [X] On Ice [] No: On Ice [] 4.0 °C Disinfectant Check [X] Not Detected [] mg/L This sample does not meet the following NELAC requirements:

Report Number: 69552 Sub-Contract Lab ID: Analysis Requested: (please check all that apply) [] Standard Coliform Test [] HPC [] Other:

System Name: Sebring Lakes PWS I.D. 5284137

System Address: City: Sebring

System or Owner's Phone #: 1-800-250-7532 Fax #:

Collector: Danny Holmes Collector's Phone #: 405-6911

Type of Supply: (check only one) [X] Community Water System [] Noncommunity Water System [] Nontransient Noncommunity Water System [] Limited Use System [] Private Well [] Swimming Pool [] Bottled Water [] Other Reason for Sampling: (check only one) [X] Routine Compliance [] Repeat [] Replacement [] Main Clearance [] Well Survey [] Other

Sample Collection Date: 12-6-07

Table with columns: Sample Number, Sample Point (Location or Specific Address), Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Total Coliform Analysis Method (MMD), Fecal or E. coli Analysis Method (MUG), Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier, Lab Sample Number. Rows 1-4: Well 1, Well 2, 5306 Queen Ave, 4904 Grand Concourse.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.05

Defined in Florida Administrative Code Rule 62-160, Table All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [] Other: Person performing analysis is: [X] Certified operator (# C-4335) [] Employed by a certified lab [] Supervised by a cert operator (#) [] Employed by DEP or DOH

Date PWS notified by lab of positive results: Date State notified by lab of positive results:

Name and Mailing Address of Person to Receive Report Aqua Utilities 8374 Market Street # 419 Bradenton, Florida 34202

Lab Signature: [Signature] Title: QA Manager

[] Satisfactory DEP/DOH USE ONLY [] Incomplete Collection Information [] Repeat Samples Required [] Replacement Samples Required Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

04307 MAY 22 10 EPSC-COMMISSION CLERK

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.) Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMD/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count 62-160.730 Reporting Form - Effective 07/06, Revised 07/06

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

396

SHORT
ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. HWY 27 • SEBRING, FL 33876-9502
 PH: 1-863-655-4022 • FAX: 1-863-655-5820
 HRS # E85458

Delivered by: R. J. P.

Lab Receipt Date & Time: 11-9-07/1525

Analysis Date & Time: 11/09/07 21090

Sample Acceptance Criteria: -

Sample Preservation On Ice Not On Ice °C

Disinfectant Check Not Detected mg/L

This sample does not meet the following NELAC requirements:

Report Number: 69077 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

Standard Coliform Test

HPC

Other: _____

System Name: Sebring LKS PWS I.D. 5 2 8 4 1 3 7

System Address: 5313 Knight Ave City: Sebring

System or Owner's Phone #: 911377 9156 Fax #: 863 655 2556

Collector: Robert Pauer Collector's Phone #: 911 650 3032

Type of Supply: (check only one)

Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System

Private Well Swimming Pool Bottled Water Other _____

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

Sample Collection Date: 11-9-07

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>MMUG</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
<u>601</u>		<u>1255</u>	<u>AW</u>	<u>0</u>		<u>A-</u>			<u>298542</u>	
<u>602</u>		<u>1300</u>		<u>0</u>		<u>A-</u>			<u>298544</u>	
	<u>5111 majestic</u>	<u>1355</u>		<u>2.9</u>		<u>A-</u>			<u>298542</u>	
	<u>5518 Knight Ave</u>	<u>1405</u>		<u>2.7</u>		<u>A-</u>			<u>298547</u>	
	<u>5509 King</u>	<u>1440</u>		<u>3.0</u>		<u>A-</u>			<u>298544</u>	
	<u>4904 Grandconcourse</u>	<u>1430</u>		<u>1.5</u>		<u>A-</u>			<u>298545</u>	
	<u>5329 Duval Way/Riverway</u>	<u>1420</u>		<u>2.0</u>		<u>A-</u>			<u>298546</u>	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.11

²Defined in Florida Administrative Code Rule 62-160, Table 1. All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing analysis is:

A certified operator (# 12040) Employed by a certified lab

Supervised by a cert operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report

Lake Suzie

12169 SW 29th Cir.

Lake Suzie FL

34269

Lab Signature: D. J. M.

Title: QA Manager

Satisfactory Incomplete Collection Information Repeat Samples Required Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 12/11/07

DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMOMUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

62-560.730 Reporting Form - Effective 01/96. Revised 01/98

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

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

System Name: Sebring Lakes FWS ID #: 5284137
 System Type (check one): Community Non Transient Noncommunity Transient Noncommunity
 Address: Knight Ave
 City: Sebring State: Florida ZIP Code: _____
 Phone: 877-987-2782 Fax #: 863-655-2556
 -Mail Address _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if Known): _____
 Sample Date: 7-25-07 Sample Time: 1430 AM PM (circle one)
 Sample Location (be specific): outside spicket 4349 Sebring LK Blvd.
 Infectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: DEP MARK
- Quarterly 2nd/2005
- Special (not for compliance with 62-550.)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or other Comments: Grab

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

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

Sampler's Name: ROBERT PAUER Sampler's Phone #: 541 650 3032 Sampler's Fax: 863 655 2556
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Pauer
(Print Name)

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

Signature: [Signature]

art
(Print Title)

Date: 7-25-07

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

SHORT ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. HWY 27 • SEBRING, FL 33876-9502
 PH: 1-863-655-4022 • FAX: 1-863-655-5820
 HRS # E85458

386

Delivered by: Ralph

Bw

Lab Receipt Date & Time: 11-9-07/1525
 Analysis Date & Time: 11/09/07 21490

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice °C
 Disinfectant Check Not Detected mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 69077 Sub-Contract Lab ID: _____
Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other: _____

System Name: Sebring LKS PWS I.D. 5 2 8 9 1 3 7
 System Address: 5313 Knight Ave City: Sebring
 System or Owner's Phone #: 911 377 9156 Fax #: 863 655 2556
 Collector: Robert Pallen Collector's Phone #: 911 650 3032

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

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

Sample Collection Date: 11-9-07

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>MMO</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
<u>61</u>		<u>1255</u>	<u>ow</u>	<u>0</u>		<u>A-</u>				<u>298543</u>
<u>62</u>		<u>1300</u>		<u>0</u>		<u>A-</u>				<u>298544</u>
	<u>5111 majestic</u>	<u>1355</u>		<u>2.9</u>		<u>A-</u>				<u>298542</u>
	<u>5518 Right Ave</u>	<u>1405</u>		<u>2.7</u>		<u>A-</u>				<u>298543</u>
	<u>5509 King</u>	<u>1440</u>		<u>3.0</u>		<u>A-</u>				<u>298544</u>
	<u>4901 Grandoncause</u>	<u>1430</u>		<u>1.5</u>		<u>A-</u>				<u>298545</u>
	<u>5329 Oakway/Riverway</u>	<u>1420</u>		<u>2.0</u>		<u>A-</u>				<u>298546</u>

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.11
*Defined in Florida Administrative Code Rule 62-160, Table 1. All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing analysis is:
 A certified operator (# 12040) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
 Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
Lake Suzie
12169 Sugar Cr.
Lake Suzie Fl
34269

Lab Signature: Doug M #
 Title: QA Manager

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: 12/16/07
 DEP/DOH Reviewing Official: _____

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.)
 Analysis Methods: MF = SM9222B & D; MTF = 9221B & ECMUG; MMO/MUG = SM9223B; HPC = SM9215B
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count
 R0-600.730 Reporting Format - Effective 01/05

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

DRINKING WATER

ALL SAMPLES SAME ANALYSIS

PRINT SAMPLER'S NAME <i>ROBERT PAUER</i>		CLIENT NAME: <i>AQUA WTL.</i>				#
SAMPLER'S SIGNATURE <i>Rt Pa</i>		PROJECT LOCATION: <i>Sebring Lakes</i>				
LABORATORY ANALYSES	SAMPLE ID:	LABORATORY #:	# CONT	DATE	TIME	
INORGANICS						
SECONDARY						
GROSS-ALPHA						
GROSS BETA						
RAD 226/228						
VOC						
PEST/PCB						
NITRITE/NITRATE						
THM <i>X</i>	<i>4904 Grand Concors</i>			<i>1-8-06</i>	<i>1155</i>	
HAA <i>X</i>	<i>" " "</i>			<i>1-8-06</i>	<i>1155</i>	
TC/LERT				YES	NO	
Pb, Cu						
	NUTRIENT CONTAINER PRESERVED, H2SO4					
	METALS CONTAINER PRESERVED, HNO3					
	SAMPLES ICED TO 4C			<i>✓</i>		
	VIALS PRESERVED, HCL					
	VIALS PRESERVED, NH4HCL					
	OTHER					
	OTHER					

SAMPLE KIT PREPARED BY: _____

SOME CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

# OF SAMPLES	RELINQUISHED BY:	ACCEPTED BY:	DATE	TIME
	<i>Rt Pa</i>	<i>Ken Kellein</i>	<i>2-8-06</i>	<i>1300</i>

DRINKING WATER
SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

PRINT SAMPLER'S NAME		CLIENT NAME:		
		Sebring Lakes #386		
SAMPLERS SIGNATURE		SAMPLE ID: 4904 Grand Concourse		
✗ <i>R. L. Pa</i>				
LABORATORY ANALYSES		LABORATORY #: 261968		
INORGANICS		PROJECT LOCATION DWTP		
SECONDARY				
GROSS-ALPHA		NUMBER OF CONTAINERS 6		
GROSS BETA				
RAD 226/228		DATE: 5-19-06		
VOC				
FEST/PCB		TIME: 1040		
NITRITE/NITRATE				
THM	✓		YES	NO
HAA	✓	NUTRIENT CONTAINER PRESERVED, H2SO4		
TC/LERT		METALS CONTAINER PRESERVED, HNO3		
Pb, Cu		SAMPLES ICED TO 4C		
			✓	
		OTHER		
		OTHER		
		pH 6.7		
		Cl2 1.0		

SAMPLE KIT PREPARED BY: _____

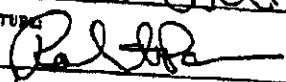
SOME CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

57816 /

# OF SAMPLES	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
✗ <i>R. L. Pa</i>	<i>Keri Keku</i>		5-19-06	1125

SHORT ENVIRONMENTAL LABORATORIES
10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820


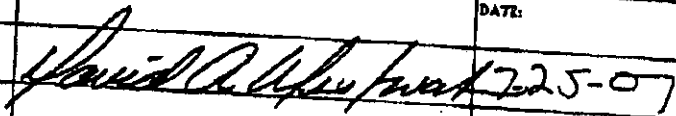
LABORATORY ANALYSES

SAMPLER'S NAME (PLEASE PRINT) ROBERT PABER		CLIENT NAME: AQUA Well							
SAMPLER'S SIGNATURE 		PROJECT: Sebring Lks	LOCATION: DWTF						
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	WELL	LABORATORY ID#	# OF CONT	TDS	OP
	4349 SEBRING LK BLVD.	7-25-07	1430	DW				X	X

COMMENTS:
SOME CONTAINERS MAY BE PRE-RESERVED.
PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
NUTRIENT CONTAINERS PRESERVED H2SO4
METALS CONTAINERS PRESERVED HNO3
OTHER

YES	NO

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
			7-25-07	1612

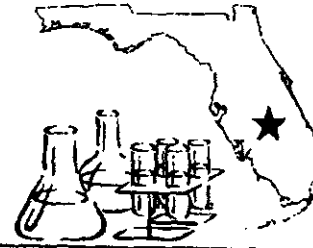
CHAIN OF CUSTODY AND TRANSMITTAL FORM
Co2 CARBON FORMS

Jul 26 07 07:26a AUF - Fruitville

9413783654 p.2

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

ATTN: Patrick
SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client:	Aqua Utilities Florida, Inc.	Report #:	2006120114
Address:	6960 Professional pkwy E	Date:	December 10, 2006
City, St, Zip:	Sarasota, FL 34240	Project:	Sebring Lakes
Attention:	Bill Dean	Sample #'s:	275477

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	4	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		5		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

David W. Murto

David W. Murto
Laboratory Director

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
Address: 10405 US Highway 27 South Sebring, FL 33876 Certification Expiration Date: 06/30/07
Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/17/2006

PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1
Lab Assigned Report Number or Job ID: 275477

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

- Inorganics: All 17, Partial, Nitrate, Nitrite, Asbestos Only
Synthetic Organics: All 30, All Except Dioxin, Partial, Dioxin Only
Lead & Copper
Volatile Organics: All 21, Partial
Radionuclides: Single Sample, Qtrly Composite**
Disinfection Byproducts: Trihalomethanes, Haloacetic Acid, Bromate, Chlorite
Secondaries: All 14, Partial (checked)

Were any analyses subcontracted? () Yes (X) No

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

CERTIFICATION

I, David W. Murto, Laboratory Director
(Print Name) (Print Title)

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

Signature: David W Murto Date: 12/10/2006

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

Reporting Format 62-550.730

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

SECONDARY CONTAMINANTS
62-550.320

Report Number/Job ID: 275477

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L							E85458
1017	Chloride	250	mg/L							E85458
1022	Copper	1	mg/L	0.05	U	SM 3111B	0.05	12/04/06	1349	E85458
1025	Fluoride	2.00	mg/L							E85458
1028	Iron	0.30	mg/L	0.097		EPA 200.7	0.005	12/05/06	1607	E85458
1032	Manganesec	0.05	mg/L							E85458
1050	Silver	0.10	mg/L							E85458
1055	Sulfate	250	mg/L							E85458
1095	Zinc	5	mg/L							E85458
1905	Color	15	CU	2.		SM2120B	1.	11/17/06	1339	E85458
1920	Odor	3	TON							E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU							E85458
1930	Total Dissolved Solids	500	mg/L							E85458
2905	Foaming Agents	0.50	mg/L							E85458

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

OTHER CONTAMINANTS

Report Number / Job ID: 275477

PWS ID (from Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
	Total Organic Carbon		mg/L	2.7		SM5310C	1	12/7/2006	1448	E85458

Reporting Format 62-550.730
Effective January 1995, Revised January 2004
All results meet the requirements of NELAC.

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160. Results qualified with A, F, H, N, T, Z, ? , * are unacceptable for compliance 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

SAMPLER'S NAME (PLEASE PRINT)							CLIENT NAME:		LABORATORY ANALYSES			
Robert PAVEN							Agua Lta.					
SAMPLER'S SIGNATURE:							PROJECT:	LOCATION:				
[Signature]							POE	Sebring LKs WP				
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT	Iron	paper	TOC	coloc
	POE	11-17-06	1050	DW	G		275477		X	X		
	POE	11-17-06	1051	DW	G		1				X	
	POE	11-17-06	1051	DW	G							X

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.
PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
NUTRIENT CONTAINERS PRESERVED, H2SO4
METALS CONTAINERS PRESERVED, HNO3
OTHER:

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	[Signature]	[Signature]	11-17-06	1115
				1115

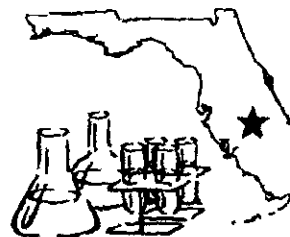
61581

CHAIN OF CUSTODY AND TRANSMITTAL FORM

Dec 15 06 04:18P Sebring Lakes 8636552556 P.6

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client:	Aqua Utilities Florida, Inc.	Report #:	2006110259
Address:	6960 Professional pkwy E	Date:	November 14, 2006
City, St, Zip:	Sarasota, FL 34240	Project:	Sebring Lakes Color
Attention:	Bill Dean	Sample #s:	274184

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	2	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		5		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

David W. Murto
Laboratory Director

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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 274184 Location Code (if known): _____

Sample Date: 11/01/06 Sample Time: 1240 AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (Check Only One)

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

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

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

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

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

Sampler's Name: E. Christmas

Sampler's Phone #: (941) 650-3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, E. Christmas Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 11/01/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
Address: 10405 US Highway 27 South Sebring, FL 33876 Certification Expiration Date: 06/30/07
Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/1/2006

PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1
Lab Assigned Report Number or Job ID: 274184

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

- Inorganics: All 17, Partial, Nitrate, Nitrite, Asbestos Only
Synthetic Organics: All 30, All Except Dioxin, Partial, Dioxin Only, Lead & Copper
Volatile Organics: All 21, Partial
Radionuclides: Single Sample, Qtrly Composite**
Disinfection Byproducts: Trihalomethanes, Haloacetic Acid, Bromate, Chlorite
Secondaries: All 14, Partial (checked)

Were any analyses subcontracted? () Yes (X) No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, David W. Murto, Laboratory Director
(Print Name) (Print Title)

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

Signature: David W. Murto Date: 11/14/2006

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

SECONDARY CONTAMINANTS
62-550.320

Report Number/Job ID: 274184

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L							E85458
1017	Chloride	250	mg/L							E85458
1022	Copper	1	mg/L							E85458
1025	Fluoride	2.00	mg/L							E85458
1028	Iron	0.30	mg/L							E85458
1032	Manganese	0.05	mg/L							E85458
1050	Silver	0.10	mg/L							E85458
1055	Sulfate	250	mg/L							E85458
1095	Zinc	5	mg/L							E85458
1905	Color	15	CU	13.		SM2120B	1.	11/01/06	1510	E85458
1920	Odor	3	TON							E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU							E85458
1930	Total Dissolved Solids	500	mg/L							E85458
2905	Foaming Agents	0.50	mg/L							E85458

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? , * , are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

nov 13 08:49:49a
11/14/2006 18:13

Lake Suzy WWT
1085532020

SMN1 UN LNU
9412550413

P.S.

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

SAMPLE INFORMATION								LABORATORY ANALYSES			
SAMPLE NAME: OFFICE PREFIX:				CLIENT NAME: Aqua Utilities				#388			
SAMPLER SIGNATURE:				PROJECT: SEBRING LAKES				LOCATION:			
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT	ANALYSES		
	P.O.I	11/1/06	1240	DWL	✓		274184	1	X	7.9	2.9

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED, H2SO4
 METALS CONTAINERS PRESERVED, HNO3
 OTHER:

YES	NO

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
1		<i>David C. [Signature]</i>	11/1/06	1338

CHAIN OF CUSTODY AND TRANSMITTAL FORM

SEI Genes COC 11-13-05-XL-CARBON FORMS

61181 ✓

NOV 13 09 07:47a
 11/14/2006 10:13
 Lake Suzy WWT
 1000000070
 9412550413
 P.6

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

SHORT ENVIRONMENTAL LABORATORIES, INC.
 10405 U.S. HWY 27 • SEBRING, FL 33876-9502
 PH: 1-883-855-4022 • FAX: 1-883-855-5820
 HRS # EB5458

Delivered by: _____

Lab Receipt Date & Time: 11/16/06 1338

Analysis Date & Time: _____

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice _____ °C
 Disinfectant Check Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other: _____

System Name: Sebring Lakes

PWS ID:

5	2	8	4	1	3	7
---	---	---	---	---	---	---

System Address: Aqua Well

System or Owner's Phone #: _____ City: _____

Collector: Eddie Christman Fax #: _____

Type of Supply: (check only one) Collector's Phone #: 941 650 3032

Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

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

Sample Collection Date: 11-1-06

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
	<u>P.O.I</u>	<u>1240</u>	<u>G</u>	<u>2.7</u>	<u>7.7</u>					

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

Disinfectant Residual Analysis Method: DPO Colorimetric Other: _____

Person performing analysis is:
 A certified operator (# 12042) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

2.8 Defined in Florida Administrative Code Rule 62-100, Table 1
 All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive results: _____
 Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
Aqua Well
~~_____~~
863 655 2554 FAX

Lab Signature: _____
 Title: _____

Satisfactory **DEP/DOH USE ONLY**
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (reference, etc.)
 Analysis Methods: MF = SM8222B & O; MTF = 8221B & EC/MUO; MMOMUG = SM8223B; HPC = SM8219B
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

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

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 274184 Location Code (if known): _____

Sample Date: 11/01/06 Sample Time: 1240 AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: E. Christmas

Sampler's Phone #: (941) 650-3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, E. Christmas Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 11/01/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/1/2006

PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1
 Lab Assigned Report Number or Job ID: 274184

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

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

Were any analyses subcontracted? () Yes (X) No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, David W. Murto, Laboratory Director
 (Print Name) (Print Title)

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

Signature: David W. Murto Date: 11/14/2006

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

- | | |
|---|---|
| <input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above) | <input type="checkbox"/> Revised Report Requested |
| <input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above) | (circle or highlight group(s) above) |
| Reason(s): | |
| <input type="checkbox"/> MCL(s) Exceeded | <input type="checkbox"/> Detection(s) |
| <input type="checkbox"/> Missing Analyte Sheet | <input type="checkbox"/> Location Unsatisfactory |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Incomplete Report |
| | <input type="checkbox"/> Analysis Unsatisfactory |

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Reporting Format 62-550.730

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

SECONDARY CONTAMINANTS
 62-550.320

Report Number/Job ID: 274184

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L							E85458
1017	Chloride	250	mg/L							E85458
1022	Copper	1	mg/L							E85458
1025	Fluoride	2.00	mg/L							E85458
1028	Iron	0.30	mg/L							E85458
1032	Manganese	0.05	mg/L							E85458
1050	Silver	0.10	mg/L							E85458
1055	Sulfate	250	mg/L							E85458
1095	Zinc	5	mg/L							E85458
1905	Color	15	CU	13.		SM2120B	1.	11/01/06	1510	E85458
1920	Odor	3	TON							E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU							E85458
1930	Total Dissolved Solids	500	mg/L							E85458
2905	Foaming Agents	0.50	mg/L							E85458

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

NOV 13 08 07:49a
 11/14/2006 10:13

LAKE SUZY WTP
 1065033670

9412550413

P.5

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

LABORATORY ANALYSES											
SAMPLER'S NAME: (PLEASE PRINT)		CLIENT NAME: AQUA UTILITIES								LABORATORY ID#	# OF CONT.
SAMPLER'S SIGNATURE:		PROJECT: SEBRING LAKES				LOCATION:					
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT.			
	P.O.I	11/1/06	1240	DW	✓		274184	1	X	7.9	2.9

COMMENTS: SOME CONTAINERS MAY BE PRE-PRESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
 NUTRIENT CONTAINERS PRESERVED, SINCE
 METALS CONTAINERS PRESERVED, SINCE
 OTHER:

YES	NO

SAMPLE QTY:	RECEIVED BY:	ACCEPTED BY:	DATE:	TIME:
1		<i>David C. [Signature]</i>	11/1/06	1338

CHAIN OF CUSTODY AND TRANSMITTAL FORM

USE CODE CDC 13-05-01-CARBON FORMS

NOV 13 09 U:47a
 11/14/2006 10:13
 Lake Suzy UUTP
 1000000020

9412550413
 STATE UIV LAB

P.6

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 U.S. HWY 27 • SEBRING, FL 33876-9502
PH: 1-863-855-4022 • FAX: 1-863-855-5820
HRS # E85458

Delivered by: _____

Lab Receipt Date & Time: 11/1/06 1338

Analysis Date & Time: _____

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice _____ °C
 Disinfectant Check Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other: _____

System Name: Sebring lakes

PWS I.D.

5	2	8	4	1	3	7
---	---	---	---	---	---	---

System Address: Aqua Util.

System or Owner's Phone #: _____ City: _____

Collector: Edie Christian Fax #: _____

Type of Supply: (check only one) Collector's Phone # 941 650 3032

Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

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

Sample Collection Date: 11-1-06

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
	<u>P.O.I</u>	<u>2:40</u>	<u>G</u>	<u>2.7</u>	<u>7.7</u>					

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

2.8 Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing analysis is:
 A certified operator (# 12040) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
 Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
Aqua Util.
863 655 2556 FAX

Lab Signature: _____
 Title: _____

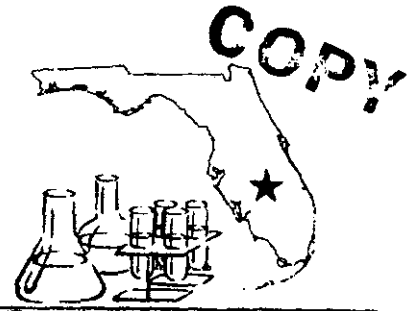
Satisfactory DEP/DOH USE ONLY
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

*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.)
 Analysis Methods: MF = SM8222B & D; MTF = 8221B & EC/MUG; MMQ/MUG = SM8223B; HPC = SM8216B
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client: Aqua Utilities Florida, Inc.
Address: 6960 Professional Parkway East
City, St, Zip: Sarasota, FL 34240
Attention: Bill Dean

Report #: 2006100153
Date: October 9, 2006
Project: Sebring Lakes
Sample #'s: 267542

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	DW Original Report	6	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	6	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 12

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings
Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: (800) 250-7532 Fax #: (863) 655-2556

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 267542 Location Code (if Known): _____

Sample Date: 08/07/06 Sample Time: 1400 AM PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 g/L. Field pH 8.0

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: Eddie Christmas

Sampler's Phone #: (941) 650-3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Eddie Christmas Operator Trainee WW C13244
(Print Name) (Print Title)

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

Signature: *Eddie Christmas* Date: 08/07/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification # : E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone # : (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 08/07/06

PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 267542

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

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

Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
 (Print Name) (Print Title)

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

Signature:  Date: 10/09/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
 62-550.310(1)

Report Number/Job ID: 267542

PWS ID (from page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.04	I	EPA 353.2	0.02	08/14/06	1200	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	08/08/06	1630	E85458
1005	Arsenic	0.01	mg/L	0.002	U	EPA 206.2	0.002	09/01/06	0900	E85458
1010	Barium	2	mg/L	0.079		EPA 200.7	0.002	08/11/06	0822	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	08/14/06	0848	E85458
1025	Fluoride	4.0	mg/L	0.05	U	SM4500F-C	0.05	08/16/06	1026	E85458
1030	Lead	0.015	mg/L	0.001	I	SM 3113 B	0.001	08/09/06	1310	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	08/29/06	1205	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	08/11/06	0822	E85458
1045	Selenium	0.05	mg/L	0.005	U	SM 3113 B	0.005	08/29/06	0843	E85458
1052	Sodium	160	mg/L	39.4		EPA 200.7	0.05	08/11/06	0822	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	08/17/06	0947	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	08/11/06	0822	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	08/28/06	1131	E85458
1094	Asbestos	7 MFL	MFL							

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

All results meet the requirements of NELAC.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
 62-550.320

Report Number/Job ID: 267542

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L	0.02	U	EPA 200.7	0.02	08/11/06	0822	E85458
1017	Chloride	250	mg/L	44.		EPA 325.3	0.5	08/11/06	1225	E85458
1022	Copper	1	mg/L	0.005	I	EPA 200.7	0.002	08/11/06	0822	E85458
1025	Fluoride	2.00	mg/L	0.05	U	SM4500F-C	0.05	08/16/06	1026	E85458
1028	Iron	0.30	mg/L	0.098		EPA 200.7	0.005	08/11/06	0822	E85458
1032	Manganese	0.05	mg/L	0.0050		EPA 200.7	0.0005	08/11/06	0822	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	08/11/06	0822	E85458
1055	Sulfate	250	mg/L	33.		EPA 375.4	1.	08/08/06	1023	E85458
1095	Zinc	5	mg/L	0.008	I	EPA 200.7	0.004	08/11/06	0822	E85458
1905	Color	15	CU	2		SM 2120 B	1.	08/07/06	1521	E85458
1920	Odor	3	TON	1		SM 2150 B	1.	08/07/06	1521	E85458
1925	pH (field pH from page 1)	6.5 - 8.5	SU	8.0		EPA 150.1	0.1	08/07/06	1400	E85458
1930	Total Dissolved Solids	500	mg/L	332.		SM 2540 C	10.	08/09/06	0856	E85458
2905	Foaming Agents	0.50	mg/L	0.06	I	SM 5540 C	0.02	08/09/06	0905	E85458

Reporting Format 62-550.730
 Effective January 1995, Revised January 2004
 All results meet the requirements of NELAC.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number/Job ID: 267542

PWS ID (from page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification
2378	1,2,4-Trichlorobenzene	70	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2955	Xylenes (total)	10,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2964	Dichloromethane	5	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2968	o-Dichlorobenzene	600	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2969	para-Dichlorobenzene	75	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2976	Vinyl Chloride	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2980	1,2-Dichloroethane	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2982	Carbon tetrachloride	3	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2983	1,2-Dichloropropane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.3	U	EPA 502.2	0.3	0.50	08/10/06	1453	E84129
2987	Tetrachloroethylene	3	ug/L	0.2	U	EPA 502.2	0.2	0.50	08/10/06	1453	E84129
2989	Monochlorobenzene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2990	Benzene	1	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2991	Toluene	1,000	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2992	Ethylbenzene	700	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129
2996	Styrene	100	ug/L	0.5	U	EPA 502.2	0.5	0.50	08/10/06	1453	E84129

Reporting Format 62-550730

Effective January 1995, Revised January 2004

All results meet the requirements of NELAC.

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 65.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number/Job ID:

267542

PWS ID (From Page 1):

5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	ug/L	0.1	U	EPA 525.2	0.1	0.01	08/17/06	08/17/06	2001	E84129
2010	Lindane	0.20	ug/L	0.06	U	EPA 525.2	0.06	0.02	08/17/06	08/17/06	2001	E84129
2015	Methoxychlor	40	ug/L	0.05	U	EPA 525.2	0.05	0.10	08/17/06	08/17/06	2001	E84129
2020	Toxaphene	3	ug/L	0.5	U	EPA 508.1	0.5	1	08/15/06	08/17/06	0154	E84129
2031	Dalapon	200	ug/L	1	U	EPA 515.3	1.	1	08/11/06	08/12/06	0938	E84129
2032	Diquat	20	ug/L	1	U	EPA 549.2	1.	0.4	08/12/06	08/14/06	1909	E84129
2033	Endothall	100	ug/L	20	U	EPA 548.1	20.	9	08/12/06	08/16/06	2223	E84129
2034	Glyphosate	700	ug/L	10	U	EPA 547	10.	6		08/09/06	2318	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.3	U	EPA 525.2	0.3	0.6	08/17/06	08/17/06	2001	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.5	U	EPA 531.1	0.5	2		08/15/06	0039	E84129
2037	Simazine	4	ug/L	0.07	U	EPA 525.2	0.07	0.07	08/17/06	08/17/06	2001	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	1	U	EPA 525.2	1.	0.6	08/17/06	08/17/06	2001	E84129
2040	Picloram	500	ug/L	0.75	U	EPA 515.3	0.75	0.1	08/11/06	08/12/06	0938	E84129
2041	Dinoseb	7	ug/L	0.5	U	EPA 515.3	0.5	0.2	08/11/06	08/12/06	0938	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.2	U	EPA 525.2	0.2	0.1	08/17/06	08/17/06	2001	E84129
2046	Carbofuran	40	ug/L	0.5	U	EPA 531.1	0.5	0.9		08/15/06	0039	E84129
2050	Atrazine	3	ug/L	0.06	U	EPA 525.2	0.06	0.1	08/17/06	08/17/06	2001	E84129
2051	Alachlor	2	ug/L	0.2	U	EPA 525.2	0.2	0.2	08/17/06	08/17/06	2001	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L					0.005				
2065	Heptachlor	0.40	ug/L	0.08	U	EPA 525.2	0.08	0.04	08/17/06	08/17/06	2001	E84129
2067	Heptachlor Epoxide	0.20	ug/L	0.1	U	EPA 525.2	0.1	0.02	08/17/06	08/17/06	2001	E84129
2105	2,4-D	70	ug/L	1	U	EPA 515.3	1.	0.1	08/11/06	08/12/06	0938	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.25	U	EPA 515.3	0.25	0.2	08/11/06	08/12/06	0938	E84129
2274	Hexachlorobenzene	1	ug/L	0.05	U	EPA 525.2	0.05	0.1	08/17/06	08/17/06	2001	E84129
2306	Benzo(a)pyrene	0.20	ug/L	0.1	U	EPA 525.2	0.1	0.02	08/17/06	08/17/06	2001	E84129
2326	Pentachlorophenol	1	ug/L	0.1	U	EPA 515.3	0.1	0.04	08/11/06	08/12/06	0938	E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	ug/L	0.2	U	EPA 508.1	0.2	0.1	08/15/06	08/17/06	0154	E84129
2931	Dibromochloropropane	0.20	ug/L	0.005	U	EPA 504.1	0.005	0.02	08/15/06	08/16/06	0203	E84129
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.005	U	EPA 504.1	0.005	0.01	08/15/06	08/16/06	0203	E84129
2959	Chlordane	2	ug/L	0.05	U	EPA 508.1	0.05	0.2	08/15/06	08/17/06	0154	E84129

NOTE: Effective January 1, 2004 results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62.550.310(4)(b).
Reporting Format 62-550.730

All results meet the requirements of NELAC unless otherwise noted.

Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62.550. Results qualified with J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

System Name: Sebring Lakes Water System PWS I.D. #: 5284137
 System Type (check one): Community () NonTransient Noncommunity () Transient NonCommunity
 Address: Agua Utilitar
 City: _____ State: Florida ZIP Code: _____
 Phone: 888 250 7532 Fax #: 863 655 2556
 -Mail Address _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 21 Bottle = 1 sample Location Code (if Known): _____
 Sample Date: 8-7-06 Sample Time: 14:00 AM PM (circle one)
 Sample Location (be specific): POE
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 8.0

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly 2nd/2005
- Special(not for compliance with 62-550.)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or other Comments: Grab

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

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

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

Sampler's Name: Eddie Christmas
 Sampler's Phone #: 941 650 3032 Sampler's Fax: _____
 Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Eddie Christmas (Print Name) Operator Training WQ C13249 (Print Title)

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

Signature: Eddie Christmas Date: 8-7-06

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

LABORATORY ANALYSES			
INORGANICS	SECONDARIES	SYNTHETIC ORGANICS	VOCS
X	X	X	X

SAMPLER'S NAME: (PLEASE PRINT) <i>Robert Bauer</i>		CLIENT NAME: AQUA UTILITIES #												
SAMPLER'S SIGNATURE: <i>Ral H</i>		PROJECT: SEBRING LAKES						LOCATION: DWTP						
FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	WELL	LABORATORY ID#	# OF CONT						
	P.O.E.	8-7-06	1400	DW	X		267542	21	X	X	X	X		

COMMENTS:

SOME CONTAINERS MAY BE PRE-RESERVED.
PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
NUTRIENT CONTAINERS PRESERVED H2SO4
METALS CONTAINERS PRESERVED HNO3
OTHER _____

YES	NO
/	
/	
/	

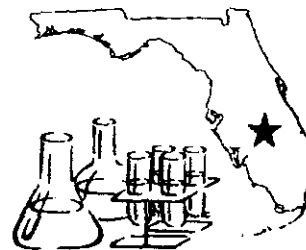
SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	<i>Ral H</i>	<i>Eddie Christmas</i>	8-7-06	1415
	<i>Eddie Christmas</i>	<i>Ken Melis</i>	8-7-06	1448

59057

300 gr

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT Environmental Laboratories, Inc.



Report Cover Page

Client:	Aqua Utilities Florida, Inc.	Report #:	2006080284
Address:	P.O. Box 490310	Date:	August 23, 2006
City, St, Zip:	Leesburg, FL 34749-0310	Project:	Sebring Lakes
Attention:		Sample #'s:	265221

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

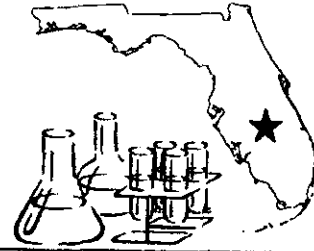
Bruce Cummings
Project Manager

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(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net
10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client: Aqua Utilities Florida, Inc.
Address: P.O. Box 490310
City, St, Zip: Leesburg, FL 34749-0310
Attention:

Report #: 2006080284
Date: August 23, 2006
Project: Sebring Lakes
Sample #'s: 265221

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings
Project Manager

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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 265221 Location Code (if Known): _____

Sample Date: 07/07/06 Sample Time: 1030 AM PM (circle one)

Sample Location (be specific): 4904 Grand Concourse

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 g/L Field pH 8.0

Sample Type (Check Only One)

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

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly 3rd |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Costumer | | |

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

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

Sampler's Name: Robert Paver

Sampler's Phone #: (941) 650-3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Paver Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 07/07/06

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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 265221 Location Code (if Known): _____

Sample Date: 07/07/06 Sample Time: 1030 AM PM (circle one)

Sample Location (be specific): 4904 Grand Concourse

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 g/L Field pH 8.0

Sample Type (Check Only One)

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

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly 3rd |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Costumer | | |

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

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

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

Sampler's Name: Robert Paver

Sampler's Phone #: (941) 650-3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Paver Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 07/07/06

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/07/06

PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1
 Lab Assigned Report Number or Job ID: 265221

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

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

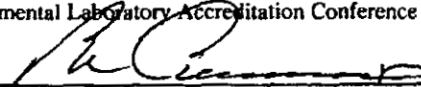
Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
 (Print Name) (Print Title)

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

Signature:  Date: 08/23/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

<input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above)	<input type="checkbox"/> Revised Report Requested (circle or highlight group(s) above)
<input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above)	<input type="checkbox"/> Incomplete Report
Reason(s): <input type="checkbox"/> MCL(s) Exceeded <input type="checkbox"/> Detection(s)	<input type="checkbox"/> Analysis Unsatisfactory
<input type="checkbox"/> Missing Analyte Sheet <input type="checkbox"/> Location Unsatisfactory	
<input type="checkbox"/> Other: _____	

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification # : E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone # : (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 07/07/06

PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1
 Lab Assigned Report Number or Job ID: 265221

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

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

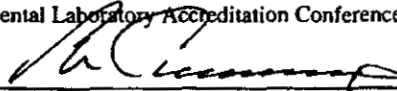
Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
 (Print Name) (Print Title)

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

Signature:  Date: 08/23/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested
 Additional Monitoring Required (circle or highlight group(s) above) (circle or highlight group(s) above)
 Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

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

DISINFECTION BYPRODUCTS

Report Number / Job ID: 265221

62-550.310(3)

Disinfectant Residual (mg/L) (From Page 1): 0.6

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1099	Chlorite	1000	ug/L							
1011	Bromate	10	ug/L							

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2450	Monochloroacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0431	E84129
2451	Dichloroacetic Acid	N/A	ug/L	12		EPA 552.2	1	07/14/06	0431	E84129
2452	Trichloroacetic Acid	N/A	ug/L	12		EPA 552.2	1	07/14/06	0431	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0431	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	07/14/06	0431	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	24		EPA 552.2	1	07/14/06	0431	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2941	Chloroform	N/A	ug/L	44		EPA 502.2	0.2	07/12/06	0907	E84129
2942	Bromoform	N/A	ug/L	0.5	U	EPA 502.2	0.5	07/11/06	2025	E84129
2943	Bromodichloromethane	N/A	ug/L	8.3		EPA 502.2	0.3	07/11/06	2025	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8	I	EPA 502.2	0.5	07/11/06	2025	E84129
2950	Total Trihalomethanes	80	ug/L	54.1		EPA 502.2	0.2	07/12/06	0907	E84129

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

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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

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

System Name: Sebring Lakes PWS ID #: 5284137
 System Type (check one): Community NonTransient Noncommunity Transient NonCommunity
 Address: 450 G Grand Concess
 City: Sebring State: Florida ZIP Code: _____
 Phone: _____ Fax #: _____
 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code(if known): _____
 Sample Date: 7-7-06 Sample Time: 1030 AM PM (circle one)
 Sample Location (be specific): _____

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

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly (Which One?) 3rd
- Special(not for compliance with 62-550.)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or other Comments: Grab

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

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

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

Sampler's Name: Robert Pauer
 Sampler's Phone # 941 650 3032 Sampler's Fax: _____
 Sampler's E-Mail Address: _____

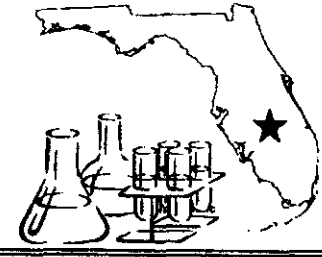
CERTIFICATION (to be completed by sampler)

I, Robert Pauer Operator
 (Print Name) (Print Title)
 do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.
 Signature: Robert Pauer Date: 7-7-06

209 ghr

(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net

SHORT Environmental Laboratories, Inc.



10405 US Highway 27 South
Sebring, Florida 33876

Report Cover Page

Client:	Aqua Utilities Florida, Inc.	Report #:	2006070005
Address:	P.O. Box 490310	Date:	July 5, 2006
City, St, Zip:	Leesburg, FL 34749-0310	Project:	Sebring Lakes
Attention:		Sample #'s:	261968

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.
Total Pages:		4		

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings
Project Manager

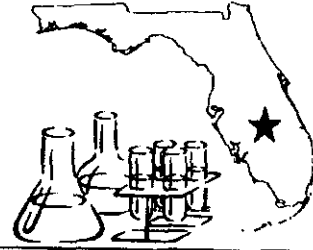
This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



(800) 833-4022
(863) 655-4022
Fax: (863) 655-5820
shortlab@strato.net

10405 US Highway 27 South
Sebring, Florida 33876

SHORT
Environmental
Laboratories, Inc.



Report Cover Page

Client: Aqua Utilities Florida,
Inc.
Address: P.O. Box 490310
City, St, Zip: Leesburg, FL 34749-0310
Attention:
Report #: 2006070005
Date: July 5, 2006
Project: Sebring Lakes
Sample #'s: 261968

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Report of Analysis:	Original	3	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	I	Result is between the PQL and the MDL.
			Q	Sample was analyzed out of holding time.
			J	Estimated value; value may not be accurate.

Total Pages: 4

The results contained in this report meet all requirements of the NELAC standards.

Respectfully Submitted,

Bruce Cummings
Project Manager

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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 261968 Location Code (if Known): _____

Sample Date: 05/19/06 Sample Time: 1040 AM PM (circle one)

Sample Location (be specific): 4904 Grand Concourse

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 g/L Field pH 6.7

Sample Type (Check Only One)

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

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly 2nd |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Costumer | | |

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

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

Sampler's Name: Robert Paver

Sampler's Phone #: (941) 650-3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Paver Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 05/19/06

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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 261968 Location Code (if Known): _____

Sample Date: 05/19/06 Sample Time: 1040 AM PM (circle one)

Sample Location (be specific): 4904 Grand Concourse

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 g/L Field pH 6.7

Sample Type (Check Only One)

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

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly 2nd |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special(not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550.) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Costumer | | |

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

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

Sampler's Name: Robert Paver

Sampler's Phone #: (941) 650-3032 Sampler's Fax: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Robert Paver Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 05/19/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification # : E85458
 Address: 10405 US Highway 27 South Certification Expiration Date: 06/30/07
Sebring, FL 33876 Phone # : (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 05/19/06
 PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1
 Lab Assigned Report Number or Job ID: 261968

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
 (Print Name) (Print Title)

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

Signature:  Date: 05/19/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

<input type="checkbox"/> Replacement Sample(s) Requested (circle or highlight group(s) above)	<input type="checkbox"/> Revised Report Requested (circle or highlight group(s) above)
<input type="checkbox"/> Additional Monitoring Required (circle or highlight group(s) above)	<input type="checkbox"/> Incomplete Report
Reason(s): <input type="checkbox"/> MCL(s) Exceeded	<input type="checkbox"/> Detection(s)
<input type="checkbox"/> Missing Analyte Sheet	<input type="checkbox"/> Location Unsatisfactory
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Analysis Unsatisfactory

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official _____

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

DRINKING WATER
SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

PRINT SAMPLER'S NAME		CLIENT NAME:	
		Sebring Lakes #386	
SAMPLER'S SIGNATURE		SAMPLE ID: 4904 Grand Concourse	
LABORATORY ANALYSES		LABORATORY #: 261968	
INORGANICS		PROJECT LOCATION DWTP	
SECONDARY		NUMBER OF CONTAINERS 6	
GROSS-ALPHA		DATE: 5-19-06	
GROSS BETA		TIME: 1010	
RAD 226/228			
VOC			
FEST/PCB			
NITRITE/NITRATE			
THM	✓		YES NO
HAA	✓	NUTRIENT CONTAINER PRESERVED, H2SO4	
TC/LERT		METALS CONTAINER PRESERVED, HNO3	
Pb, Cu		SAMPLES ICED TO 4C	✓
		OTHER	
		OTHER	

pH 6.7
 Cl2 1.0

SAMPLE KIT PREPARED BY: _____

SOME CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

57316 /

# OF SAMPLES	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			5-19-06	1125

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

DRINKING WATER

ALL SAMPLES SAME ANALYSIS

PRINT SAMPLER'S NAME <i>Robert Paver</i>		CLIENT NAME: <i>Agua Utl.</i>				#
SAMPLERS SIGNATURE <i>[Signature]</i>		PROJECT LOCATION <i>4904 Grand Concourse Sebring Lakes</i>				
LABORATORY ANALYSES	SAMPLE ID:	LABORATORY #:	# CONT	DATE	TIME	
INORGANICS						
SECONDARY						
GROSS-ALPHA						
GROSS BETA						
RAD 226/228						
VOC						
PEST/PCB						
NITRITE/NITRATE						
THM <input checked="" type="checkbox"/>	<i>4904 Grand Concourse</i>			<i>6-9-06</i>	<i>1105</i>	
HAA <input checked="" type="checkbox"/>	<i>+</i>			<i>6-9-06</i>	<i>1105</i>	
TC/LERT				YES	NO	
Pb, Cu						
	NUTRIENT CONTAINER PRESERVED, H2SO4 METALS CONTAINER PRESERVED, HNO3 SAMPLES ICED TO 4C VIALS PRESERVED, HCL VIALS PRESERVED, NH4HCL OTHER _____ OTHER _____					

SAMPLE KIT PREPARED BY: _____

SOME CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

8.1
0.9

# OF SAMPLES	RELINQUISHED BY:	ACCEPTED BY:	DATE	TIME
	<i>[Signature]</i>	<i>[Signature]</i>	<i>6-9-06</i>	<i>1140</i>

DRINKING WATER
SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

PRINT SAMPLER'S NAME <i>Robert Pauer</i>		CLIENT NAME: <i>Aqua Util. Sebring Lake</i>	
SAMPLERS SIGNATURE <i>Robert Pauer</i>		SAMPLE ID: <i>6254137</i>	
LABORATORY ANALYSES		LABORATORY #: <i>265221</i>	
INORGANICS		<i>4904 Grandoncovo</i>	
SECONDARY		PROJECT LOCATION	
GROSS-ALPHA		<i>55</i>	
GROSS BETA		NUMBER OF CONTAINERS	
RAD 226/228		DATE: <i>7-7-06</i>	
VOC		TIME: <i>1030</i>	
PEST/PCB			
NITRITE/NITRATE			
THM	<i>x</i>		YES NO
HAA	<i>x</i>	NUTRIENT CONTAINER PRESERVED, H2SO4	
TC/LERT		METALS CONTAINER PRESERVED, HNO3	
Pb, Cu		SAMPLES ICED TO 4C	
		OTHER	
		OTHER	
		<i>pH 8.0</i>	
		<i>Cl2 0.6</i>	

SAMPLE KIT PREPARED BY: _____

SOME CONTAINERS ARE PRE-PRESERVED!! READ ALL CONTAINER LABELS CAREFULLY!

58340

# OF SAMPLES	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
	<i>Robert Pauer</i>	<i>W.S.</i>	<i>7-7-06</i>	<i>1120</i>

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S
SEBRING, FL 33876
(863) 655-4022 (800) 833-4022
FAX: (863) 655-5820

LABORATORY ANALYSES

SAMPLER'S NAME (PLEASE PRINT) ROBERT PAVER CLIENT NAME: AQUA Well
SAMPLER'S SIGNATURE: *[Signature]* PROJECT: Sebring Lks LOCATION: DWTP # 382

FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	WELL	LABORATORY ID#	# OF CONT		
								YES	NO
	4349 SEBRING LK BWD.	7-25-07	1430	DW				<u>X</u>	<u>Ades</u>
								<u>X</u>	

COMMENTS:

SOME CONTAINERS MAY BE PRE-RESERVED.
PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO 4C
NUTRIENT CONTAINERS PRESERVED H2SO4
METALS CONTAINERS PRESERVED HNO3
OTHER

YES	NO

SAMPLE QTY:	RELINQUISHED BY: <i>[Signature]</i>	ACCEPTED BY: <i>[Signature]</i>	DATE: <u>7-25-07</u>	TIME: <u>1612</u>
-------------	-------------------------------------	---------------------------------	----------------------	-------------------

CHAIN OF CUSTODY AND TRANSMITTAL FORM
Co-CARBON FORMS

Jul 26 07 07:26a AUF - Fruitville 9413783554

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

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

System Name: SEBRING LAKES PWS I.D. #: 5284137

System Type (check one): (x) Community () NonTransient Noncommunity () Transient NonCommunity

Address: 5313 Knight Avenue

City: Sebring State: Florida ZIP Code: 33875

Phone: Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 261968 Location Code (if known):

Sample Date: 05/19/06 Sample Time: 1040 AM PM (circle one)

Sample Location (be specific): 4904 Grand Concourse

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 g/L Field pH 6.7

Sample Type (Check Only One)

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

- Sample Type options: Distribution (checked), Entry Point, Plant Tap, Raw, Max. Residence Time, Ave. Residence Time, New First Customer. Reason(s) for Sample options: Routine Compliance, Confirmation of MCL Exceedance*, Composite Multiple Sites**, Clearance, Other, Quarterly 2nd (checked), Special, Violation Resolution, Replacement of Invalidated Sample.

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

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

Sampler's Name: Robert Paver

Sampler's Phone #: (941) 650-3032 Sampler's Fax:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Robert Paver Operator (Print Name) (Print Title)

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

Signature: [Handwritten Signature] Date: 05/19/06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: Short Environmental Laboratories Florida Certification #: E85458
Address: 10405 US Highway 27 South Sebring, FL 33876 Certification Expiration Date: 06/30/07
Phone #: (863) 655-4022

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 05/19/06

PWS ID (From Page 1): 5284137 Sample Number (From Page 1): 1
Lab Assigned Report Number or Job ID: 261968

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

- Inorganics: All 17, Partial, Nitrate, Nitrite, Asbestos Only
Synthetic Organics: All 30, All Except Dioxin, Partial, Dioxin Only
Volatile Organics: All 21, Partial
Radionuclides: Single Sample, Qtrly Composite**
Disinfection Byproducts: Trihalomethanes, Haloacetic Acid, Bromate, Chlorite
Secondaries: All 14, Partial

Were any analyses subcontracted? (x) Yes () No

If yes, please provide DOH certification numbers: E84129
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Bruce Cummings, Project Manager
(Print Name) (Print Title)

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

Signature: [Signature] Date: 05/19/06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): MCL(s) Exceeded, Detection(s), Incomplete Report, Missing Analyte Sheet, Location Unsatisfactory, Analysis Unsatisfactory, Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 261968

Disinfectant Residual (mg/l.) (From Page 1): 1.0

PWS ID (From Page 1): 5284137

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1099	Chlorite	1000	ug/L							
1011	Bromate	10	ug/L							

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2450	Monochloroacetic Acid	N/A	ug/L	1.2	I	EPA 552.2	1	06/03/06	0246	E84129
2451	Dichloroacetic Acid	N/A	ug/L	20		EPA 552.2	1	06/03/06	0246	E84129
2452	Trichloroacetic Acid	N/A	ug/L	22		EPA 552.2	1	06/03/06	0246	E84129
2453	Monobromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	06/03/06	0246	E84129
2454	Dibromoacetic Acid	N/A	ug/L	1	U	EPA 552.2	1	06/03/06	0246	E84129
2456	Total Haloacetic Acids (HAA5)	60	ug/L	43.2		EPA 552.2	1	06/03/06	0246	E84129

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
2941	Chloroform	N/A	ug/L	47		EPA 502.2	0.2	05/25/06	0302	E84129
2942	Bromoform	N/A	ug/L	0.5	U	EPA 502.2	0.5	05/25/06	0302	E84129
2943	Bromodichloromethane	N/A	ug/L	10		EPA 502.2	0.3	05/25/06	0302	E84129
2944	Dibromochloromethane	N/A	ug/L	1.8	I	EPA 502.2	0.5	05/25/06	0302	E84129
2950	Total Trihalomethanes	80	ug/L	58.8		EPA 502.2	0.2	05/25/06	0302	E84129

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

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

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



Jeb Bush
Governor

Department of

on COPY

Post-it® Fax Note	7671	Date	1-6-02	# of pages	9
To	Mike	From	Carolyn		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #		Fax #			

David B. Struhs
Secretary

December 9, 2002

Glenn LaBrecque, Regional President
AquaSource, Inc.
6960 Professional Parkway East, Suite 400
Sarasota, Florida 34240

Re: Highlands County - PW
Sebring Lakes Water
PWS I.D. Number: 5284137
Sanitary Survey Report

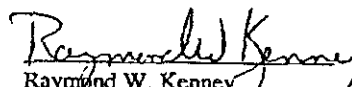
Dear Mr. LaBrecque:

Enclosed is your copy of the recently completed Sanitary Survey Report for the referenced public drinking water system.

Recommendations are included in the Report. Recommendations are not requirements of State law, they are provided as guidelines towards optimizing water treatment plant operation.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,


Raymond W. Kenney
Engineer II

RWK
Enclosures
cc: Mr. Danny Holmes (w/enc)
Ms. Carolyn McFalls (w/enc)

DOCUMENT NUMBER-DATE
04307 MAY 22 00
FPSC-COMMISSION CLERK

State of Florida
 Department of Environmental Protection
 South District - Fort Myers Office
SANITARY SURVEY REPORT

Plant Name SEBRING LAKES County Highlands PWS ID # 5284137
 Plant Location 4349 Sebring Lakes Blvd, Sebring Fl 33875 Phone _____
 Owner Name AquaSource, Inc Phone (941) 907-7420
 Owner Address 6960 Professional Parkway East, Suite 400, Sarasota FL 34240
 Contact Person Glen LaBrecque Title Regional President Phone (941) 907-7420
 This Survey Date 10/23/02 Last Survey Date 4/19/99 Last C.I. Date 10/22/01

PWS TYPE & CLASS

- Community
- Non-transient Non-community
- Non-Community

PWS STATUS

- Approved system with approval number & date
147491-001-WC 12/17/98
- Unapproved system

SERVICE AREA CHARACTERISTICS

Single Family Homes
 Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Denny Holmes C 4335
 O & M Log: Yes No Not required

Operator Visitation Frequency

Hrs/day: Required	Visit	Actual	Visit
Days/wk: Required	6	Actual	6

Consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A

Number of Service Connections 46
 Population Served 102 Basis MOR
 Average Day (from MORs) 9,150 gpd
 Max. Day (from MORs) 48,000 gpd
 Max-day Design Capacity 0.28 MGD
 Comments One design capacity exceedence
in June 2002

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- GROUND; Number of Wells 2
- SURFACE/UDI; Source _____
- PURCHASED from PWS ID # _____
- Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
- Source _____
- Capacity of Standby (kW) _____
- Switchover: Automatic Manual
- Standby Plan: Yes No
- Hrs Operated Under Load _____
- What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
- Satisfy 1/2 max-day demand? Yes No Unk
- Comments _____

TREATMENT PROCESSES IN USE

Chlorination, aeration
 What additional treatment is needed?
None
 For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow meter
 Meter Size & Type 4" McCrometer Displacement
 Backflow Prevention Devices: Yes No
 Cross-connections None observed
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments Pressure: Plant 58 psi

PWS ID # 5284137Date 10/23/02**GROUND WATER SOURCE**

Well Number	1	2		
Year Drilled	1998	1998		
Depth Drilled	1300'	1200'		
Drilling Method	Rotary	Rotary		
Type of Grout	Cement	Cement		
Static Water Level	10'	10'		
Pumping Water Level	40'	11'		
Design Well Yield (gpm)	--	--		
Test Yield (gpm)	500	500		
Actual Yield (if different than rated capacity)	400	400		
Strainer	--	--		
Length (outside casing)	500'	500'		
Diameter (outside casing)	10"-300'/6"-200'	10"-300'/6"-200'		
Material (outside casing)	Steel	Steel		
Well Contamination History	None	None		
Is foundation of well possible?	No	No		
8' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	200'+	200'+	
	Reuse Water	N/A	N/A	
	WW Plumbing	200'+	200'+	
	Other Sanitary Hazard	No	No	
PUMP	Type	Centri	Centri	
	Manufacturer Name	Goulds	Goulds	
	Model Number	3656	3656	
	Rated Capacity (gpm)	400	400	
	Motor Horsepower	20	20	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	Yes	Yes		

COMMENTS _____

PWS ID # 5284137
Date 10/23/02

DEFICIENCIES: None

RECOMMENDATIONS:

- 1. Touch up paint on well #1 piping.
- 2. Label the hypo tank.
- 3. Consider installing a bypass around the ground storage tank in case internal maintenance is required on the tank.

Inspector: Raymond W Kenney Raymond W Kenney

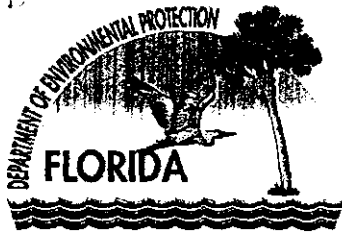
Title Engineer II

Date: 12/9/02

Reviewed by James Oni James Oni

Title P.E. III

Date: 12/10/02



Florida Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, FL 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 26, 2007

John M. Lihvarcik, President & COO
Aqua Utilities, Florida, Inc.
PO Box 490310
Leesburg FL 34749

Re: Highlands County - PW
Sebring Lakes Water
PWS I.D. Number: 5284137
Compliance Inspection Report

Dear Mr. Lihvarcik:

Enclosed is your copy of the recently completed Compliance Inspection Report for the referenced public drinking water system.

No deficiencies were observed during this inspection. Thank you for your cooperation in maintaining compliance with the Florida Safe Drinking Water Act.


Comments are included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

"More Protection, Less Process"
www.dep.state.fl.us

Mr. John M. Lihvarcik
Page 2
July 26, 2007

Sincerely,


Raymond W. Kenney
Engineering Specialist II

RWK

Enclosure

cc: Mr. Patrick Farris (w/enc)
Mr. Bill Dean (w/enc)
Mr. Robert Paver (w/enc)

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name: **Sebring Lakes Water System** County: **Highlands** PWS: **5284137**
Address: **5313 Knight Ave** Contact: **Robert Paver**
Sebring FL 33875 Phone: **(941) 650-3032**
Owner Name: **Aqua Utilities Florida, Inc** Contact: **John Lihvarcik**
Owner Address: **PO Box 490310** Phone: **(352) 435-4028**
Leesburg FL 34749

This Inspection Date: **Jul 25, 2007** Last C.I. Date: **Oct 19, 2006**
Last Sanitary Survey Date: **Nov 09, 2005**
PWS Type: **Community**
Service Area Characteristics: **Residential Community**
No. of Service Connections: **46**
Served Population: **102**

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **5 visits/week & 1 weekend visit**
Operator & Certification Class Number: **Robert Paver C 12040**
O&M Log: **Yes** Condition of Plant? **Good**

WELLS

Number of Wells: **2 (North well AAH9136 – South well AAH9135)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **Not Required**

DESIGN CAPACITY 0.28 MGD
STORAGE CAPACITY 0.025 MG

CHLORINATION

Chlorinator Type: **Hypo**
Cl₂ Residual:
Plant: **1.8 mg/l Free**
Remote: **0.5 mg/l Free**
Location: **Office at Silver Oaks**

PRESSURE

Plant: 72 psi
Remote: 70 psi

PWS: 5284137
Date: 07/25/07

AERATION

Type: Cascade
Condition: Good

TREATMENT PROCESSES: Aeration, Hypochlorination, Corrosion Control (Sequest-all)

OTHER

Flow Measuring Device: Meter
Backflow Prevention Device: Yes
Cross-connection Observed? No

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	G	H	
Capacity, MG	0.015	0.010	
Gravity drain	Y	Y	
By-pass piping	Y	Y	
Pressure gauge	N/A	Y	
On/Off pressure, psi	N/A	55-75	
Sight glass	N/A	Y	
Fittings for sight glass	N/A	Y	
Vacuum relief	N/A	Y	
Air release valve	N/A	N	
Pressure relief valve	N/A	Y	
Access padlocked	Y	Y	

DEFICIENCIES: None

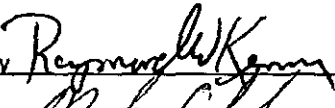

COMMENTS:

1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the

inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank.

2. The interconnect with Lake Josephine Heights is to be always closed. This is an emergency interconnect that is to be utilized if Sebring Lakes were to be unable to supply water to its customers. Sebring Lakes and Lake Josephine Heights are two separate water systems with each being assigned its own PWS ID No.
3. Documentation for dead end main flushing on site.
4. Isolation valve exercising has not been completed for 2007 as of the date of the inspection. Records for 2006 are on site.

RECOMMENDATIONS: None

Inspector: Raymond W. Kenney		Engineering Specialist II	Date 7/22/2007
Approved By: Mark Chameski		Env Supervisor II	Date 7/27/2007