

LAKE COUNTY
Kings Cove WTF
Kings Cove WWTF
Morningview WTF
Morningview WWTF

Docket No. 080121-WS

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

Florida

Volume 5
Book 2
Set 5 of 16

Part 4 of 8

Containing:

Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER - DATE

04311 MAY 22 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



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: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: bheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	State: FL Zip Code: 34731
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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

Will Fontaine **2-9-07** **Will Fontaine** **C6813**
 Signature and Date Date Printed or Typed Name License Number

04311 MAY 22 8

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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	
				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, sec/cm ²	Minimum Required UV Dose, mW-hr/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	79,850		1.3									1	
2	X	24 hrs	62,300		1.2									1	
3	X	24 hrs	110,100		1.2									1	
4	X	24 hrs	57,000		1.1									1.0	
5	X	24 hrs	76,600		1									0.8	
6	X	24 hrs	83,600		1.1										
7		24 hrs	74,250												
8	X	24 hrs	74,250		1									0.7	
9	X	24 hrs	58,100		1.1									0.9	
10	X	24 hrs	97,900		1.6									1.3	
11	X	24 hrs	62,300		1.3									1.1	
12	X	24 hrs	82,900		1.3									1.1	
13	X	24 hrs	96,200		1.2										
14		24 hrs	86,750												
15	X	24 hrs	86,750		1.2									0.9	
16	X	24 hrs	69,500		1.3									1.1	
17	X	24 hrs	107,800		1.2									1.0	
18	X	24 hrs	78,600		1.3									1.0	
19	X	24 hrs	66,600		1.3									1.0	
20	X	24 hrs	92,300		1.3										
21		24 hrs	95,800												
22	X	24 hrs	95,800		1.3									1.1	
23	X	24 hrs	47,200		1.3									1.0	
24	X	24 hrs	96,100		1.4									1.1	
25	X	24 hrs	52,900		1.3									1.1	
26	X	24 hrs	63,900		1.3									1.0	
27	X	24 hrs	83,100		1.3										
28		24 hrs	76,500												
29	X	24 hrs	76,600		1.3									1	
30	X	24 hrs	82,300		1.2									1	
31	X	24 hrs	101,300		1.3									1.1	
Total			2,475,150												
Average			79,844												
Maximum			110,100												

* 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: **February-07**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

3-8-07 Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3350655 Plant Name: Kings Cove

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	72,800		1.3										1.1	
2	X	24 hrs	49,700		1.3										1	
3	X	24 hrs	55,000		1.3											
4		24 hrs	65,950													
5	X	24 hrs	65,950		1.3										1.1	
6	X	24 hrs	45,500		1.1										0.8	
7	X	24 hrs	89,400		1.3										1	
8	X	24 hrs	70,700		1.4										1	
9	X	24 hrs	74,300		1.3										1.1	
10	X	24 hrs	87,500		1.4											
11		24 hrs	79,400													
12	X	24 hrs	79,400		1										0.7	
13	X	24 hrs	58,700		1.3										1.1	
14	X	24 hrs	74,500		1.2										1.0	
15	X	24 hrs	60,300		1										0.7	
16	X	24 hrs	58,000		1.2										1.0	
17	X	24 hrs	70,500		1.3											
18		24 hrs	65,150													
19	X	24 hrs	65,150		1.2										0.8	
20	X	24 hrs	51,900		1.2										0.9	
21	X	24 hrs	129,200		1.5										1.1	
22	X	24 hrs	94,400		1.1										0.9	
23	X	24 hrs	80,900		1.1										0.8	
24	X	24 hrs	97,700		1.1											
25		24 hrs	94,050													
26	X	24 hrs	94,050		1										0.8	
27	X	24 hrs	75,000		1										0.8	
28	X	24 hrs	124,500		0.9										0.8	
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			2,129,600													
Average			76,057													
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

See page 4 for instructions

I. General Information for the Month/Year of: **March-07**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: bheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	John Worrell	C	6597
	Marty Neal	C	10027

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.

Will Fontaine 4-9-07
Will Fontaine
C6813

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: 3350655 Plant Name: Kings Cove

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	85,000		0.9										0.7	
2	X	24 hrs	92,300		0.9										0.7	
3	X	24 hrs	362,000		1.1											Malfunction, Main Break
4	X	24 hrs	135,100		1.7										1.5	
5	X	24 hrs	98,400		1.3										1.1	
6	X	24 hrs	49,700		1.4										1.1	
7	X	24 hrs	107,500		1.4										1.1	
8	X	24 hrs	93,800		1.4										1.2	
9	X	24 hrs	83,500		1.4										1.1	
10		24 hrs	126,300													
11	X	24 hrs	126,300		1.4											
12	X	24 hrs	98,600		1.5										1.3	
13	X	24 hrs	91,000		1.6										1.4	
14	X	24 hrs	149,400		1.2										1.0	
15	X	24 hrs	91,800		1.3										1.0	
16	X	24 hrs	88,000		1.3										1.1	
17	X	24 hrs	86,600		1.3											
18		24 hrs	113,350													
19	X	24 hrs	113,350		1.2										1.0	
20	X	24 hrs	78,100		1.1										0.8	
21	X	24 hrs	138,200		1.1										0.9	
22	X	24 hrs	95,500		1										0.8	
23	X	24 hrs	82,700		1.1										0.8	
24	X	24 hrs	137,700		1.1											
25		24 hrs	123,650													
26	X	24 hrs	123,650		1.3										1.0	
27	X	24 hrs	109,500		1.4										1.2	
28	X	24 hrs	159,600		1.2										1	
29	X	24 hrs	111,600		1.2										1	
30	X	24 hrs	129,700		1.3										1.1	
31	X	24 hrs	133,800		1.3											
Total			3,615,700													
Average			116,635													
Maximum			362,000													

* 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: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980		
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

5-4-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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*										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 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			
1		24 hrs	149,700													
2	X	24 hrs	149,700		1.1										0.9	
3	X	24 hrs	103,400		1.2										0.9	
4	X	24 hrs	190,800		1.5										1.3	
5	X	24 hrs	149,300		1.1										1	
6	X	24 hrs	129,400		1.1										0.9	
7	X	24 hrs	185,600		1.2											
8		24 hrs	122,900													
9	X	24 hrs	122,900		1.3										1	
10	X	24 hrs	65,900		1.2										1.0	
11	X	24 hrs	113,500		1.2										1.0	
12	X	24 hrs	69,200		1.2										1.0	
13	X	24 hrs	94,500		1.1										0.8	
14	X	24 hrs	104,600		1.3											
15		24 hrs	96,400													
16	X	24 hrs	96,400		1.2										0.9	
17	X	24 hrs	58,700		1										0.8	
18	X	24 hrs	152,300		1.1										1.0	
19	X	24 hrs	89,000		1.1										0.9	
20	X	24 hrs	99,700		1.1										0.8	
21	X	24 hrs	132,600		1.1											
22		24 hrs	128,100													
23	X	24 hrs	128,100		1										0.8	
24	X	24 hrs	84,000		1.1										0.8	
25	X	24 hrs	168,700		1										0.8	
26	X	24 hrs	110,200		1										0.7	
27	X	24 hrs	122,300		1										0.8	
28		24 hrs	162,050													
29	X	24 hrs	162,050		1.1											
30	X	24 hrs	131,400		1										0.7	
31		24 hrs														
Total			3,673,400													
Average			122,447													
Maximum			190,800													

* 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-07

A. Public Water System (PWS) Information

PWS Name:	Kings Cove			PWS Identification Number:	3350655
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:	204			Total Population Served at End of Month:	714
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Kings Cove			Plant Telephone Number:	(352) 787-0980
Plant Address:	Corner of Picciola Road & Twin Palms			City:	Leesburg State: FL Zip Code: 34731
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:	378,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	6 Days per week	
Other Operators:	John Worrell	C	6597	6 Days per week	
	Marty Neal	C	10027	6 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.

Will Fontaine 6-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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 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/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	135,700		1										0.8	
2	X	24 hrs	172,400		1.1										1	
3	X	24 hrs	158,200		1										0.8	
4	X	24 hrs	135,700		1										0.8	
5	X	24 hrs	210,400		1											
6		24 hrs	138,600													
7	X	24 hrs	138,600		0.9										0.7	
8	X	24 hrs	106,800		1										0.8	
9	X	24 hrs	191,300		1										0.8	
10	X	24 hrs	123,400		0.9										0.7	
11	X	24 hrs	124,200		0.9										0.7	
12	X	24 hrs	190,800		1.2											
13		24 hrs	100,100													
14	X	24 hrs	100,100		1.4										1.2	
15	X	24 hrs	80,500		1.5										1.2	
16	X	24 hrs	139,000		1.7										1.5	
17	X	24 hrs	112,500		1.1										0.9	
18	X	24 hrs	76,600		1.2										0.9	
19		24 hrs	133,300													
20	X	24 hrs	133,300		0.9											
21	X	24 hrs	103,000		1.1										0.7	
22	X	24 hrs	65,600		1										0.7	
23	X	24 hrs	176,700		1.2										0.8	
24	X	24 hrs	110,500		1.1										0.9	
25	X	24 hrs	88,100		1										0.8	
26	X	24 hrs	133,600		1.2											
27		24 hrs	117,550													
28	X	24 hrs	117,550		1.1										0.9	
29	X	24 hrs	107,300		0.9										0.7	
30	X	24 hrs	178,500		1.3										0.7	
31	X	24 hrs	142,000		1.3										1	
Total			4,041,900													
Average			130,384													
Maximum			210,400													

* 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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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*										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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	100,800		1.1									0.9	
2	X	24 hrs	76,400		1.1										
3		24 hrs	81,600												
4	X	24 hrs	81,600		1.2									1.0	
5	X	24 hrs	70,000		1.3									1.1	
6	X	24 hrs	147,500		1.1									0.7	
7	X	24 hrs	101,400		1.3									1.1	
8	X	24 hrs	84,000		1.1									0.9	
9	X	24 hrs	135,900		1.3										
10		24 hrs	119,100												
11	X	24 hrs	119,100		1.1									0.9	
12	X	24 hrs	63,300		1.2									0.8	
13	X	24 hrs	120,500		1.1									0.7	
14	X	24 hrs	105,100		1									0.7	
15	X	24 hrs	89,200		1									0.8	
16		24 hrs	154,200												
17	X	24 hrs	154,200		1.4										
18	X	24 hrs	107,200		1.4									1.2	
19	X	24 hrs	90,100		1.1									0.8	
20	X	24 hrs	103,600		1.3									0.9	
21	X	24 hrs	80,700		1.4									0.9	
22	X	24 hrs	75,200		1.2									0.9	
23	X	24 hrs	125,500		1.3										
24		24 hrs	115,300												
25	X	24 hrs	115,300		0.9									0.7	
26	X	24 hrs	68,900		1									0.6	
27	X	24 hrs	145,800		1.3									1.1	
28	X	24 hrs	101,000		1.5									1	
29	X	24 hrs	65,900		1.3									0.9	
30		24 hrs	125,700												
31		24 hrs													

Total	3,124,100
Average	104,137
Maximum	154,200

* 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: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	State: FL Zip Code: 34731
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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

6-8-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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	pl. 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	125,800		1.3										
2	X	24 hrs	59,000		1.2								0.9		
3	X	24 hrs	47,200		1.1								0.9		
4	X	24 hrs	80,200		1.3								1.0		
5	X	24 hrs	69,000		1.4								0.9		
6	X	24 hrs	53,500		1.3								1		
7		24 hrs	79,300												
8	X	24 hrs	79,300		1.2										
9	X	24 hrs	93,500		1.2								0.9		
10	X	24 hrs	76,100		1.3								0.8		
11	X	24 hrs	150,700		1.4								0.7		
12	X	24 hrs	109,500		1.4								1.4		
13	X	24 hrs	85,300		2.5								0.4		
14		24 hrs	100,700												
15	X	24 hrs	100,800		1.6										
16	X	24 hrs	63,900		1.3								1.1		
17	X	24 hrs	59,200		1.2								0.9		
18	X	24 hrs	92,300		1.2								0.9		
19	X	24 hrs	91,300		1.3								0.9		
20	X	24 hrs	54,300		1.4								0.8		
21	X	24 hrs	96,100		1.4										
22		24 hrs	67,850												
23	X	24 hrs	67,850		1.3								0.8		
24	X	24 hrs	55,200		1.1								0.7		
25	X	24 hrs	91,400		1.2								0.7		
26	X	24 hrs	88,400		1.2								0.8		
27	X	24 hrs	60,600		1.1								0.9		
28		24 hrs	78,400												
29	X	24 hrs	78,400		1.2										
30	X	24 hrs	64,500		1.5								0.8		
31	X	24 hrs	59,000		1.2								1		
Total			2,478,600												
Average			79,955												
Maximum			150,700												

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

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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*										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 ₁ 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	97,500			1.1								0.8	
2	X	24 hrs	62,300			1								0.7	
3	X	24 hrs	51,600			0.9								0.7	
4	X	24 hrs	65,500			0.9									
5		24 hrs	90,000												
6	X	24 hrs	90,000			1								0.7	
7	X	24 hrs	87,600			1.3								0.7	
8	X	24 hrs	140,700			1.6								0.6	
9	X	24 hrs	112,300			1								0.8	
10	X	24 hrs	79,200			1.2								0.9	
11	X	24 hrs	118,200			1.2									
12		24 hrs	93,450												
13	X	24 hrs	93,450			1.1								0.9	
14	X	24 hrs	66,400			1.1								0.7	
15	X	24 hrs	143,600			1.2								0.7	
16	X	24 hrs	115,900			1								0.7	
17	X	24 hrs	86,600			1.3								1.1	
18	X	24 hrs	144,600			1.3									
19		24 hrs	123,200												
20	X	24 hrs	123,200			1								0.7	
21	X	24 hrs	99,200			0.9								0.7	
22	X	24 hrs	174,400			0.9								0.6	
23	X	24 hrs	120,200			0.9								0.7	
24	X	24 hrs	132,000			0.9								0.6	
25	X	24 hrs	73,000			0.9									
26		24 hrs	82,650												
27	X	24 hrs	82,650			0.9								0.7	
28	X	24 hrs	73,500			0.9								0.6	
29	X	24 hrs	152,000			0.9								0.6	
30	X	24 hrs	102,700			0.9								0.7	
31	X	24 hrs	118,100			1								0.6	
Total			3,195,700												
Average			103.087												
Maximum			174,400												

* 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: **September-07**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000		Plant Category (per subsection 62-699.310(4), F.A.C.): V	
Plant Class (per subsection 62-699.310(4), F.A.C.): C		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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

Will Fontaine 10.5.07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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 Plan 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	141,500		1										
2		24 hrs	101,950												
3	X	24 hrs	101,950		1.2										
4	X	24 hrs	87,600		1.1								0.9		
5	X	24 hrs	171,100		1.3								0.7		
6	X	24 hrs	111,900		1.4								1		
7	X	24 hrs	117,300		1.4								1		
8	X	24 hrs	143,500		1.4								0.9		
9		24 hrs	129,400												
10	X	24 hrs	129,400		1.2								0.9		
11	X	24 hrs	68,600		1.2								1.0		
12	X	24 hrs	84,600		1.3								0.8		
13	X	24 hrs	60,500		1.3								0.9		
14	X	24 hrs	68,100		1.2								0.9		
15	X	24 hrs	99,000		1.2										
16		24 hrs	102,500												
17	X	24 hrs	102,500		1.1								0.7		
18	X	24 hrs	71,000		1.2								0.8		
19	X	24 hrs	100,000		1.2								0.8		
20	X	24 hrs	54,800		1.2								0.8		
21	X	24 hrs	61,200		1.2								0.9		
22	X	24 hrs	54,500		1.2										
23		24 hrs	62,250												
24	X	24 hrs	62,250		1.3								1.0		
25	X	24 hrs	51,600		1.2								1.1		
26	X	24 hrs	88,100		1.3								1.1		
27	X	24 hrs	61,000		1.2								1.1		
28	X	24 hrs	88,000		1.2								1		
29	X	24 hrs	91,900		1.3										
30		24 hrs	74,850												
31		24 hrs													
Total			2,742,850												
Average			91,428												
Maximum			171,100												

* 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: **October, 2007**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 209		Total Population Served at End of Month: 732	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: bheath@acuaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	State: FL Zip Code: 34731
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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813 6 Days per week
Other Operators:	John Worrell	C	6597 6 Days per week
	Marty Neal	C	10027 6 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.

11-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

III. Daily Data for the Month/Year of: **September-05**

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 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		
1	X	24 hrs	74,850		1.3									1.1	
2	X	24 hrs	58,800		1.2									1.1	
3	X	24 hrs	67,600		1.3									1.0	
4	X	24 hrs	58,600		1.2									0.8	
5	X	24 hrs	53,300		1									0.9	
6	X	24 hrs	60,100		1.4									0.9	
7		24 hrs	64,600											0.9	
8	X	24 hrs	64,600		1.1									0.9	
9	X	24 hrs	62,500		1.1									0.7	
10	X	24 hrs	94,000		1.1									0.9	
11	X	24 hrs	83,900		1									0.9	
12	X	24 hrs	91,400		1.1										
13		24 hrs	97,550												
14	X	24 hrs	97,550		1.3									0.8	
15	X	24 hrs	95,100		1.1									0.9	
16	X	24 hrs	91,700		1.1									0.7	
17	X	24 hrs	133,000		1									0.9	
18	X	24 hrs	78,100		1.1									0.9	
19	X	24 hrs	88,900		1.1										
20	X	24 hrs	102,500		1.4										
21		24 hrs	64,550												
22	X	24 hrs	64,550		1.3									0.7	
23	X	24 hrs	64,700		1.1									0.7	
24	X	24 hrs	93,000		1.1									0.9	
25	X	24 hrs	55,300		1									0.7	
26	X	24 hrs	63,300		0.9									0.7	
27	X	24 hrs	64,900		0.9										
28		24 hrs	71,550												
29	X	24 hrs	71,550		0.8									0.6	
30	X	24 hrs	55,600		0.9									0.6	
31	X	24 hrs	88,000		1.2									0.8	
Total			2,375,650												
Average			76,634												
Maximum			133,000												

* 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: **November-07**

A. Public Water System (PWS) Information			
PWS Name:	Kings Cove	PWS Identification Number:	3350655
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:	209	Total Population Served at End of Month:	732
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information				
Plant Name:	Kings Cove	Plant Telephone Number:	(352) 787-0980	
Plant Address:	Corner of Picciola Road & Twin Palms	City:	Leesburg State: FL Zip Code: 34731	
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:	378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Days/Shift(s) Worked
	Will Fontaine	C	6813	6 Days per week
	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

12/6/07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: **3350655** Plant Name: **Kings Cove**

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	Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations of 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
					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	57,800		1.5									1.3		
2	X	24 hrs	73,000		1.6									1.1		
3	X	24 hrs	73,600		1.5											
4	X	24 hrs	90,650													
5	X	24 hrs	90,650		1.4									0.8		
6	X	24 hrs	68,600		1.4									1.2		
7	X	24 hrs	115,700		1.4									1.3		
8	X	24 hrs	94,000		1.3									1		
9	X	24 hrs	94,500		1.4									1		
10	X	24 hrs	90,100		1.5											
11		24 hrs	100,200													
12	X	24 hrs	100,200		1.5									1.2		
13	X	24 hrs	77,500		1.6									1.4		
14	X	24 hrs	120,200		1.7									1.6		
15	X	24 hrs	99,500		1.7									1.4		
16	X	24 hrs	84,000		1.5									1.2		
17	X	24 hrs	120,600		1.6											
18		24 hrs	93,700													
19	X	24 hrs	93,700		1.2									1.0		
20	X	24 hrs	81,400		1.2									1.0		
21	X	24 hrs	112,700		1.1									0.8		
22	X	24 hrs	97,100		1.3									1.1		
23	X	24 hrs	69,400		1.3									1.0		
24		24 hrs	100,400													
25	X	24 hrs	100,400		1.3											
26	X	24 hrs	86,000		1.2									0.9		
27	X	24 hrs	71,600		1.1									0.8		
28	X	24 hrs	123,800		1.3									1		
29	X	24 hrs	88,800		1.2									1		
30	X	24 hrs	79,700		1.3									0.9		
31		24 hrs														
Totals			2,749,500													
Average			91,650													
Maximum			123,800													

* 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: Kings Cove		PWS Identification Number: 3350655	
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: 209		Total Population Served at End of Month: 732	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	John Worrell	C	6597
	Marty Neal	C	10027

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.

1-9-08
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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*										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	110,500		1.3										
2		24 hrs	101,000												
3	X	24 hrs	101,000		1.2								0.8		
4	X	24 hrs	66,100		1.1								0.9		
5	X	24 hrs	134,600		1.2								0.9		
6	X	24 hrs	104,000		1.1								0.8		
7	X	24 hrs	99,000		1.1								0.9		
8	X	24 hrs	100,000		1.2										
9		24 hrs	111,900												
10	X	24 hrs	111,900		1.2								1.0		
11	X	24 hrs	78,800		1.1								0.9		
12	X	24 hrs	138,000		1.4								1.1		
13	X	24 hrs	95,500		1.3								0.9		
14	X	24 hrs	91,500		1.3								0.9		
15	X	24 hrs	107,800		1.4										
16		24 hrs	84,000												
17	X	24 hrs	84,000		1.3								0.9		
18	X	24 hrs	75,000		1.2								1.0		
19	X	24 hrs	192,600		1.5								1.1		Water Main Break
20	X	24 hrs	78,300		1.4								1.2		
21	X	24 hrs	85,000		1.4								1.1		
22	X	24 hrs	74,200		1.4										
23		24 hrs	70,250												
24	X	24 hrs	70,250		1.4								1.1		
25	X	24 hrs	73,100		1.3								1.1		
26	X	24 hrs	118,000		1.4								1.3		
27	X	24 hrs	82,800		1.4								1.1		
28	X	24 hrs	75,500		1.4								1.2		
29	X	24 hrs	91,100		1.4										
30		24 hrs	79,350												
31	X	24 hrs	79,350		1.3								1		
Total			2,964,400												
Average			95,626												
Maximum			192,600												

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

PWS ID: 3350655 Plant Name: Kings Cove

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, %[†] = _____

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No

polymer are as follows:

Polymer Dose ppm = _____ Epichlorohydrin Level, %[†] = _____

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.

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-06**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	John Worrell	C	6597
	Marty Neal	C	10027

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.

2-6-06
Will Fontaine
C6813
 Signature and Date DOCUMENT NUMBER-DATE Printed or Typed Name License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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	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	81,450												
2	X	24 hrs	81,450		1.3									1.1	
3	X	24 hrs	68,700		1.3									1.1	
4	X	24 hrs	98,800		1.3									1.1	
5	X	24 hrs	59,000		1.2									1	
6	X	24 hrs	66,900		1.2									1	
7	X	24 hrs	95,800		1.2										
8		24 hrs	82,250												
9	X	24 hrs	82,250		1.1									0.9	
10	X	24 hrs	52,400		1.1									0.9	
11	X	24 hrs	126,500		1.3									1.1	
12	X	24 hrs	70,300		1.3									1.1	
13	X	24 hrs	64,800		1.2									1.1	
14	X	24 hrs	81,900		1.3									0.9	
15		24 hrs	89,000												
16	X	24 hrs	89,000		1.3									1.1	
17	X	24 hrs	78,000		1.2									1.0	
18	X	24 hrs	111,200		1.3									1.0	
19	X	24 hrs	83,600		1.3									1.0	
20	X	24 hrs	65,200		1.2									1.0	
21		24 hrs	112,600												
22	X	24 hrs	112,700		1.3										
23	X	24 hrs	88,900		1.2									1.0	
24	X	24 hrs	81,400		1.2									1.0	
25	X	24 hrs	122,800		1.3									1.0	
26	X	24 hrs	94,500		1.3									1.1	
27	X	24 hrs	73,000		1.2									0.9	
28	X	24 hrs	110,500		1.3										
29		24 hrs	96,150												
30	X	24 hrs	96,150		1.2									0.9	
31	X	24 hrs	57,000		1.1									0.9	
Total			2,674,200												
Average			86,265												
Maximum			126,500												

* 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-06**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	State: FL Zip Code: 34788
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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operator	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

3-6-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: **3350655** Plant Name: **Kings Cove**

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	Day Plant Started or Visited	Hours of Operation	Net Quantity of Finished Water Produced (gal)	CIT Calculations or CT Dose that Demonstrates Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Removal Point in Distribution System (mg/L)	Emergent or Abnormal Operating Conditions, Repairs, Maintenance Work that Involves Taking Water System Components Out of Operation	
				Flow (mgd)	Residual Disinfectant Concentration (C) Before or During Peak Flow (mg/L)	Minimum Measurement Point (ft)	Flow (mgd)	Residual Disinfectant Concentration (C) Before or During Peak Flow (mg/L)	Minimum Measurement Point (ft)	Flow (mgd)	Residual Disinfectant Concentration (C) Before or During Peak Flow (mg/L)	Minimum Measurement Point (ft)	Flow (mgd)			Residual Disinfectant Concentration (C) Before or During Peak Flow (mg/L)
1	X	24 hrs	107,100		1.2										1	
2	X	24 hrs	76,800		1.2										0.9	
3	X	24 hrs	62,100		1.2										0.9	
4		24 hrs	56,800													
5	X	24 hrs	56,800		1.3											
6	X	24 hrs	62,300		1.2										0.9	
7	X	24 hrs	45,200		1.2										0.9	
8	X	24 hrs	81,100		1.2										1	
9	X	24 hrs	56,900		1.3										1	
10	X	24 hrs	59,500		1.3										1.0	
11	X	24 hrs	52,700		1.3											
12		24 hrs	65,350													
13	X	24 hrs	65,350		1.2										1.0	
14	X	24 hrs	61,100		1.2										1.0	
15	X	24 hrs	80,500		1.3										1.0	
16	X	24 hrs	70,000		1.2										0.9	
17	X	24 hrs	85,500		1.1										0.9	
18	X	24 hrs	113,700		1.2											
19		24 hrs	83,350													
20	X	24 hrs	83,350		1.1										0.9	
21	X	24 hrs	73,700		1.2										0.9	
22	X	24 hrs	127,600		1.2										1.0	
23	X	24 hrs	94,600		1.2										1.0	
24	X	24 hrs	65,900		1.3										1.0	
25	X	24 hrs	78,300		1.3											
26		24 hrs	83,900													
27	X	24 hrs	83,900		1.1										0.9	
28	X	24 hrs	55,400		1.1										0.9	
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			2,088,800													
Average			74,600													
Maximum			127,600													

* 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: **March-06**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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:	204	Total Population Served at End of Month:	714
PWS Owner: Aqua Utilities Florida			
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Kings Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Corner of Picciola Road & Twin Palms	City:	Leesburg State: FL Zip Code: 34788
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:	378,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

4-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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 Plan Staffed or Visited by Operator (Place/DCI)	Hours of Plant in Operation	Net Quantity of Finished Water Produced (gal)	Calculations on CV ₉₀ Dose to Demonstrate Four-Log Virus Inactivation (if Applicable)										Flow at Distribution Point (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that may be taking place on Water System Components Out of Operation
				Peak Flow Rate (gpd)	Free Chlorine Concentration (mg/L) Before or During Peak Flow	Inactivation Time (minutes)	Flow Rate (mgd)	Temp. of Water (°C)	Minimum Chlorine Residual (mg/L)	Operating Chlorine Dose (mg/L)	Minimum Chlorine Dose Required (mg/L)				
1	X	24 hrs	111,700		1.1									0.9	
2	X	24 hrs	83,300		1.2									0.9	
3	X	24 hrs	65,800		1.2									1	
4		24 hrs	107,500												
5	X	24 hrs	107,600		1.3									0.9	
6	X	24 hrs	86,200		1.2									1.1	
7	X	24 hrs	74,300		1.3									1	
8	X	24 hrs	126,200		1.2									1	
9	X	24 hrs	100,900		1.2									1.0	
10	X	24 hrs	80,400		1.3										
11	X	24 hrs	130,900		1.4										
12		24 hrs	113,050												
13	X	24 hrs	113,050		1.2									0.9	
14	X	24 hrs	70,000		1.2									0.8	
15	X	24 hrs	150,600		1.1									0.8	
16	X	24 hrs	122,100		1.1									0.9	
17	X	24 hrs	122,000		1.1									0.9	
18	X	24 hrs	156,900		1.2										
19		24 hrs	137,000												
20	X	24 hrs	137,000		1.1									0.9	
21	X	24 hrs	97,300		1.3									1.0	
22	X	24 hrs	153,600		1.3									1.1	
23	X	24 hrs	148,500		1.5									1.3	
24	X	24 hrs	98,800		1.5									1.3	
25		24 hrs	153,300												
26	X	24 hrs	153,300		1.4										
27	X	24 hrs	109,800		1.4									1.1	
28	X	24 hrs	102,800		1.3									1.1	
29	X	24 hrs	172,600		1.3									1.1	
30	X	24 hrs	145,900		1.2									1	
31	X	24 hrs	137,700		1.3									1	
Total			3,670,100												
Average			118,390												
Maximum			172,600												

* 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: **April-06**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.) C	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

5-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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 for Visit	Operator (Place)	Hours of Operation	Net Quantity of Finished Water Produced, gal.	CF Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable				CF Calculations				UV Dose		Lowest Residual Disinfectant Concentration 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 After Plus Customer Peak Flow, mg/L	Distance from Disinfectant Injection Point to Peak Flow, minutes	Flow Velocity, ft/min	Flow Velocity, ft/min	Flow Velocity, ft/min	Flow Velocity, ft/min	Minimum G/T Required, mg-minute	Operating UV Dose, mJ/cm ²	Minimum UV Dose Required, mJ/cm ²			
1			24 hrs	170,900													
2	X		24 hrs	170,900		1.4											
3	X		24 hrs	139,400		1.3									1		
4	X		24 hrs	112,400		1.3									1.1		
5	X		24 hrs	199,800		1.3									1.1		
6	X		24 hrs	141,300		1.3									1.1		
7	X		24 hrs	137,000		1.4											
8	X		24 hrs	174,200		1.4											
9			24 hrs	110,500													
10	X		24 hrs	110,500		1.2									1.0		
11	X		24 hrs	82,400		1.2									1.0		
12	X		24 hrs	169,900		1.2									0.9		
13	X		24 hrs	123,500		1.2									0.9		
14	X		24 hrs	111,500		1.2									1.0		
15	X		24 hrs	172,900		1.3											
16			24 hrs	144,350													
17	X		24 hrs	144,350		1.1									0.8		
18	X		24 hrs	98,600		1.1									0.9		
19	X		24 hrs	153,500		1.3									1.1		
20	X		24 hrs	111,600		1.1									0.9		
21	X		24 hrs	130,200		1.3									1.0		
22			24 hrs	148,850													
23	X		24 hrs	148,850		1.4									1.1		
24	X		24 hrs	164,600		1.4									1.3		
25	X		24 hrs	95,000		1.5									1.2		
26	X		24 hrs	195,300		1.5									1.2		
27	X		24 hrs	133,700		1.4									1.2		
28	X		24 hrs	139,700		1.4									1.2		
29	X		24 hrs	183,300		1.5											
30			24 hrs	156,000													
31			24 hrs														
Total				4,275,000													
Average				142,500													
Maximum				199,800													

* 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: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 378,000		<input type="checkbox"/> Purchased Finished Water	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Will Fontaine	C	6813	6 Days per week
John Worrell	C	6597	6 Days per week
Marty Neal	C	10027	6 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.

6-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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

Month	Plant	Operating Hours	Net Quantity of Disinfectant Water Produced, gal	Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Staking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration, mg/L	Minimum Chlorine Demand, mg/L	Minimum Chlorine Residual, mg/L	Minimum Chlorine Dose, mg-min/L	Temperature of Water, °C	Minimum Chlorine Residual, mg/L	Minimum Chlorine Dose, mg-min/L	Minimum Chlorine Residual, mg/L	Minimum Chlorine Dose, mg-min/L			Minimum Chlorine Residual, mg/L
X		24 hrs	156,000		1.5										1.2	
X		24 hrs	145,000		1.5										1.1	
X		24 hrs	187,000		1.4										1.1	
X		24 hrs	173,600		1.3										1.0	
X		24 hrs	162,100		1.3										1.1	
X		24 hrs	198,300		1.4											
		24 hrs	172,900													
X		24 hrs	172,900		1.4										1.1	
X		24 hrs	104,100		1.3										1	
X		24 hrs	133,700		1.2										1.0	
X		24 hrs	133,400		1.2										1.0	
X		24 hrs	89,600		1.1										0.8	
X		24 hrs	116,400		1.2											
		24 hrs	140,500													
X		24 hrs	140,500		1.1										0.8	
X		24 hrs	93,000		1.1										0.8	
X		24 hrs	134,200		1.2										1.0	
X		24 hrs	115,000		1.1										0.9	
X		24 hrs	142,300		1.2										1.0	
X		24 hrs	146,300		1.3											
		24 hrs	159,700													
X		24 hrs	159,700		1.2										1.0	
X		24 hrs	94,100		1.1										1.0	
X		24 hrs	182,100		1.1										0.9	
X		24 hrs	176,900		1.2										1.0	
X		24 hrs	112,200		1.2										1.0	
X		24 hrs	148,000		1.2											
		24 hrs	145,500													
X		24 hrs	145,500		1.2										1	
X		24 hrs	126,500		1.3										1	
X		24 hrs	160,200		1.5										1.3	
			4,467,200													
			144,103													
			198,300													

* 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: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

Will Fontaine 7-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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	
				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	166,100		1.4										1.2	
2	X	24 hrs	99,300		1.4										1.2	
3		24 hrs	119,850													
4	X	24 hrs	119,850		1.4										1	
5	X	24 hrs	86,800		1.3										1.1	
6	X	24 hrs	90,800		1.3										1	
7	X	24 hrs	158,200		1.2										1	
8	X	24 hrs	133,500		1.4										1.2	
9	X	24 hrs	128,500		1.3										1	
10	X	24 hrs	170,000		1.3											
11		24 hrs	120,400													
12	X	24 hrs	120,400		1.2										1.0	
13	X	24 hrs	63,200		1.1										0.8	
14	X	24 hrs	115,300		1.2										1.0	
15	X	24 hrs	110,100		1.2										1.0	
16	X	24 hrs	86,600		1.2										1.0	
17	X	24 hrs	146,600		1.3											
18		24 hrs	109,650													
19	X	24 hrs	109,650		1.2										1.0	
20	X	24 hrs	78,400		1.2										0.9	
21	X	24 hrs	176,300		1.5										1.3	
22	X	24 hrs	138,700		1.4										1.1	
23	X	24 hrs	115,200		1.2										1.0	
24	X	24 hrs	163,700		1.4											
25		24 hrs	77,650													
26	X	24 hrs	77,650		1.2										0.9	
27	X	24 hrs	52,200		1.2										0.9	
28	X	24 hrs	115,100		1.3										1.1	
29	X	24 hrs	68,100		1.2										1	
30	X	24 hrs	62,900		1.3										1	
31		24 hrs														
Total			3,380,700													
Average			112,690													
Maximum			176,300													

* 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: July-06

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000		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	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

8-3-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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	Day Plant Started or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	GT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfectant Contact Time (CT) at C, minutes	Lowest C Provided Before or During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum C Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24 hrs	90,700		1.3											
2		24 hrs	88,700													
3	X	24 hrs	88,700		1.3								1.1			
4	X	24 hrs	70,400		1.3								1.1			
5	X	24 hrs	175,900		1.2								0.9			
6	X	24 hrs	96,800		1.4								1.1			
7	X	24 hrs	69,900		1.3								1.1			
8	X	24 hrs	76,500		1.3								1.1			
9		24 hrs	108,900													
10	X	24 hrs	108,900		1.2								1.0			
11	X	24 hrs	80,100		1.3								1.0			
12	X	24 hrs	137,600		1.4								1.2			
13	X	24 hrs	90,700		1.4								1.2			
14	X	24 hrs	86,400		1.3								1.1			
15		24 hrs	123,800													
16	X	24 hrs	123,800		1.3								1.0			
17	X	24 hrs	88,500		1.2								1.0			
18	X	24 hrs	62,800		1.2								1.0			
19	X	24 hrs	162,200		1.3								1.1			
20	X	24 hrs	121,400		1.2								1.1			
21	X	24 hrs	127,400		1.3								1.1			
22	X	24 hrs	144,800		1.3								1.1			
23		24 hrs	138,900													
24	X	24 hrs	138,900		1.2								1.0			
25	X	24 hrs	76,800		1.3								1.0			
26	X	24 hrs	183,400		1.4								1.2			
27	X	24 hrs	124,300		1.3								1.1			
28	X	24 hrs	125,700		1.4								1.2			
29	X	24 hrs	162,500		1.3											
30		24 hrs	148,850													
31	X	24 hrs	148,850		1.1								0.9			
Total			3,573,100													
Average			115,261													
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: **August-06**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Operator	John Worrell	C	6597	6 Days per week
Operator	Marty Neal	C	10027	6 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.

9-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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 in 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 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	117,800		1.3									1.1	
	X	24 hrs	211,300		1.1									0.9	
	X	24 hrs	164,500		1.2									1	
	X	24 hrs	128,600		1.2									1.0	
	X	24 hrs	117,500		1.3										
		24 hrs	125,900												
	X	24 hrs	125,900		1.1									0.9	
	X	24 hrs	85,100		1.2									1	
	X	24 hrs	153,000		1.5									1.2	
	X	24 hrs	97,000		1.5									1.3	
	X	24 hrs	113,600		1.4									1.1	
	X	24 hrs	128,100		1.4										
		24 hrs	131,550												
	X	24 hrs	131,550		1.3									1.1	
	X	24 hrs	87,900		1.3									1.1	
	X	24 hrs	131,300		1.3									1.1	
	X	24 hrs	119,300		1.2									0.9	
	X	24 hrs	88,300		1.1									0.9	
	X	24 hrs	119,800		1.1										
		24 hrs	106,300												
	X	24 hrs	106,300		1.1									0.8	
	X	24 hrs	95,100		1.3									1.0	
	X	24 hrs	152,700		1.1									0.9	
	X	24 hrs	108,500		1.3									1.1	
	X	24 hrs	62,700		1.2									1.0	
		24 hrs	85,000												
	X	24 hrs	85,000		1.3										
	X	24 hrs	81,200		1.1									0.8	
	X	24 hrs	129,900		1.1									0.9	
	X	24 hrs	40,000		1.1									0.9	
	X	24 hrs	70,800		1.2									0.9	
Total			3,501,500												
Minimum			112,952												
Maximum			211,300												

* 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: September-06

A. Public Water System (PWS) Information

PWS Name: <u>Kings Cove</u>		PWS Identification Number: <u>3350655</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>204</u>		Total Population Served at End of Month: <u>714</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aguaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Kings Cove</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>Corner of Picciola Road & Twin Palms</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34731</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>378,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
License Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 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.

10-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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

Month	Day	Plant Station Number	Operating Time (hrs)	Total Quantity of Disinfectant Applied (mg)	Free Chlorine Calculations				Temp of Water (C)	pH	Minimum Required (mg-min/L)	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
					Lowest Residual Disinfectant Concentration (mg/L)	Disinfectant Concentration (mg/L)	Disinfectant Contact Time (min)	Disinfectant Dose (mg-min/L)				Lowest Operating UV Dose (sec/cm ²)	Minimum UV Dose Required (sec/cm ²)		
	X		24 hrs	83,600	1.3								1		
	X		24 hrs	107,600	1.3										
			24 hrs	93,600											
	X		24 hrs	93,700	1.3								1.0		
	X		24 hrs	88,800	1.3								0.9		
	X		24 hrs	144,200	1.3								1.1		
	X		24 hrs	72,400	1.4								1.1		
	X		24 hrs	68,300	1.5								1.2		
	X		24 hrs	90,900	1.4										
			24 hrs	92,650											
	X		24 hrs	92,650	1.5								1.2		
	X		24 hrs	80,100	1.3								1.1		
	X		24 hrs	151,800	1.1								0.9		
	X		24 hrs	92,700	1.3								1.0		
	X		24 hrs	75,800	1.3								1.0		
	X		24 hrs	96,500	1.3										
			24 hrs	118,700											
	X		24 hrs	118,700	1.3								1.0		
	X		24 hrs	76,800	1.7								1.3		
	X		24 hrs	110,800	1.2								1.0		
	X		24 hrs	64,500	1								0.8		
	X		24 hrs	105,700	1.1								0.9		
	X		24 hrs	106,200	1.4										
			24 hrs	136,850											
	X		24 hrs	136,850	1								0.7		
	X		24 hrs	94,200	1								0.8		
	X		24 hrs	171,200	1								0.8		
	X		24 hrs	135,500	1								0.8		
	X		24 hrs	125,100	1								0.7		
	X		24 hrs	157,000	1.2										
			24 hrs												
				3,183,400											
				106,113											
				171,200											

* 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: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980		
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	State: FL Zip Code: 34731	
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: 378,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	6 Days per week
	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

11-3-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

III. Daily Data for the Month Year of: **October-06**

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

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

Day of Month	Plant Name or Watch	Time of Day	Flow (gpd)	GTC Calculations				UV Dose		Minimum Residual Concentration (mg/L)	Emergency or Abnormal Operating Conditions
				Disinfectant Concentration (mg/L)	Disinfectant Measurement Point (min)	Lowest Provided Before (mg-min/L)	Temp. of Water (C)	Flow (gpm)	Minimum UV Dose (sec/cm ²)		
		24 hrs	161,450								
X		24 hrs	161,450	1.1							
X		24 hrs	107,000	1.3							
X		24 hrs	196,200	1.5					0.8		
X		24 hrs	149,600	1.2					1.1		
X		24 hrs	130,900	1.3					1.3		
X		24 hrs	192,500	1.3					1		
		24 hrs	148,700						1		
X		24 hrs	148,700								
X		24 hrs	109,500	1.3							
X		24 hrs	195,100	1					1.1		
X		24 hrs	162,500	1.1					0.8		
X		24 hrs	164,800	1.1					0.9		
X		24 hrs	160,100	1.3					0.9		
		24 hrs	163,700	1.3					1.0		
X		24 hrs	163,700								
X		24 hrs	105,900	1.2							
X		24 hrs	194,000	1.2					1.0		
X		24 hrs	107,100	1.2					1.0		
X		24 hrs	119,300	1.1					0.9		
		24 hrs	161,300	1.2					0.7		
X		24 hrs	161,300						0.8		
X		24 hrs	145,800	1.2							
X		24 hrs	85,800	1							
X		24 hrs	167,100	1					0.8		
X		24 hrs	148,500	1.1					0.7		
X		24 hrs	145,300	1.1					0.9		
X		24 hrs	97,300	1					0.9		
		24 hrs	104,100	1.2					0.8		
X		24 hrs	104,100								
X		24 hrs	78,400	1.1							
			4,441,200	1					0.8		
			143,265						0.8		
			196,200								

* 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: November-06

A. Public Water System (PWS) Information

PWS Name: <u>Kings Cove</u>		PWS Identification Number: <u>3350655</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>204</u>		Total Population Served at End of Month: <u>714</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Kings Cove</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>Corner of Picciola Road & Twin Palms</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34731</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>378,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
Other Operator	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 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.

Will Fontaine 12-8-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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 Started or Visited by Operator (Place)	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest GT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, sec/cm ²				
1	X	24 hrs	162,500		1									0.8		
2	X	24 hrs	102,400		1.1									0.8		
3	X	24 hrs	97,100		1.1									0.8		
4	X	24 hrs	108,400		1.1											
5		24 hrs	135,250													
6	X	24 hrs	135,250		1.1									0.7		
7	X	24 hrs	70,900		1.1									0.8		
8	X	24 hrs	94,600		1									0.7		
9	X	24 hrs	79,700		1									0.7		
10	X	24 hrs	78,400		1									0.8		
11	X	24 hrs	128,500		1.1											
12		24 hrs	118,500													
13	X	24 hrs	118,500		1									0.8		
14	X	24 hrs	67,500		1.2									0.9		
15	X	24 hrs	152,400		1.1									0.8		
16	X	24 hrs	66,700		1									0.8		
17	X	24 hrs	65,200		1.1									0.9		
18	X	24 hrs	107,000		1.1											
19		24 hrs	90,800													
20	X	24 hrs	90,800		1									0.8		
21	X	24 hrs	73,900		1									0.8		
22	X	24 hrs	126,500		1									0.7		
23	X	24 hrs	98,300		0.9									0.7		
24	X	24 hrs	94,700		0.9									0.6		
25		24 hrs	123,550													
26	X	24 hrs	123,550		0.9											
27	X	24 hrs	89,300		0.9									0.7		
28	X	24 hrs	62,800		1									0.7		
29	X	24 hrs	121,100		1.3									1		
30	X	24 hrs	51,100		1.3									1		
31		24 hrs														
Total			3,035,200													
Average			101,173													
Maximum			162,500													

* 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: **December-06**

A. Public Water System (PWS) Information

PWS Name: Kings Cove		PWS Identification Number: 3350655	
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: 204		Total Population Served at End of Month: 714	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Kings Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Corner of Picciola Road & Twin Palms		City: Leesburg	State: FL Zip Code: 34731
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: 378,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

License Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	6 Days per week
	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 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.

1-5-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 3350655 Plant Name: Kings Cove

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

Month	Days of Year	Days of Operation	Volume of Water Produced, gallons	Calculations on UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions Repair or Maintenance Work Involves Taking Water System Components Out of Operation	
				FCI Calculations					UV Dose						
				Free Chlorine Concentration (ppm)	Flow (MGD)	Time (minutes)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)	UV Dose (mJ/cm ²)		
X	24 hrs	58,800	1.3											1	
X	24 hrs	85,100	1.4												
	24 hrs	74,000													
X	24 hrs	74,000	1.3											1.0	
X	24 hrs	65,000	1.3											1	
X	24 hrs	140,600	1.3											1.1	
X	24 hrs	75,700	1.3											1.1	
X	24 hrs	72,700	1.2											1	
X	24 hrs	101,100	1.2												
	24 hrs	93,200													
X	24 hrs	93,200	1											0.7	
X	24 hrs	54,000	1											0.7	
X	24 hrs	149,500	1											0.8	
X	24 hrs	69,600	1.1											0.8	
X	24 hrs	63,200	1.1											0.9	
X	24 hrs	106,500	1.1												
	24 hrs	89,050													
X	24 hrs	89,050	1.2											1.0	
X	24 hrs	54,300	1.2											1.0	
X	24 hrs	144,000	1.2											1.0	
X	24 hrs	77,200	1.2											0.9	
X	24 hrs	92,800	1.2											1.0	
X	24 hrs	96,800	1.4												
	24 hrs	79,100													
X	24 hrs	79,100	1.3											1.1	
X	24 hrs	61,100	1.3											1.1	
X	24 hrs	110,500	1.3											1.1	
X	24 hrs	62,900	1.3											1	
X	24 hrs	82,200	1.3											1.1	
X	24 hrs	94,600	1.3												
	24 hrs	79,850													
		2,668,750													
		86,089													
		149,500													

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

PWS ID: 3350655 Plant Name: Kings Cove

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No

follows:

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

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No

polymer are as follows:

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

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 PO_4 or mg/L of silicate as SiO_2 =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at www.sjrwmd.com.

April 21, 2006

Aqua Source Inc
1343 NE 17th Rd
Ocala, FL 34470

SUBJECT: Consumptive Use Permit Number 2701
Kings Cove Subdivision

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on April 21, 2006.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: RHPA
1025 10th St
Saint Cloud, FL 34769

DOCUMENT NUMBER - DATE

04311 MAY 22 06

FPSC-COMMISSION CLERK

GOVERNING BOARD

David G. Graham, CHAIRMAN JACKSONVILLE	John G. Sowiński, VICE CHAIRMAN ORLANDO	Ann T. Moore, SECRETARY BURNELL	Duane L. Ottenstrider, TREASURER JACKSONVILLE
R. Clay Albright OCALA	Susan N. Hughes PONTE VEDRA	William W. Kerr MELBOURNE BEACH	Ometrias D. Long APOPKA
			W. Leonard Wood FERMANDINA BEACH

PERMIT NO. 2701

DATE ISSUED: April 21, 2006

PROJECT NAME: Kings Cove Subdivision

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 49.75 million gallons per year (mgy) (0.136 million gallons per day (mgd) average) of groundwater from the Floridan aquifer for household and unaccounted for type uses to serve an estimated population of 725 residents in the year 2016.

LOCATION:

Site: Kings Cove Subdivision
Lake County

Section(s): 1 Township(s): 19S Range(s): 24E

ISSUED TO:

Aqua Source Inc
1343 NE 17th Rd
Ocala, FL 34470

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated April 21, 2006

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____


Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2701
AQUA SOURCE INC
DATED APRIL 21, 2006

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. All submittals made to demonstrate compliance with this permit must have the CUP number 2701 clearly labeled on the submittal.
10. This permit will expire 20 years from date of issuance.

11. If the Permittee has complied with all the requirements of the conditions set forth in the permit, the maximum annual ground water withdrawals from the Floridan Aquifer System for household, commercial/industrial, landscape irrigation, water utility, and unaccounted loss, must not exceed:

49.75 million gallons (0.136 million gallons per day average).

12. If the Permittee has not complied with all the conditions of this permit, the maximum annual groundwater withdrawals for household, commercial/industrial, landscape irrigation, water utility, and unaccounted loss, must not exceed the allocation for the year during which the violation first took place until the Permittee is in compliance with all the conditions of this permit.
13. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
14. The permittee must have the flowmeters checked for accuracy every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
15. Total withdrawals from Well #1 (District GRS ID 9934) and Well #2 (District GRS ID 9935), as listed on the application must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January – June	July 31
July – December	January 31.

16. Wetlands, lakes, and spring flows may not be adversely impacted as a result of the consumptive use authorized by this permit. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
17. All available lower quality sources of water including reclaimed water and storm water must be distributed for use, or used by the Utility in place of higher quality water sources when deemed feasible pursuant to District rules and applicable state law.
18. The permittee must conduct a detailed water audit in 2009, 2012, 2015, 2018, 2021 and 2023 and submit it to the District by February 15th of the following year. All water uses given in the audit must be for the previous calendar year and documentation provided on how the amounts were metered or determined. If the water audit shows that the system losses and unaccounted for water utility uses exceed 10%, a leak detection and repair program must be implemented within one year.
19. The permittee must continue to implement the Water Conservation Plan submitted to the District on November 14, 2003, in accordance with the schedule contained therein.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

**Notice Of Rights
Certificate of Service**

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S
Mail to:

Aqua Source Inc
1343 NE 17th Rd
Ocala, FL 34470

At 4:00 p.m. this ^{1st} ~~2~~ ^{May} day of April, 2006.

Gloria Lewis

Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4152
Permit Number: 2701

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E90080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 18331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 485-2400, Ext. 235 Fax: (772) 467-5384

Lab Receipt Date and Time: 12/20/07
 Received for Laboratory By: [Signature]
 Analysts Date and Time: 12/20/07 1400
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4°C
 Disinfectant Check: Not Detected >0.1 mg/l

HBEL Report Number: 2190289 Sub-Contract Lab ID: _____

Analyse Method Requested:
 Coliform Membrane Filtration PWS I.D. 3350655

System Name: *6395 KILLS CREEK (AUF-LAKE CO.)

System Address: TWO THOMAS AVENUE AND ACCOIA RD.

City: LEESBURG System or Owner's Phone #: 352-787-0900 Fax #: 787-6373

Collector: [Signature] Collector's Phone #: SAME

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]
 Date/Time: 12/20/07 Date/Time: 12/20/07 Date/Time: 12/20/07 12:00

Type of Supply: Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other water

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

Sample Collection Date(s): 12/19 - 12/20/07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SMS2221 (Coliform) SMS223B
 Fecal (MF) SMS221E E. coli (MF) EC-MUG (Coliform) SMS223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. #	Lab Sample Number
	A			2190289001
	A			012
	A			013
	A			
	A			
	A			
	A			

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

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
D1	5240 MAGNOLIA	5:35AM	D	1.3	-
D2	5350 THOMAS Pkwy	5:50	D	1.4	-
D3	5301 Old Hickory	6:00	D	1.1	-
B1	5240 MAGNOLIA	9:40AM	D	1.3	-
B2	5350 THOMAS Pkwy	9:55AM	D	1.2	-
B3	5301 Old Hickory	10:05AM	D	1.2	-

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.) 1.25

Disinfectant Residual Analysis Method: DDPD Colorimetric Other
 Person performing analysis is: A certified operator (# C-6597) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities Florida, Inc.
 1100 Thomas Avenue
 Leesburg, FL 34748
ATTN: Dave Ellis



Report authorized by: [Signature] Technical Director or Designer
 Date: 12/20/07

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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

1 DEP Sample Types: D-Distribution (Routine Compliance), C-Repeat or Check, R-Flow, #-Entry to Distributor, P-Plant Test, S-Special (clearance, etc.)
 2 Defined in Florida Administrative Code Rule 62.160

FPSC-COMMISSION CLERK

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT.

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5846

Lab Receipt Date and Time: 12/4/07 1230
 Received for Laboratory By: PRU
 Analysis Date and Time: 12/4/07 1655
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 52° C
 Disinfectant Check Not Detected >0.1 mg/l

HBEL Report Number: 2130058 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Coliform Membrane Filtration PWS I.D. 3350655

System Name: 6395 Kings Cove (AUE-LAND CO.)
 System Address: POCIELA RD TOWN PALM AL.

City: LEESBURG System or Owner's Phone #: 352-287-0980 Fax #: 787-6333

Collector: [Signature] Collector's Phone #: SAME

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]
 Date/Time: 12/4/07 Date/Time: 12/4/07 Date/Time: 12/4/07 12:30

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

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

Sample Collection Date(s): 12/4/07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B
 Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
A	A			2130058001
	A			002
	A			003
	A			2130058004

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/l	pH
W1	Well 1	10:20	R	-	-
W2	Well 2	10:30	R	-	-
R1	5301 Oak Hickory Ln	10:40	D	1.0	-
R2	5607 Elm Creek	10:45	D	0.9	-

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.95

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# C-1597) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities Florida, Inc.
 1100 Thomas Avenue
 Leesburg, FL 34748



Page 1 of 1

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

Report authorized by: [Signature] Analyst: PRU
 Date: 12/9/07 Technical Director or Designee
 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: February 27, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6395 Kings Cove NO2/NO3
Received: 2/20/07 9:40

[2127963]

Dear Brian Heath;

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

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

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

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 2/27/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
 Workorder ID: 6395 Kings Cove NO2/NO3
 Received: 2/20/07 9:40

[2127963]

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

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

Quality Control Summary

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

6600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080

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

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E86370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418



Printed: 2/27/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2127963]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6395 Kings Cove NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127963001 Sample ID: Point of Entry						Sampled: 02/20/07 9:40 Matrix: Water		Received: 02/20/07 9:40 Results reported on Wet Weight Basis		
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC7128		02/21/07 14:18	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7128		02/21/07 14:18	JL	E96080

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

5600 US 1 North
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FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 2/27/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: November 9, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6595 Kings Cove Tri-Annual
Received: 10/17/06 13:31

[2127101]

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

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

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FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/9/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6595 Kings Cove Tri-Annual
Received: 10/17/06 13:31

[2127101]

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

HBEL Sample

Method Narratives (If Applicable)

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2127101001	P.O.E. Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 505	PEST4814		
2127101001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.
2127101001	Tetrachlorometaxylene		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

5600 US 1 North
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FDOH # E96080

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FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 11/8/06

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

600 U.S. 1 North, Fort Pierce, FL 34946
 Home: (772) 465-2400, Ext. 225 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2127101]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6595 Kings Cove Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Lab Analyst	ID
Laboratory ID: 2127101001					Sampled: 10/16/06 16:50					
Sample ID: P.O.E. Grab					Received: 10/17/06 13:31					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15263		10/17/06 13:45	PA	E83509
pH	Q	7.93	SU	0.200	EPA 150.1	WCGE26459		10/18/06 18:13	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Barium		0.0088	mg/L	0.0018	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Sodium		6.4	mg/L	0.50	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8196		11/7/06 15:50	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8192		11/1/06 15:18	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 17:38	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 19:28	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8184	10/23/06 10:30	10/23/06 16:40	DM	E96080
Chloride		12	mg/L	5.0	EPA 300.0	IC6988		10/19/06 23:17	JL	E96080
Fluoride		0.11	mg/L	0.011	EPA 300.0	IC6985		10/18/06 13:25	JL	E96080
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC6985		10/18/06 13:25	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6985		10/18/06 13:25	JL	E96080
Sulfate		16	mg/L	1.4	EPA 300.0	IC6988		10/19/06 23:17	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 22:52	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 22:52	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
Heptachlor		0.038 U	ug/L	0.038	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4814	10/23/06 13:33	10/24/06 0:36	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 22:44	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 22:44	JL	E96080
Calapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 22:44	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 22:44	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 22:44	JL	E96080
chloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 22:44	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080

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 FDOH # E84418



Printed: 11/9/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS

[2127101]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6595 Kings Cove Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Dichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2715		10/25/06 6:00	WR	E96080
Alachlor		0.59 U	ug/L	0.59	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
Benzo(a)pyrene		0.068 U	ug/L	0.068	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
bis(2-ethylhexyl)phthalate		0.82 U	ug/L	0.82	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
Di(2-ethylhexyl)adipate		0.66 U	ug/L	0.66	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
Simazine		0.61 U	ug/L	0.61	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:17	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 20:53	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 20:53	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2344		10/23/06 15:27	JJM	E96080
Endosulfat		2.8 U	ug/L	2.8	EPA 548.1	SVOC2449	10/23/06 9:43	10/24/06 1:46	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/23/06 9:44	10/31/06 13:10	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1035		11/7/06 17:10	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26453		10/18/06 15:20	TCL	E96080
Total Dissolved Solids		170	mg/L	16	SM2540 C	WCGE26470		10/19/06 22:00	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CH E	WCGE26524	10/24/06 12:15	10/25/06 15:32	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26461	10/18/06 14:30	10/19/06 9:09	GG	E96080

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/9/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 265 Fax (772) 467-5384

CERTIFICATE OF ANALYSIS

[2127101]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6595 Kings Cove Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127101002						Sampled: 10/17/06 13:31		Received: 10/17/06 13:31			
Sample ID: TRIP BLANK						Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
o-xylene		0.22 U	ug/L	0.22	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2715		10/25/06 6:34	WR	E96080	

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

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/8/06

Page 5 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: October 10, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Kings Cove 6595 THM/HAA5 Grab [2126882]
Received: 9/21/06 13:00

Dear Brian Heath;

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

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

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

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

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

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

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Sanford, FL 32771
FDOH # E83509

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FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 10/10/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Kings Cove 6595 THM/HAA5 Grab
Received: 9/21/06 13:00

[2126882]

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

HBEL Sample

Method Narratives (If Applicable)

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

Quality Control Summary

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

Analytical Issue

5800 US 1 North
Fort Pierce, FL 34946
FDOH # E96060

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

307 Coolidge Avenue
Lahigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 10/10/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126882]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Kings Cove 6595 THM/HAA5 Grab

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126882001					Sampled: 09/21/06 9:00		Received: 09/21/06 13:00			
Sample ID: 5301 Old Hickory MRT					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2702		10/3/06 0:48	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2702		10/3/06 0:48	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2702		10/3/06 0:48	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2702		10/3/06 0:48	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2702		10/3/06 0:48	WR	E96080
Laboratory ID: 2126882003					Sampled:		Received: 09/21/06 13:00			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2702		10/3/06 1:22	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2702		10/3/06 1:22	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2702		10/3/06 1:22	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2702		10/3/06 1:22	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2702		10/3/06 1:22	WR	E96080

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

6600 US 1 North
Fort Pierce, FL 34948
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 10/10/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: March 17, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6595 Kings Cove NO2/NO3 [2125021]
Received: 3/09/06 13:30

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

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

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3480
FDOH # E84418

Printed: 3/17/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6595 Kings Cove NO2/NO3
Received: 3/09/06 13:30

[2125021]

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

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

Quality Control Summary
Analytical Issue

Method HBEL Batch Analyte

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 3/17/08

4155 St. John's Pkwy, Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2125021]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6595 Kings Cove NO2/NO3

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2125021001		Sampled: 03/09/06 10:30		Received: 03/09/06 13:30				
Sample ID:		P.O.E. Grab		Matrix: Water		Results reported on Wet Weight Basis				
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC6715		03/10/06 20:10	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6715		03/10/06 20:10	RS	E96080

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

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 3/17/08

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Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418

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

Plant Name Kings Cove Subdivision County Lake PWS ID # 3350655
 Plant Location Corner of Picciola Rd. and Twin Palms Rd., Fruitland Park, FL 34731 Phone (352) 435-4028
 Owner Name Aqua Utilities Florida, Inc. Phone (352) 435-4028
 Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
 Contact Person Patrick Farris Title Environmental Compliance Specialist Phone (352) 435-4029
 This Survey Date 10/24/07 Last Survey Date 10/26/04 Last Compliance Inspection Date 11/02/99

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 378,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Disinfection

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 209
 Population Served 732 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant
 Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Will Fontaine C-6813 Lead/Chief Operator
See MORs for complete list of operators

Hrs/day: Required Visit Actual Visit
 Days/wk: Required 5 + 1 Actual 5 + 1

Non-consecutive Days? Yes No N/A
 Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A

Average Day (from MORs) 102,875 gpd
 Maximum Day (from MORs) 362,000 gpd 03/07
 Comments _____

Flow Measuring Device Flow Meter
 Meter Size & Type 3" Master
 Date Last Calibrated 03/29/05

RAW WATER SOURCE

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

STANDBY POWER SOURCE: Yes

Source Onan Diesel
 Capacity of Standby (kW) 30
 Switchover: Automatic Manual
 Hrs Operated Under Load 1 hr/wk

What equipment does it operate?

Well Pumps All
 High Service Pumps _____
 Treatment Equipment All
 Satisfy avg. daily demand? Yes No Unknown
 Audio-visual alarm? Yes No
 Comments _____

PLANS AND MAPS

Coliform Sampling Plan Yes No N/A
 D/DBP Monitoring Plan Yes No N/A
 Lead and Copper Plan Yes No N/A
 Distribution System Map Yes No N/A
 Emergency Response Plan Yes No N/A
 Comments _____

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual Yes No
 Preventive Maintenance Program Yes No
 Flushing Program Yes No N/A
 Records Yes No N/A
 Isolation Valve Exercise Yes No N/A
 Records Yes No N/A
 Comments _____

CROSS CONNECTION CONTROL

BFPAs 2 # Tested 08/07
 WWTP RPZ Yes Date Tested 08/07
 Written Plan Inadequate Date Updated 08/07
 Comments Section 11- Implementation Schedule not provided in written plan.

DOCUMENT NUMBER 04311 MAY 22 88
 FPSC-COMMISSION CLERK

PWS ID # 3350655
 Date 10/24/07

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAH6668)	2 (AAH6669)		
Year Drilled		1975	1975		
Depth Drilled		203'	204'		
Drilling Method		Rotary	Rotary		
Type of Grout		Neat cement	Neat cement		
Static Water Level		11'	11'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		None	None		
Length (outside casing)		98'	98'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black steel	Black 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	N/A	N/A		
	Reuse Water	N/A	N/A		
	WW Plumbing	> 100'	> 100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Goulds	Goulds		
	Model Number	225H4	Unknown		
	Rated Capacity (gpm)	300	225		
	Motor Horsepower	20	15		
Well casing 12" above grade?		No	No		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Security		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS The Department will continue to accept the well casing upper terminus, as it currently exists, unless the well is shown to be microbially or chemically contaminated.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner (2) Capacity * gpd
 Chlorine Feed Rate #1 - 85%, #2 - 80%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.21 Remote 0.90
 Remote tap location Wastewater treatment plant
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments *Each chlorinator pump has a capacity of 17 gpd.

STORAGE FACILITIES

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

Tank Type/Number	H		
Capacity (gal)	7,500		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	50/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	On tank		
Date of Inspection	12/2004		
Date of Cleaning	12/2004		

Comments _____

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

AERATION (Gases, Fe, & Mn Removal)

Type Capacity
 Aerator Condition
 Visible Algae Growth
 Protective Screen Condition
 Frequency of Cleaning
 Date Last Inspected/Cleaned
 Comments

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

DEFICIENCIES:

1. **Failure to adequately establish and implement a cross-connection control program.** Implementation of the program was not started until April 2007. Currently, commercial customers are being surveyed, and residential customers should be surveyed by December 31, 2007.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

COMMENTS/REMINDERS:

- **Based on information provided to the Department during this inspection, the population served and number of service connections for this system has been changed.** These changes may affect this system's monitoring requirements.
- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide information for all items marked "Unknown."**

Inspector *Donald D Owens* Title Env. Specialist I Date 11/09/07
Approved by *Paul Dodson* Title Environmental Manager Date 11/27/07



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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

December 24, 2007

Danielle Owens
Environmental Specialist
FDEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys:
Ravenswood Water System – PWS 3351062
Kings Cove Subdivision – PWS 3350655
Forty-Eight Estates – PWS 3350005
Summit Chase Villas – PWS 3354112
Haines Creek Mobile Home Park – PWS 3350481

Dear Ms. Owens:

Thank you for your inspection on October 24, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

For All Systems:

All commercial customers were required earlier this year to install a backflow device and have it inspected in accordance with Aqua Utilities' Cross Connection Control Plan (CCCP) and Rule 62-555.360(2), F.A.C. We have surveyed the residential customers of these systems for potential cross connection hazards. The majority of these customers had an approved backflow device installed where needed. We will follow our CCCP to ensure approved backflow devices are installed where needed and the existing devices are inspected annually.

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: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 1/1/07 To: 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.033		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2	2.2		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/02/27

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

04311 MAY 22 8

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 1/1/07 To: 1/31/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		2.2	.036				
2			7.3		2.2	.047				
3			7.3		2.2	.033				
4			7.4		2.2	.032				
5			7.3		2.2	.036				
6					2.2	.024				
7						.039				
8			7.3		2.2	.039				
9			7.4		2.2	.026				
10			7.4		2.2	.034				
11			7.4		2.2	.024				
12			7.3		2.2	.040				
13					2.2	.024				
14						.041				
15			7.5		2.2	.040				
16			7.5		2.2	.038				
17			7.6		2.2	.034				
18	2.0U	1.0U	7.5	2.2	2.2	.026	9.6	200	170	
19			7.5		2.2	.036				
20					2.2	.024				
21						.041				
22			7.3		2.2	.041				
23			7.5		2.2	.027				
24			7.5		2.2	.032				
25			7.4		2.2	.026				
26			7.4		2.2	.029				
27					2.2	.024				
28						.036				
29			7.4		2.2	.035				
30			7.4		2.2	.034				
31			7.5		2.2	.024				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010590
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
		REPORT:	Monthly
		GROUP:	Domestic
FACILITY:	Kings Cove WWTF	MONITORING GROUP NUMBER:	R001
LOCATION:	Royal Oak Drive	MONITORING GROUP DESC:	Two Rapid Rate Percolation Ponds, including Influent
	Leesburg, FL 34731		
COUNTY:	Lake	NO DISCHARGED FROM SITE:	<input type="checkbox"/>

MONITORING PERIOD From: 2/1/07 To: 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.031		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.5	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.6	1.6	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/03/07

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

DAILY SAMPLE RESULTS -- PART B

Permit Number:
Monitoring Period

FLA010590
From: 2/1/07 To: 2/28/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	
1			7.6		2.2	.036				
2			7.5		2.2	.026				
3					2.2	.026				
4						.039				
5			7.4		2.2	.039				
6			7.4		2.2	.033				
7			7.4		2.2	.030				
8	2.5	1.0U	7.5	1.6	2.2	.025		190	160	
9			7.4		2.2	.039				
10					2.2	.025				
11						.037				
12			7.3		2.2	.037				
13			7.3		2.2	.030				
14			7.3		2.2	.031				
15			7.3		2.2	.030				
16			7.3		2.2	.028				
17					2.2	.021				
18						.035				
19			7.4		2.2	.035				
20			7.3		2.2	.031				
21			7.3		2.2	.028				
22			7.4		2.2	.032				
23			7.3		2.2	.030				
24					2.2	.025				
25						.039				
26			7.3		2.2	.038				
27			7.4		2.2	.033				
28			7.4		2.2	.023				
29										
30										
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent


COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 3/1/07 To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.033		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.9		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.3	3.3	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/04/06

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 3/1/07 To: 3/31/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		2.2	.036				
2			7.3		2.2	.025				
3						.030				
4					2.2	.030				
5			7.3		2.2	.053				
6			7.4		2.2	.030				
7			7.3		2.2	.022				
8			7.4		2.2	.035				
9			7.4		2.2	.029				
10					2.2	.025				
11						.037				
12			7.5		2.2	.037				
13			7.4		2.2	.031				
14			7.5		2.2	.034				
15	<2.0	6.0	7.4	3.3	2.2	.047		210	160	
16			7.4		2.2	.033				
17					2.2	.022				
18						.039				
19			7.4		2.2	.038				
20			7.4		2.2	.034				
21			7.5		2.2	.029				
22			7.4		2.2	.030				
23			7.4		2.2	.030				
24					2.2	.030				
25						.043				
26			7.5		2.2	.042				
27			7.5		2.2	.036				
28			7.4		2.2	.034				
29			7.4		2.2	.036				
30			7.4		2.2	.034				
31					2.2	.026				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 4/1/07 To: 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.036	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.030	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.1	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.4	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/05/22

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 4/1/07 To: 4/30/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1						.042				
2			7.4		2.2	.042				
3			7.4		2.2	.028				
4			7.3		2.2	.026				
5			7.4		2.2	.033				
6			7.4		2.2	.033				
7					2.2	.027				
8						.030				
9			7.4		2.2	.031				
10			7.3		2.2	.030				
11			7.5		2.2	.025				
12	<2.0	<1.0	7.5	3.4	2.2	.021		270	390	
13			7.4		2.2	.034				
14					2.2	.022				
15						.035				
16			7.4		2.2	.034				
17			7.5		2.2	.026				
18			7.5		2.2	.024				
19			7.4		2.2	.029				
20			7.5		2.2	.027				
21					2.2	.028				
22						.028				
23			7.4		2.2	.032				
24			7.6		2.2	.025				
25			7.6		2.2	.028				
26			7.5		2.2	.025				
27			7.4		2.2	.033				
28					2.2	.027				
29						.027				
30			7.4		2.2	.034				
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 5/1/07 To: 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.035	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.028	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.2	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.8	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Avg)	60.0 (Max)	MG/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/06/20

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

Permit Number:
Monitoring Period

FLA010590
From: 5/1/07 To: 5/31/07

DAILY SAMPLE RESULTS - PART B

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L))	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.7		2.2	.029				
2			7.6		2.2	.028				
3			7.5		2.2	.026				
4			7.5		2.2	.030				
5					2.2	.023				
6						.032				
7			7.7		2.2	.032				
8			7.4		2.2	.027				
9			7.4		2.2	.021				
10	<2.0	<1.0	7.4	2.8	2.2	.027	6.1	210	250	
11			7.4		2.2	.028				
12					2.2	.036				
13						.027				
14			7.5		2.2	.027				
15			7.4		2.2	.030				
16			7.4		2.2	.022				
17			7.5		2.2	.027				
18			7.5		2.2	.035				
19					2.2	.026				
20						.036				
21			7.4		2.2	.036				
22			7.4		2.2	.023				
23			7.4		2.2	.033				
24			7.4		2.2	.022				
25			7.4		2.2	.028				
26					2.2	.024				
27						.027				
28			7.5		2.2	.027				
29			7.4		2.2	.042				
30			7.3		2.2	.024				
31			7.3		2.2	.025				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell

Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 6/1/07 To: 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.034		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An. Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.027		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Requirement				20.0 (An. Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Requirement				20.0 (An. Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.1	<1.1	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/07/07

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 6/1/07

To: 6/30/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		2.2	.028				
2					2.2	.025				
3						.032				
4			7.4		2.2	.031				
5			7.4		2.2	.029				
6			7.3		2.2	.025				
7			7.4		2.2	.020				
8			7.4		2.2	.031				
9					2.2	.016				
10						.031				
11			7.4		2.2	.031				
12			7.3		2.2	.029				
13			7.3		2.2	.023				
14	<2.0	<1.0	7.4	<1.1	2.2	.020		200	200	
15			7.4		2.2	.030				
16					2.2	.029				
17						.030				
18			7.4		2.2	.030				
19			7.4		2.2	.025				
20			7.3		2.2	.027				
21			7.4		2.2	.020				
22			7.4		2.2	.028				
23					2.2	.018				
24						.032				
25			7.5		2.2	.032				
26			7.5		2.2	.026				
27			7.4		2.2	.026				
28			7.5		2.2	.023				
29			7.5		2.2	.027				
30					2.2	.023				
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010590
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
		REPORT:	Monthly
		GROUP:	Domestic
FACILITY:	Kings Cove WWTF	MONITORING GROUP NUMBER:	R001
LOCATION:	Royal Oak Drive	MONITORING GROUP DESC:	Two Rapid Rate Percolation Ponds, including Influent
	Leesburg, FL 34731		
COUNTY:	Lake	NO DISCHARGED FROM SITE:	<input type="checkbox"/>

MONITORING PERIOD From: 7/1/07 To: 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.033		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.028		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.0	<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/08/16

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

Permit Number:
Monitoring Period

FLA010590
From: 7/1/07 To: 7/31/07

DAILY SAMPLE RESULTS – PART B

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1						.026				
2			7.4		2.2	.026				
3			7.3		2.2	.026				
4			7.4		2.2	.016				
5			7.4		2.2	.035				
6			7.4		2.2	.028				
7						.024				
8					2.2	.024				
9			7.4		2.2	.033				
10			7.4		2.2	.027				
11			7.5		2.2	.023				
12	<2.0	<1.0	7.5	<1.0	2.2	.022	4.6	220	240	
13			7.5		2.2	.031				
14						.025				
15					2.2	.025				
16			7.5		2.2	.040				
17			7.4		2.2	.030				
18			7.6		2.2	.020				
19			7.5		2.2	.044				
20			7.7		2.2	.027				
21					2.2	.023				
22						.034				
23			7.7		2.2	.034				
24			7.5		2.2	.021				
25			7.5		2.2	.034				
26			7.5		2.2	.027				
27			7.6		2.2	.029				
28					2.2	.025				
29						.036				
30			7.6		2.2	.036				
31			7.5		2.2	.027				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell

Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

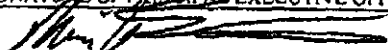
COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 8/1/07 To: 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.032	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.029	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.2	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Avg)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/09/2007

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 8/1/07 To: 8/31/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.5		2.2	.029				
2			7.4		2.2	.029				
3			7.4		2.2	.034				
4					2.2	.019				
5						.037				
6			7.4		2.2	.036				
7			7.4		2.2	.028				
8			7.6		2.2	.026				
9	<2.0	8.0	7.6	1.0 I	2.2	.026		306	231	
10			7.5		2.2	.033				
11					2.2	.015				
12						.038				
13			7.6		2.2	.037				
14			7.6		2.2	.023				
15			7.7		2.2	.033				
16			7.6		2.2	.027				
17			7.6		2.2	.028				
18					2.2	.029				
19						.032				
20			7.6		2.2	.032				
21			7.5		2.2	.028				
22			7.6		2.2	.023				
23			7.6		2.2	.028				
24			7.5		2.2	.029				
25					2.2	.023				
26						.031				
27			7.5		2.2	.031				
28			7.6		2.2	.030				
29			7.6		2.2	.027				
30			7.5		2.2	.023				
31			7.5		2.2	.031				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010590	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Kings Cove WWTF	MONITORING GROUP NUMBER: R001	
LOCATION: Royal Oak Drive Leesburg, FL 34731	MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent	
COUNTY: Lake	NO DISCHARGED FROM SITE: <input type="checkbox"/>	

MONITORING PERIOD From: 09/01/07 To: 09/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.031		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An. Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.029		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo. Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<1.0	<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/10/25

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:

FLA010590

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From: 09/01/07

To: 09/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement				7.4	7.7				
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement				6.0 (Min)	8.5 (Max)	SU SU	0	5 Days/Week 5 Day/Week	Grab Grab
Coliform, Fecal	Sample Measurement				1.0		MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement				200 (An Avg)		MG/L MG/L	0	Monthly Monthly	Grab Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)	#100ML #100ML		Monthly Monthly	Grab Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement				0.5 (Min)		MG/L MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				64%		PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement				Report (Mo.Total)		PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR		MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement				12.0 (Max)		MG/L MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				231		MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement				Report (An.Avg)		MG/L MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				200		MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement				Report (An.Avg)		MG/L MG/L		Annually	Grab

Permit Number:
Monitoring Period

FLA010590
From: 09/01/07 To: 9/30/07

DAILY SAMPLE RESULTS - PART B

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MGL)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1					2.2	.035				
2						.024				
3			7.4		2.2	.024				
4			7.4		2.2	.042				
5			7.6		2.2	.029				
6			7.4		2.2	.028				
7			7.5		2.2	.027				
8					2.2	.017				
9						.032				
10			7.7		2.2	.032				
11			7.6		2.2	.027				
12			7.6		2.2	.029				
13	2.0G	<1.0	7.7	<1.0	2.2	.022		231	200	
14			7.6		2.2	.032				
15					2.2	.019				
16						.036				
17			7.6		2.2	.036				
18			7.6		2.2	.027				
19			7.7		2.2	.026				
20			7.7		2.2	.028				
21			7.7		2.2	.035				
22					2.2	.030				
23						.029				
24			7.6		2.2	.029				
25			7.6		2.2	.033				
26			7.6		2.2	.032				
27			7.5		2.2	.028				
28			7.5		2.2	.032				
29					2.2	.022				
30						.033				
31										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

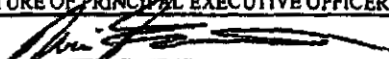
COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: October 1, 2007 To: October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.031	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.033	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			20.0 (An.Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	3.0	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			Report (Mo.Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			20.0 (An.Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			<1.0	<1.0	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			Report (Mo.Avg)	60.0 (Max)		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
Will Fontaine, Field Coordinator		352-787-0980	07/11/20

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:

FLA010590

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From: October 1, 2007

To: October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
pH	Sample Measurement			7.3	7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)	SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			2.0		MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement			200 (An Avg)		MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)	#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	Permit Requirement			0.5 (Min)		MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			57%		PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No,	Permit Requirement			Report (Mo.Total)		PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR		MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	Permit Requirement			12.0 (Max)		MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			130		MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	Permit Requirement			Report (An.Avg)		MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			130		MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	Permit Requirement			Report (An.Avg)		MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: October 1, 2007 To: October 31, 2007

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		2.2	0.033				
2			7.4		2.2	0.030				
3			7.4		2.2	0.036				
4			7.5		2.2	0.027				
5			7.4		2.2	0.033				
6					2.2	0.035				
7						0.040				
8			7.2		2.2	0.040				
9			7.3		2.2	0.036				
10			7.3		2.2	0.023				
11	3.0	<1.0	7.5	<1.0	2.2	0.037		130	130	
12			7.4		2.2	0.032				
13					2.2	0.031				
14						0.031				
15			7.4		2.2	0.034				
16			7.3		2.2	0.033				
17			7.3		2.2	0.029				
18			7.4		2.2	0.035				
19			7.3		2.2	0.031				
20					2.2	0.032				
21						0.039				
22			7.4		2.2	0.038				
23			7.4		2.2	0.026				
24			7.4		2.2	0.032				
25			7.3		2.2	0.033				
26			7.3		2.2	0.036				
27					2.2	0.023				
28						0.035				
29			7.4		2.2	0.035				
30			7.3		2.2	0.031				
31			7.3		2.2	0.029				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

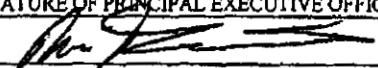
When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	PERMIT NUMBER: FLA010590 LIMIT: Final CLASS SIZE: N/A	REPORT: Monthly GROUP: Domestic
FACILITY: Kings Cove WWTF LOCATION: Royal Oak Drive Leesburg, FL 34731	MONITORING GROUP NUMBER: R001 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent	
COUNTY: Lake	NO DISCHARGED FROM SITE: <input type="checkbox"/>	

MONITORING PERIOD From: 11/1/07 To: 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.030	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.030	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			Report (Mo.Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			Report (Mo.Avg)	60.0 (Max)	MG/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/12/07

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 11/1/07

MONITORING GROUP NUMBER: R-001
To: 11/30/07

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH				7.3	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			2.0			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			56%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			180			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 11/1/07 To: 11/30/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		2.2	.042				
2			7.4		2.2	.026				
3					2.2	.030				
4						.035				
5			7.3		2.2	.035				
6			7.3		2.2	.023				
7			7.4		2.2	.031				
8	<2.0	1.0	7.5	<1.0	2.2	.032		190	180	
9			7.5		2.2	.027				
10					2.2	.029				
11						.037				
12			7.4		2.2	.037				
13			7.3		2.2	.022				
14			7.4		2.2	.031				
15			7.4		2.2	.028				
16			7.3		2.2	.031				
17					2.2	.027				
18						.029				
19			7.5		2.2	.028				
20			7.4		2.2	.029				
21			7.4		2.2	.031				
22			7.5		2.2	.022				
23			7.4		2.2	.035				
24						.029				
25					2.2	.029				
26			7.4		2.2	.040				
27			7.4		2.2	.027				
28			7.3		2.2	.029				
29			7.4		2.2	.027				
30			7.3		2.2	.029				
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 12/1/07 To: 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.030	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.030	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			Report (Mo Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			Report (Mo Avg)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	08/01/24

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 12/1/07

MONITORING GROUP NUMBER: R-001
To: 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			2.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			4.0	4.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			56%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			170			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			150			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 12/1/07 To: 12/31/07

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect) (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1					2.2	.017				
2						.036				
3			7.5		2.2	.036				
4			7.4		2.2	.028				
5			7.6		2.2	.017				
6			7.6		2.2	.034				
7			7.4		2.2	.028				
8					2.2	.020				
9						.038				
10			7.4		2.2	.038				
11			7.5		2.2	.028				
12			7.4		2.2	.028				
13	<2.0	4.0	7.4	<1.0	2.2	.021		170	150	
14			7.4		2.2	.034				
15					2.2	.020				
16						.034				
17			7.4		2.2	.034				
18			7.4		2.2	.020				
19			7.5		2.2	.030				
20			7.4		2.2	.020				
21			7.4		2.2	.049				
22					2.2	.018				
23						.037				
24			7.5		2.2	.036				
25			7.5		2.2	.029				
26			7.3		2.2	.038				
27			7.3		2.2	.030				
28			7.3		2.2	.030				
29					2.2	.017				
30						.034				
31			7.3		2.2	.034				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 12/1/06 To: 12/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An. Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.034	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo. Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.3		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.1	1.1	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		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
Will Fontaine, Field Coordinator		352-787-0980	07/01/22

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

04311 MAY 22 8

FPSC-COMMISSION CLERK

DAILY SAMPLE RESULTS - PART B

Facility: Kings Cove WWTF

Permit Number: FLA010590
 Monitoring Period From: 12/1/06 To: 12/31/06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MGL)	TRC (For Disinfect. (MGL)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.5		2.2	.026				
2					2.2	.029				
3						.034				
4			7.5		2.2	.034				
5			7.6		2.2	.026				
6			7.5		2.2	.033				
7			7.5		2.2	.027				
8			7.5		2.2	.025				
9					2.2	.024				
10						.036				
11			7.4		2.2	.035				
12			7.4		2.2	.031				
13			7.4		2.2	.031				
14	2.0 U Y	1.0U	7.4	1.1U	2.2	.025		260	240	
15			7.5		2.2	.033				
16					2.2	.033				
17						.039				
18			7.4		2.2	.038				
19			7.4		2.2	.038				
20			7.4		2.2	.036				
21			7.6		2.2	.038				
22			7.4		2.2	.042				
23					2.2	.027				
24						.043				
25			7.4		2.2	.043				
26			7.3		2.2	.043				
27			7.3		2.2	.058				
28			7.3		2.2	.037				
29			7.3		2.2	.036				
30						.028				
31					2.2	.027				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

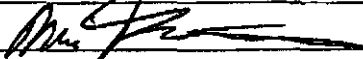
COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 11/1/06 To: 11/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.034	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.3	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.1	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/12/20

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 11/1/06 To: 11/30/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)
Code	80082	74055	00400	00530	50060	50050	620	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1
1			7.6		2.2	.037			
2			7.6		2.2	.036			
3			7.4		2.2	.037			
4						.030			
5					2.2	.030			
6			7.4		2.2	.052			
7			7.6		2.2	.031			
8			7.6		2.2	.040			
9	2.5	1.0U	7.6	1.1U	2.2	.032		150	140
10			7.6		2.2	.036			
11					2.2	.026			
12						.041			
13			7.5		2.2	.040			
14			7.6		2.2	.027			
15			7.5		2.2	.039			
16			7.5		2.2	.033			
17			7.5		2.2	.028			
18					2.2	.030			
19						.030			
20			7.6		2.2	.030			
21			7.6		2.2	.033			
22			7.5		2.2	.031			
23			7.5		2.2	.025			
24			7.5		2.2	.039			
25						.030			
26					2.2	.030			
27			7.5		2.2	.046			
28			7.5		2.2	.029			
29			7.5		2.2	.027			
30			7.5		2.2	.034			
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 10/1/06 To: 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.038	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9	3.9	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.3		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.7	6.7	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		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
Will Fontaine, Field Coordinator		352-787-0980	06/11/06

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 10/1/06 To: 10/31/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)
Code	80082	74055	00400	00530	50060	50050	620	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1
1						.047			
2			7.4		2.2	.046			
3			7.5		2.2	.035			
4			7.4		2.2	.039			
5			7.4		2.2	.039			
6			7.4		2.2	.037			
7					2.2	.025			
8						.044			
9			7.4		2.2	.043			
10			7.4		2.2	.035			
11			7.6		2.2	.036			
12	3.9	1.0U	7.5	6.7	2.2	.037	9.3	180	200
13			7.5		2.2	.042			
14					2.2	.028			
15						.039			
16			7.5		2.2	.039			
17			7.4		2.2	.045			
18			7.4		2.2	.037			
19			7.4		2.2	.026			
20			7.4		2.2	.048			
21					2.2	.036			
22						.041			
23			7.4		2.2	.041			
24			7.4		2.2	.039			
25			7.4		2.2	.027			
26			7.6		2.2	.029			
27			7.5		2.2	.042			
28					2.2	.024			
29						.046			
30			7.4		2.2	.045			
31			7.4		2.2	.031			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 9/1/06 To: 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.039	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)	MGD				5.days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			20.0 (An.Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			Report (Mo.Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			20.0 (An.Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.2	1.2	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			Report (Mo.Avg)	60.0 (Max)		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
Will Fontaine, Field Coordinator		352-787-0980	06/10/06

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 9/1/06 To: 9/30/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.5		2.2	.047				
2					2.2	.032				
3						.039				
4			7.6		2.2	.038				
5			7.5		2.2	.055				
6			7.6		2.2	.039				
7	2.0U	6.0	7.5	1.2	2.2	.039		210	360	
8			7.5		2.2	.039				
9					2.2	.038				
10						.041				
11			7.4		2.2	.040				
12			7.4		2.2	.042				
13			7.3		2.2	.024				
14			7.3		2.2	.047				
15			7.4		2.2	.033				
16					2.2	.025				
17						.046				
18			7.4		2.2	.045				
19			7.4		2.2	.036				
20			7.4		2.2	.035				
21			7.4		2.2	.037				
22			7.4		2.2	.038				
23					2.2	.035				
24						.043				
25			7.5		2.2	.042				
26			7.3		2.2	.044				
27			7.4		2.2	.037				
28			7.4		2.2	.036				
29			7.4		2.2	.039				
30					2.2	.024				
31										

PLANT STAFFING:
Day Shift Operator.

Class: B

Certificate No: 7243

Name: John Worrell

Evening Shift Operator

Class: C

Certificate No: 13614

Name: Adam Michaelson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: B

Certificate No: 7113

Name: Will Fontaine

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE: []

MONITORING PERIOD From: 8/1/06 To: 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.042	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.9	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An.Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Avg)	MG/L		Monthly	Grab
				60.0 (Max)				

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
Will Fontaine, Field Coordinator		352-787-0980	06/09/22

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 8/1/06 To: 8/31/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.4		2.2	.032				
2			7.5		2.2	.039				
3			7.5		2.2	.034				
4			7.4		2.2	.031				
5					2.2	.030				
6						.045				
7			7.4		2.2	.045				
8			7.5		2.2	.038				
9			7.7		2.2	.039				
10	2.0U	6.0	7.7	1.0U	2.2	.036	2.5	150	100	
11			7.6		2.2	.042				
12					2.2	.036				
13						.036				
14			7.7		2.2	.048				
15			7.6		2.2	.045				
16			7.6		2.2	.044				
17			7.5		2.2	.038				
18			7.6		2.2	.045				
19					2.2	.036				
20						.050				
21			7.7		2.2	.050				
22			7.6		2.2	.049				
23			7.5		2.2	.040				
24			7.6		2.2	.038				
25			7.7		2.2	.049				
26					2.2	.034				
27						.058				
28			7.5		2.2	.058				
29			7.5		2.2	.036				
30			7.6		2.2	.052				
31			7.7		2.2	.034				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent


COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 7/1/06 To: 7/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.040	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.9	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/28/06

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

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 7/1/06 To: 7/31/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1					2.2	.039				
2						.040				
3			7.3		2.2	.040				
4			7.5		2.2	.029				
5			7.5		2.2	.043				
6			7.4		2.2	.047				
7			7.6		2.2	.034				
8					2.2	.037				
9						.042				
10			7.5		2.2	.042				
11			7.6		2.2	.047				
12			7.5		2.2	.034				
13	2.0U	67	7.6	1.0U	2.2	.037		150	110	
14			7.5		2.2	.041				
15					2.2	.034				
16						.046				
17			7.6		2.2	.045				
18			7.5		2.2	.036				
19			7.5		2.2	.037				
20			7.6		2.2	.043				
21			7.5		2.2	.027				
22					2.2	.037				
23						.048				
24			7.6		2.2	.047				
25			7.5		2.2	.037				
26			7.5		2.2	.039				
27			7.5		2.2	.030				
28			7.6		2.2	.037				
29					2.2	.030				
30						.047				
31			7.5		2.2	.047				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

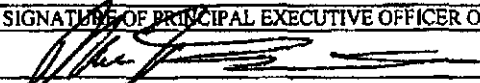
COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 6/1/06 To: 6/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.040		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.9		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.1	1.1	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Will Fontaine, Field Coordinator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 352-787-0980	DATE-YY/MM/DD 06/07/06
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010590
 Monitoring Period From: 6/1/06

To: 6/30/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		0.9	.036				
2			7.3		2.2	.032				
3						.032				
4					2.2	.032				
5			7.4		2.2	.055				
6			7.3		1.1	.039				
7			7.3		1.3	.035				
8	2.1V	1.0U	7.5	1.1U	2.2	.031	4.7	220V	180	
9			7.3		1.2	.043				
10					2.0	.038				
11						.041				
12			7.3		2.2	.042				
13			7.4		2.2	.040				
14			7.4		2.2	.039				
15			7.6		2.2	.043				
16			7.4		2.2	.038				
17			7.4		2.2	.037				
18						.046				
19			7.4		2.2	.047				
20			7.3		2.2	.033				
21			7.3		2.2	.038				
22			7.4		2.2	.039				
23			7.6		2.2	.039				
24			7.5		2.2	.028				
25						.044				
26			7.4		2.2	.044				
27			7.4		2.2	.039				
28			7.5		2.2	.040				
29			7.4		2.2	.043				
30			7.4		2.2	.054				
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 5/1/06 To: 5/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.038		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.9		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.6	1.6	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/06/07

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 5/1/06 To: 5/31/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		2.2	.030				
2			7.4		2.2	.032				
3			7.4		2.0	.030				
4			7.5		2.2	.040				
5			7.5		2.1	.035				
6					2.2	.037				
7						.041				
8			7.1		0.8	.042				
9			7.1		0.7	.039				
10			7.2		1.3	.037				
11			7.2		2.2	.035				
12			7.2		1.3	.040				
13					1.8	.029				
14						.044				
15			7.1		1.5	.045				
16			7.1		1.5	.039				
17			7.4		2.2	.035				
18	2.0U	1.0	7.3	1.6	2.2	.030	5.3	180	180	
19			7.3		2.2	.046				
20					2.2	.025				
21						.049				
22			7.2		1.8	.049				
23			7.3		2.2	.038				
24			7.2		1.6	.037				
25			7.2		2.2	.034				
26			7.2		2.2	.040				
27					2.2	.029				
28						.034				
29			7.4		2.2	.034				
30			7.3		2.2	.063				
31			7.3		2.2	.036				

PLANT STAFFING:

Day Shift Operator

Class: B

Certificate No: 7243

Name: John Worrell

Evening Shift Operator

Class: C

Certificate No: 13614

Name: Adam Michaelson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: B

Certificate No: 7113

Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 4/1/06 To: 4/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.040		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.2	1.2	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo.Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Will Fontaine, Field Coordinator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 352-787-0980	DATE-YY/MM/DD 06/05/09
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS -- PART B

 Permit Number: FLA010590
 Monitoring Period From: _____ To: _____

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1						.035				
2					2.2	.036				
3			7.3		2.2	.044				
4			7.5		2.2	.044				
5			7.4		2.2	.036				
6			7.4		2.2	.035				
7			7.3		2.2	.022				
8					2.2	.043				
9						.040				
10			7.3		1.6	.040				
11			7.5		2.2	.032				
12			7.5		2.2	.037				
13	2.0U	2.0	7.4	1.2	2.2	.029	15	180	170	
14			7.4		2.2	.033				
15					2.2	.037				
16						.037				
17			7.3		0.8	.037				
18			7.3		1.3	.033				
19			7.2		0.9	.037				
20			7.4		2.2	.033	6.1			
21			7.6		2.2	.041				
22						.032				
23					1.8	.032				
24			7.5		2.2	.058				
25			7.2		2.2	.029				
26			7.3		0.6	.038				
27			7.1		2.2	.034				
28			7.1		1.4	.032				
29					2.2	.032				
30						.030				
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 3/1/06 To: 3/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.040	MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An Avg)	MGD					5 days/Week	Meter
Flow	Sample Measurement	0.040	MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo Avg)	MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	2.5	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.7	3.7	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/04/11

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 3/1/06 To: 3/31/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.2		2.2	.043				
2	2.5V	16	7.4	3.7	2.2	.034		210V	160	
3			7.5		2.2	.053				
4					2.2	.030				
5						.055				
6			7.4		2.2	.055				
7			7.4		2.2	.039				
8			7.3		2.2	.047				
9			7.4		2.2	.050				
10			7.4		2.2	.038				
11					2.2	.051				
12						.040				
13			7.3		2.2	.040				
14			7.3		2.2	.036				
15			7.3		2.2	.034				
16			7.5		2.2	.030				
17			7.6		2.2	.045				
18					2.2	.033				
19						.041				
20			7.5		2.2	.041				
21			7.7		2.2	.037				
22			7.4		2.2	.039				
23			7.3		2.2	.034				
24			7.4		2.2	.033				
25						.033				
26					2.2	.033				
27			7.4		2.2	.044				
28			7.3		2.2	.041				
29			7.3		2.2	.032				
30			7.3		2.2	.028				
31			7.2		2.2	.056				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent


COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 2/1/06 To: 2/28/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.041	MGD			0	5 Days/Week	Meter
PARM Code 50056 Mon Site No FLW-1	Permit Requirement	0.053 (An Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.040	MGD			0	5 Days/Week	Meter
PARM Code 50056 Mon Site No FLW-1	Permit Requirement	Report (Mo Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Requirement			2.0 (An Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Requirement			2.0 (An Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.9	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/03/2006

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010590
 Monitoring Period From: 2/1/06

To: 2/28/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.6		2.2	.041				
2			7.5		2.2	.039				
3			7.6		2.2	.029				
4					2.2	.039				
5						.046				
6			7.6		2.2	.046				
7			7.5		2.2	.044				
8			7.4		2.2	.045				
9	2.0U	1.0U	7.6	3.9	2.2	.030		200	310	
10			7.4		2.2	.042				
11					2.2	.026				
12						.046				
13			7.4		2.2	.046				
14			7.4		2.2	.042				
15			7.5		2.2	.036				
16			7.5		2.2	.036				
17			7.4		2.2	.036				
18					2.2	.035				
19						.049				
20			7.5		2.2	.049				
21			7.5		2.2	.032				
22			7.5		2.2	.039				
23			7.3		2.2	.038				
24			7.3		2.2	.040				
25					2.2	.025				
26						.049				
27			7.2		2.2	.049				
28			7.2		2.2	.042				
29										
30										
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010590
MAILING ADDRESS:	PO Box 490310 Leesburg, FL 34749	LIMIT:	Final
		CLASS SIZE:	N/A
FACILITY:	Kings Cove WWTF	MONITORING GROUP NUMBER:	R001
LOCATION:	Royal Oak Drive Leesburg, FL 34731	MONITORING GROUP DESC:	Two Rapid Rate Percolation Ponds, including Influent
COUNTY:	Lake	NO DISCHARGED FROM SITE:	<input type="checkbox"/>

MONITORING PERIOD From: 1/1/06 To: 1/31/06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.041		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FEW-1	Permit Requirement	0.055 (An Avg)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.037		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FEW-1	Permit Requirement	Report (Mo Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.6		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.2	4.2	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/03/06

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

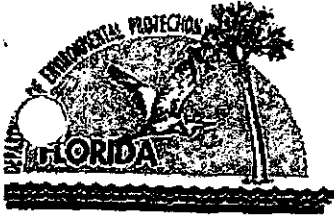
FLA010590
From: 1/1/06 To: 1/31/06

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MGL)	TRC (For Disinfect. (MGL)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1						.026				
2			7.3		2.2	.025				
3			7.2		2.2	.061				
4			7.3		2.2	.039				
5			7.4		2.2	.040				
6			7.4		2.2	.028				
7						.034				
8					2.2	.034				
9			7.5		2.2	.052				
10			7.4		2.2	.026				
11			7.5		2.2	.033				
12			7.4		2.2	.031				
13			7.4		2.2	.037				
14					2.2	.033				
15						.036				
16			7.4		2.2	.036				
17			7.5		2.2	.055				
18			7.4		2.2	.031				
19	2.1V	2.0	7.5	4.2	2.2	.031	7.5	220V	190	
20			7.5		2.2	.045				
21					2.2	.024				
22						.044				
23			7.3		2.2	.043				
24			7.3		2.2	.044				
25			7.4		2.2	.036				
26			7.5		2.2	.033				
27			7.5		2.2	.042				
28					2.2	.025				
29						.040				
30			7.6		2.2	.039				
31			7.6		2.2	.037				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

David B. Struhs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aquasource, Inc.

PERMIT NUMBER:

FLA010590

PA FILE NUMBER:

FLA010590-003-DW3P

ISSUANCE DATE:

February 6, 2004

EXPIRATION DATE:

February 5, 2009

RESPONSIBLE AUTHORITY:

Mr. Glen Labrecque
Vice President
1343 NE 17th Road
Ocala, FL 34770

(352) 732-6027

FACILITY:

Kings Cove WWTF
Royal Oak Drive
Leesburg, FL 34731
Lake County

Latitude: 28° 51' 43" N Longitude: 81° 52' 03" W

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

TREATMENT FACILITIES:

An existing 0.055 million gallon day (mgd) annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of flow equalization, aeration, secondary clarification, chlorination and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.055 mgd AADF permitted capacity restricted access rapid infiltration basin system (R-001) consisting of two percolation ponds with a total wetted area of 1.38 acres (29,000 sq ft each). Land application system R-001 is located approximately at latitude 28° 51' 45" N, longitude 81° 52' 00" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 13 of this permit.

DOCUMENT NUMBER - DATE
04311 MAY 22 08

FPSC-COMMISSION CLERK

FACILITY: Kings Cove WWTF
 PERMITTEE: Aquasource, Inc.

PERMIT NUMBER: FLA010590
 EXPIRATION DATE: February 5, 2009

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 (two percolation ponds). Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.055	-	-	-	5 Days/Week	Meter	PLW-1	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EPA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EPA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EPA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Monthly	Grab	EPA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EPA-1	See Cond. I.A.5.
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Annually	Grab	EPA-1	See Cond. I.A.6.

FACILITY: Kings Cove WWTF
PERMITTEE: Aquasource, Inc.

PERMIT NUMBER: FLA010590
EXPIRATION DATE: February 5, 2009

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	Chlorine contact chamber effluent
FLW-1	Elapsed time meter on pumps

3. Elapsed time meters on pumps are utilized to measure flow and shall be calibrated at least annually. [62-601.200(17) and .500(6)]
4. 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)]
5. 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)]
6. Nitrate nitrogen (NO₃) concentration in the water discharged to the rapid rate system shall not exceed 12.0 mg/L. or as required to comply with Rule 62-610.510, F.A.C. If the facility exceeds this limit, the Department may require future groundwater monitoring or modification to the treatment facility to remove nitrogen. [62-610.510]

FACILITY: Kings Cove WWTF
 PERMITTEE: Aquasource, Inc.

PERMIT NUMBER: FLA010590
 EXPIRATION DATE: February 5, 2009

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

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	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Solids, Total Suspended	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Percent Capacity, (TMADE/Permitted Capacity) x 100	PER CENT	Maximum	-	Report (Mo. Total)	-	-	Monthly	Calculated	-	

FACILITY: Kings Cove WWTF
PERMITTEE: Aquasource, Inc.

PERMIT NUMBER: FLA010590
EXPIRATION DATE: February 5, 2009

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

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Raw influent to surge tank

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. 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)]
5. 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)]
6. 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 Central 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 Central District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

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

7. 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, Lake County Water Resource Management and the Department's Central District Office at the address specified below:

Central District Office
3319 Maguire Boulevard Suite 232
Orlando, Florida 32803-3767

Phone Number - (407) 894-7555
FAX Number - (407) 897-2966

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]

FACILITY: Kings Cove WWTF
PERMITTEE: Aquasource, Inc.

PERMIT NUMBER: FLA010590
EXPIRATION DATE: February 5, 2009

II. RESIDUALS MANAGEMENT REQUIREMENTS

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

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

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

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

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

FACILITY: Kings Cove WWTF
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2. The annual average hydraulic loading rate to the two rapid rate percolation ponds with a total wetted area of 1.38 acres (29,000 sq ft each) shall be limited to a maximum of 1.53 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. The two rapid rate percolation ponds with a total wetted area of 1.38 acres (29,000 sq ft each) 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 Central 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 visit each weekend. The lead operator must be a Class C operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]
2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [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;

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- 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]

VIII. OTHER SPECIFIC CONDITIONS

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

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6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
- Which may cause fire or explosion hazards; or
 - Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - 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:
- 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
 - Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.
- Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 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)]
- 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)]
- 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

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interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]

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

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

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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:
 - 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.

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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.
- 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.

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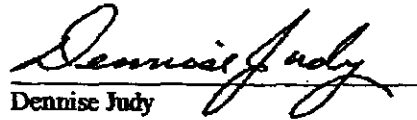
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- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Dennise Judy
Program Manager
Domestic Waste

Date: February 6, 2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION ON DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aquasource, Inc.
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34770

PERMIT NUMBER: FLA010590

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

COUNTY: Lake

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.055 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement							
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
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 1 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	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 1 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Kings Cove WWTF

PERMIT NUMBER: FLA010590

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 1 Mon. Site No. EPA-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. EPA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML	Monthly	Grab	
Coliform, Fecal	Sample Measurement									
PARM Code 74055 1 Mon. Site No. EPA-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. EPA-1	Permit Requirement			0.5 (Min.)			MG/L	5 Days/Week	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	
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 1 Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MG/L	Annually	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Ar. Avg.)			MG/L	Annually	Grab	
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Ar. Avg.)			MG/L	Annually	Grab	
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010590**

Facility: **Kings Cove WWTF**

Monitoring Period From: _____ To: _____

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MGL)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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19										
20										
21										
22										
23										
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

The DMR consists of four parts--A, B, C, 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 data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part C is only applicable for domestic wastewater facilities with limited wet weather discharges permitted under Chapter 62-610.860, F.A.C. Part D is used for reporting ground water monitoring well data.

Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

In addition to filling in numerical results on various parts of the DMR, the following codes should be used and an explanation provided where appropriate. Note: Codes used by the lab for raw data may be 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 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 blanks in the header 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. If there was no discharge of effluent for a particular outfall, reuse, or land application system and the DMR 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. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.).

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter. 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 SAMPLING RESULTS

Month/Year: Enter the month and year during which the data on this report were collected and analyzed.

Three-month Average Daily Flow: Calculate and enter the three-month average daily flow to the treatment facility.

(TMADF/Permitted Capacity) x 100: Divide the three-month average daily flow by the permitted capacity of the treatment facility, multiply by 100, and enter this value.

Daily Monitoring Results: Record the results of daily monitoring for the parameters required to be sampled by your permit. Record the data in the units indicated.

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.

Type of Effluent Disposal or Reclaimed Water Reuse: Enter the type of effluent disposal or reclaimed water reuse (e.g. surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, underground injection).

Limited Wet Weather Discharge Activated: If this plant does not have a limited wet weather discharge permitted under the provision of Rule 62-610.860, F.A.C., check 'Not Applicable.' If the plant activated the wet weather discharge during the reporting month, check 'Yes' and attach PART C - LIMITED WET WEATHER DISCHARGE.

PART C - LIMITED WET WEATHER DISCHARGE

This part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge permitted under Rule 62-610.860, F.A.C. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated.

Month/Year: Enter the month and year during which the data on this report were collected and analyzed.

Rainfall Information: Enter the name and location of the rainfall gauging station, the source of climatological (normal rainfall) data, the cumulative rainfall for the average rainfall year, and the cumulative rainfall to date for this calendar year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. 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.

Date: Enter the date on which the discharge occurred.

Duration of Discharge: Enter the number of hours, to the nearest 0.1 of an hour (0.1 hr. = 6 min.) during each day of discharge that reclaimed water was actually discharged to surface waters.

Gallons Discharged: Enter the quantity in millions of gallons of reclaimed water discharged during the period shown in duration of discharge. Show the units as millions of gallons (mg), accurate to the nearest 0.01.

Average Discharge Flow Rate: Divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Average Upstream Flow Rate: Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in duration 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.

Stream Dilution Factor: Enter the actual stream dilution ratio accurate to the nearest 0.1. To calculate the factor, divide the average upstream flow rate by the average discharge flow rate.

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.

Total P: Enter the cumulative number of days since January 1 of the current year during which the limited wet weather discharge was activated divided by the total number of days since January 1 of the current year multiplied by 100%.

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

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.

Sampling Methods: 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).

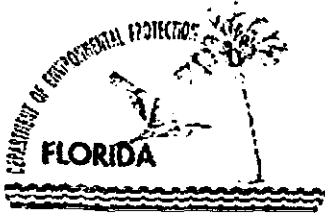
Preservatives Added: State what preservatives were added to the sample.

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.

Analysis Result/Units: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Enter the units associated with the results of the analysis.

Detection Limits/Units: Record the detection limits of the analytical methods used and the units associated with them.

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



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA EMAIL TO: jmlihvarcik@aquaaamerica.com

August 6, 2007

AQUA UTILITIES FLORIDA INC
POST OFFICE BOX 490310
LEESBURG FL 34749

OCD-C-WW-07-0709

ATTENTION JOHN M LIHVARIK
CHIEF OPERATING OFFICER

Lake County - DW
Kings Cove WWTF
Wastewater Facility - Permit No.FLA010590

Valencia Terrace WWTF
Wastewater Facility - Permit No.FLA010599

Dear Mr. Lihvarcik:

On July 25, 2007, Department personnel conducted routine inspections of your wastewater facilities. At the time of the inspection, the overall operation of your facilities was found to be in substantial compliance with the terms and conditions in the above referenced permits. Copies of the inspection reports are enclosed for your review.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact Michael J. Eckoff at the above address or at (407) 893-3313.

Sincerely,

Michael J. Eckoff
Environmental Specialist
Wastewater Compliance/Enforcement

MJE/ar

Enclosures: Inspection Reports

cc: Lake County Water Resource Management, scatusus@co.lake.fl.us
Patrick Farris, Aqua Utilities Inc., PAFarris@aquaaamerica.com

"More Protection, Less Process"
www.dep.state.fl.us

DOCUMENT NUMBER - DATE

04311 MAY 22 08

FPSC-COMMISSION CLERK

COMET ENTRY DATE
07 / 30 / 07

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Kings Cove WWTF Royal Oak Drive Leesburg FL 34731	WAFR ID: FLA010590	County Lake	Entry Date/Time July 25, 2007 0947
		Phone	@ Exit Date/Time July 25, 2007 1014
Name(s) of Field Representative(s) Patrick Farris	Title Environmental Compliance Specialist	Phone (352) 435-4029	
Name and Address of Permittee or Designated Representative John M Lihvarcik Aqua Utilities Florida Inc Post Office Box 490310 Leesburg FL 34749	Title Chief Operating Officer	Phone (352) 787-0980	@ Operator Certification #
	Email jmlihvarcik@aquaamerica.com	Fax	

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

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

IC	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	NC	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance

Recommended Action: Letter

Name(s) and Signature(s) of Inspector(s) Michael Eckoff <i>Michael Q. Eckoff</i>	District Office/Phone Number CD 407 - 893-3313	Date July 30, 2007
@ Signature of Reviewer Kalina Warren <i>Kalina Warren</i>	District Office/Phone Number CD 407 - 893-7875	Date August 6, 2007

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5		1	2	3

ADDITIONAL NPDES COMMENTS

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

INSPECTION COMMENTS
KINGS COVE WWTF
CEI 07/30/2007

The facility is a 0.055 MGD extended aeration domestic wastewater treatment plant with land application via two percolation pond(s).

1. **PERMIT:** In Compliance
 - Permit FLA010590 expires on February 5, 2009.
 - A copy of the permit was on-site.
2. **COMPLIANCE SCHEDULES:** Not Applicable
3. **LABORATORY:** Not Evaluated
 - Harbor Branch Laboratory analyzes samples.
4. **SAMPLING:** Not Evaluated
5. **RECORDS & REPORTS:** In Compliance
 - The operation and maintenance logbook contains sufficient entries.
 - A copy of the operation and maintenance manual was on-site.
 - A copy of the license for each certified operator that services this facility was on-site.
 - A copy of the laboratory certification was on-site.
 - DMRs were reviewed from March 2006 through May 2007.
 - **The following reporting deficiencies were noted:**
 - CBOD: 2.0 mg/L on Part A and <2.0 (2.0U) mg/L on Part B 4/06-5/06, 8/06-9/06, and 12/06-1/07.
 - TSS: 1.1 mg/L on Part A and <1.1 (1.1U) mg/L on Part B 6/06 and 11/06. 1.0 mg/L on Part A and <1.0 (1.0U) mg/L on Part B 8/06 and 12/06.
 - FC: 1.0 fcc/100mL on Part A and <1.0 (1.0U) fcc/100mL on Part B 6/06 and 10/06-2/07.
 - Reporting results with "<" on 3/07-5/07 DMR.
6. **FACILITY SITE REVIEW:** In Compliance
 - Access control was sufficient.
 - Head-works consists of a lift station.
 - Aeration is provided by two blower(s), running. Even air distribution with no foam.
 - Mixed Liquor Suspended Solids (MLSS) was medium brown.
 - Stilling well was in satisfactory condition.
 - Clarifier was clear. No pop-ups present. The skimmer was running. The weir was level, clean, and effluent clear.
 - Return Activated Sludge (RAS) system was running.
 - Chlorine Contact Chamber (CCC) was clear. Final effluent was clear.
 - Disinfection is provided by liquid hypochlorite solution, pump running.
 - Digester had storage available.
 - Backflow Preventer was in satisfactory condition.
7. **FLOW MEASUREMENT:** In Compliance
 - FLW-1 Elapsed time meters on pumps.
 - Current calibration was on-site dated 01/31/2007.
8. **OPERATION & MAINTENANCE:** In Compliance
 - The grounds surrounding the plant were well maintained.
 - No leaks noted in the wall(s) of the plant.
9. **EFFLUENT QUALITY:** Out of Compliance
 - DMRs were reviewed from March 2006 through May 2007.
 - **The following effluent deficiency was noted:**
 - Nitrate: 15 mg/L 4/06, sampled again in the month, result: 6.1 mg/L.
 - HACH Pocket Colorimeter: >2.2 mg/L.
10. **EFFLUENT DISPOSAL:** In Compliance

INSPECTION COMMENTS
KINGS COVE WWTF
CEI 07/30/2007

- Access control was sufficient.
- The percolation pond(s) were well maintained. The berm(s) were intact. >3 feet of freeboard

11. RESIDUALS/ SLUDGE: In Compliance

- The facility has an agreement with Central Process RMF.

12. GROUNDWATER: Not Applicable

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Morningview</u>		PWS Identification Number: <u>3350852</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>35</u>		Total Population Served at End of Month: <u>123</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Morningview</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>01322 English Road</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>306,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813 / Days 1st Shift</u>
Other Operators	<u>Marty Neal</u>	<u>C</u>	<u>10027 / Days 1st Shift</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597 / Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

2-9-07
DOCUMENT NUMBER - DATE
Will Fontaine
C-6813
Signature and Date
Printed or Typed Name
License Number

04311 MAY 22 08

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm ²	Minimum UV Dose Required, mW·sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
	X	24.0	8,300		1.3										1.0	
	X	24.0	7,500		1.0										0.7	
	X	24.0	9,400		1.0										0.7	
	X	24.0	5,500		1.2										0.8	
	X	24.0	5,500		1.2										0.8	
	X	24.0	7,700		1.3										1.0	
	X	24.0	6,100		1.4											
		24.0	6,900													
	X	24.0	6,900		1.2										0.9	
	X	24.0	3,200		1.1										0.8	
	X	24.0	9,000		1.3										0.9	
	X	24.0	5,400		1.2										0.9	
	X	24.0	7,700		1.3										1.0	
	X	24.0	6,300		1.2											
		24.0	8,200													
	X	24.0	8,200		1.2										0.9	
	X	24.0	7,100		1.2										0.9	
	X	24.0	10,100		1.4										1.0	
	X	24.0	7,900		0.9										0.7	
	X	24.0	7,400		0.9										0.6	
	X	24.0	6,900		1.2											
		24.0	7,950													
	X	24.0	7,950		1.0										0.8	
	X	24.0	6,900		1.0										0.7	
	X	24.0	6,800		1.1										0.7	
	X	24.0	11,300		1.4										0.9	
	X	24.0	6,900		1.4										1.0	
	X	24.0	5,100		1.5											
		24.0	8,050													
	X	24.0	8,050		1.4										1.1	
	X	24.0	9,600		1.4										1.1	
	X	24.0	8,700		1.4										1.0	
Total			233,000													
Average			7,516													
Maximum			11,300													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Morningview</u>		PWS Identification Number: <u>3350852</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>35</u>		Total Population Served at End of Month: <u>123</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Morningview</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>01322 English Road</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>306,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
	Licensed Operators	Name	License Class License Number Day(s) / Shift(s) Worked
Lead/Chief Operator:	<u>Will Fontaine</u>		<u>C 6813 Days 1st Shift</u>
Other Operators:	<u>Marty Neal</u>		<u>C 10027 Days 1st Shift</u>
	<u>John Worrell</u>		<u>C 6597 Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

Will Fontaine 3-8-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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	6,700		1.5										1.3
2	X	24.0	9,100		1.5										1.3
3	X	24.0	4,000		1.5										
4		24.0	8,400												
5	X	24.0	8,400		1.4										1.1
6	X	24.0	4,600		1.3										0.9
7	X	24.0	9,200		1.3										1.0
8	X	24.0	6,600		1.4										1.0
9	X	24.0	7,300		1.4										1.1
10	X	24.0	4,600		1.4										
11		24.0	8,050												
12	X	24.0	8,050		1.4										1.1
13	X	24.0	6,600		1.4										1.0
14	X	24.0	5,400		1.5										1.3
15	X	24.0	8,500		1.4										1.1
16	X	24.0	8,900		1.3										1.1
17	X	24.0	6,000		1.2										
18		24.0	7,550												
19	X	24.0	7,550		1.4										1.1
20	X	24.0	7,500		1.3										1.1
21	X	24.0	7,300		1.4										1.1
22	X	24.0	5,500		1.3										1.1
23	X	24.0	9,800		1.4										1.1
24	X	24.0	6,200		1.3										
25		24.0	10,300												
26	X	24.0	10,300		1.3										1.0
27	X	24.0	6,400		1.4										1.1
28	X	24.0	11,100		1.3										1.1
29		24.0													
30		24.0													
31		24.0													
Total			209,900												
Average			6,771												
Maximum			11,100												

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

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	7,400		1.4										1.1	
2	X	24.0	8,900		1.4										1.2	
3		24.0	4,650													
4	X	24.0	4,650		1.3											
5	X	24.0	11,300		1.3										1.1	
6	X	24.0	19,700		1.4										1.2	
7	X	24.0	5,600		1.3										1.0	
8	X	24.0	11,400		1.4										1.1	
9	X	24.0	8,700		1.4										1.1	
10		24.0	7,900													
11	X	24.0	7,900		1.4											
12	X	24.0	17,700		1.3										1.0	
13	X	24.0	5,300		1.3										0.9	
14	X	24.0	20,900		1.3										1.1	
15	X	24.0	7,000		1.3										1.0	
16	X	24.0	9,000		1.4										1.0	
17	X	24.0	7,300		1.5											
18		24.0	9,050													
19	X	24.0	9,050		1.4										1.1	
20	X	24.0	8,300		1.3										1.0	
21	X	24.0	10,000		1.3										1.0	
22	X	24.0	4,400		1.4										1.0	
23	X	24.0	8,200		1.2										0.9	
24	X	24.0	9,900		1.3											
25		24.0	8,800													
26	X	24.0	8,800		1.3										1.0	
27	X	24.0	8,300		1.3										1.0	
28	X	24.0	11,800		1.3										0.9	
29	X	24.0	8,200		1.2										0.9	
30	X	24.0	8,100		1.3										0.9	
31	X	24.0	8,300		1.3											
Total			286,500													
Average			9,242													
Maximum			20,900													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Morningview	PWS Identification Number: 3350852
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: 39	Total Population Served at End of Month: 137
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

B. Water Treatment Plant Information

Plant Name: Morningview	Plant Telephone Number: 352-787-0980
Plant Address: 01322 English Road	City: Leesburg State: Florida Zip Code: 34748
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: 306,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License-Class	License Number	Day(s)/ Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 5-4-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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		24.0	10,600													1.0	
2	X	24.0	10,600			1.3										1.0	
3	X	24.0	8,600			1.3										1.1	
4	X	24.0	11,200			1.4										1.0	
5	X	24.0	11,100			1.4										1.0	
6	X	24.0	15,500			1.3										1.0	
7	X	24.0	7,700			1.3											
8		24.0	10,200														
9	X	24.0	10,200			1.5										1.0	
10	X	24.0	6,600			2.0										1.7	
11	X	24.0	5,800			1.9										1.6	
12	X	24.0	5,500			1.5										1.3	
13	X	24.0	8,200			1.4										1.2	
14	X	24.0	7,800			1.4											
15		24.0	8,400														
16	X	24.0	8,400			1.4										1.0	
17	X	24.0	6,500			1.3										1.0	
18	X	24.0	8,300			1.4										1.1	
19	X	24.0	7,100			1.4										1.0	
20	X	24.0	8,100			1.4										1.0	
21	X	24.0	10,900			1.4											
22		24.0	12,600														
23	X	24.0	12,600			1.3										1.0	
24	X	24.0	8,700			1.3										1.0	
25	X	24.0	7,000			1.3										1.1	
26	X	24.0	10,000			1.3										1.0	
27	X	24.0	15,000			1.4										1.0	
28	X	24.0	5,600			1.5											
29		24.0	10,400														
30	X	24.0	10,400			1.4										1.0	
31		24.0															
Total			279,600														
Average			9,019														
Maximum			15,500														

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

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	10,200		1.2							0.9	
2	X	24.0	14,000		1.2							1.0	
3	X	24.0	10,600		1.2							0.9	
4	X	24.0	15,900		1.2							1.0	
5	X	24.0	11,500		1.4								
6		24.0	13,650										
7	X	24.0	13,650		1.3							1.0	
8	X	24.0	8,400		1.2							0.9	
9	X	24.0	19,300		1.0							0.8	
10	X	24.0	9,000		0.9							0.6	
11	X	24.0	9,200		1.0							0.8	
12		24.0	9,000										
13	X	24.0	9,000		1.1								
14	X	24.0	9,300		0.9							0.6	
15	X	24.0	7,600		1.2							0.8	
16	X	24.0	8,700		1.5							1.0	
17	X	24.0	12,900		1.1							1.0	
18	X	24.0	11,900		1.3							1.0	
19	X	24.0	3,400		1.4								
20		24.0	20,300										
21	X	24.0	20,300		1.3							1.1	
22	X	24.0	8,700		1.3							0.9	
23	X	24.0	9,600		1.3							1.0	
24	X	24.0	6,400		1.2							1.0	
25	X	24.0	11,000		1.3							1.0	
26	X	24.0	15,200		1.3								
27		24.0	6,900										
28	X	24.0	6,900		1.0							0.8	
29	X	24.0	16,900		1.0							0.7	
30	X	24.0	12,000		0.9							0.6	
31	X	24.0	9,700		1.0							0.7	
Total			351,100										
Average			11,326										
Maximum			20,300										

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

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to 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	7,300		1.0									0.8	
2	X	24.0	6,300		1.2										
3		24.0	6,950												
4	X	24.0	6,950		1.3									0.9	
5	X	24.0	7,300		1.2									1.0	
6	X	24.0	14,700		1.4									1.1	
7	X	24.0	14,900		1.5									1.2	
8	X	24.0	9,400		1.5									1.3	
9	X	24.0	5,800		1.5										
10		24.0	8,000												
11	X	24.0	8,000		1.0									0.9	
12	X	24.0	7,000		2.1									0.8	
13	X	24.0	13,700		2.6									1.4	
14	X	24.0	6,300		1.9									1.7	
15	X	24.0	6,200		2.0									1.4	
16	X	24.0	6,200		1.6										
17		24.0	9,350												
18	X	24.0	9,350		1.6									1.3	
19	X	24.0	22,100		1.7									1.4	
20	X	24.0	5,200		1.3									1.2	
21	X	24.0	9,000		1.3									0.9	
22	X	24.0	4,400		1.4									1.0	
23	X	24.0	5,900		1.4										
24		24.0	7,800												
25	X	24.0	7,800		1.2									1.0	
26	X	24.0	6,900		1.2									1.1	
27	X	24.0	14,000		1.5									1.4	
28	X	24.0	7,900		1.4									1.2	
29	X	24.0	6,000		1.3									1.0	
30		24.0	10,200												
31		24.0													
Total			260,900												
Average			8,416												
Maximum			22,100												

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

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place XX)	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	10,200			1.3									
2	X	24.0	9,600			1.4									1.2
3	X	24.0	12,500			1.4									1.2
4	X	24.0	7,500			1.3									1.0
5	X	24.0	9,800			1.3									0.7
6	X	24.0	14,300			1.1									0.8
7	X	24.0	7,700			1.3									
8		24.0	6,700												
9	X	24.0	6,700			1.2									0.8
10	X	24.0	8,700			1.3									0.9
11	X	24.0	7,100			1.2									0.9
12	X	24.0	6,900			1.4									1.3
13	X	24.0	9,900			1.2									1.7
14	X	24.0	10,600			1.3									
15		24.0	11,400												
16	X	24.0	11,400			1.2									0.9
17	X	24.0	10,800			1.5									0.9
18	X	24.0	6,600			1.3									1.1
19	X	24.0	9,800			1.3									1.1
20	X	24.0	7,700			1.3									1.1
21	X	24.0	7,800			1.3									
22		24.0	6,700												
23	X	24.0	6,700			1.3									1.0
24	X	24.0	5,300			1.4									1.1
25	X	24.0	5,600			1.4									1.0
26	X	24.0	7,500			1.3									1.0
27	X	24.0	12,600			1.6									1.0
28	X	24.0	7,600			1.3									
29		24.0	6,550												
30	X	24.0	6,550			1.1									0.9
31	X	24.0	5,400			1.0									0.8
Total			264,200												
Average			8,523												
Maximum			14,300												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Morningview	PWS Identification Number:	3350852
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:	39	Total Population Served at End of Month:	137
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Morningview	Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	City:	Leesburg
		State:	Florida
		Zip Code:	34748
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:	306,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 9-7-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350852 Plant Name: Moruingview

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	5,700		1.1										0.8	
2	X	24.0	5,500		1.0										0.8	
3	X	24.0	5,900		1.0										0.8	
4	X	24.0	4,900		1.0											
5		24.0	7,100													
6	X	24.0	7,100		1.1										0.6	
7	X	24.0	4,800		1.1										1.1	
8	X	24.0	7,100		1.3										1.0	
9	X	24.0	8,000		1.5										1.2	
10	X	24.0	6,600		1.5										1.3	
11	X	24.0	4,300		1.4											
12		24.0	8,200													
13	X	24.0	8,200		1.2										0.9	
14	X	24.0	10,000		1.4										1.2	
15	X	24.0	8,200		1.5										1.3	
16	X	24.0	9,400		1.2										1.0	
17	X	24.0	6,500		1.5										1.1	
18	X	24.0	14,000		1.5											
19		24.0	6,300													
20	X	24.0	6,300		1.4										1.1	
21	X	24.0	11,000		1.3										0.9	
22	X	24.0	12,000		1.2										1.3	
23	X	24.0	9,500		1.4										1.1	
24	X	24.0	12,100		1.4										1.0	
25	X	24.0	2,200		1.2											
26		24.0	6,850													
27	X	24.0	6,850		1.2										0.9	
28	X	24.0	4,100		1.3										1.0	
29	X	24.0	8,400		1.4										1.0	
30	X	24.0	8,000		1.3										1.0	
31	X	24.0	6,200		0.9										0.9	
Total			231,300													
Average			7,461													
Maximum			14,000													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Momingview		PWS Identification Number: 3350852	
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: 39		Total Population Served at End of Month: 137	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: bheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Momingview		Plant Telephone Number: 352-787-0980	
Plant Address: 01322 English Road		City: Leesburg	State: Florida Zip Code: 34748
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: 306,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813 / Days 1st Shift
Other Operators:	Marty Neal	C	10027 / Days 1st Shift
	John Worrell	C	6597 / Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 10-5-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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	16,900		1.2										
2		24.0	5,250												
3	X	24.0	5,250		1.3									0.8	
4	X	24.0	4,100		1.2									0.6	
5	X	24.0	11,900		3.5									3.0	
6	X	24.0	4,800		3.5									2.9	
7	X	24.0	7,600		0.7									0.7	
8	X	24.0	8,100		1.7										
9		24.0	6,450												
10	X	24.0	6,450		1.6									1.5	
11	X	24.0	6,500		1.5									1.3	
12	X	24.0	10,100		1.5									1.4	
13	X	24.0	7,900		1.5									1.4	
14	X	24.0	4,500		1.7									1.3	
15	X	24.0	12,800		1.5										
16		24.0	16,200												
17	X	24.0	16,200		1.5									1.2	
18	X	24.0	5,200		1.5									1.3	
19	X	24.0	8,800		1.5									1.3	
20	X	24.0	7,100		1.4									1.4	
21	X	24.0	6,800		1.3									1.1	
22	X	24.0	2,200		1.2										
23		24.0	5,700												
24	X	24.0	5,700		0.5									1.0	
25	X	24.0	7,900		1.2									1.0	
26	X	24.0	5,000		1.2									0.9	
27	X	24.0	4,400		1.0									0.8	
28	X	24.0	6,100		1.1									0.9	
29	X	24.0	5,700		1.3										
30		24.0	7,700												
31		24.0													
Total			229,300												
Average			7,397												
Maximum			16,900												

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

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	7,800		1.3										1.1	
2	X	24.0	4,200		1.3										1.0	
3	X	24.0	9,500		1.2										0.7	
4	X	24.0	8,300		1.2										0.8	
5	X	24.0	3,500		1.5										1.0	
6	X	24.0	6,000		1.4											
7		24.0	6,200													
8	X	24.0	6,200		0.7										0.7	
9	X	24.0	8,400		1.4										1.1	
10	X	24.0	7,100		1.3										0.9	
11	X	24.0	3,800		1.4										14.0	
12	X	24.0	9,200		1.3										0.9	
13		24.0	7,900													
14	X	24.0	7,900		1.3											
15	X	24.0	8,100		1.1										0.7	
16	X	24.0	6,100		1.0										0.9	
17	X	24.0	8,400		1.1										0.8	
18	X	24.0	8,500		1.0										0.9	
19	X	24.0	7,400		1.1										0.8	
20	X	24.0	6,600		1.2											
21		24.0	6,350													
22	X	24.0	6,350		1.0										0.7	
23	X	24.0	6,500		0.9										0.7	
24	X	24.0	7,600		1.1										0.7	
25	X	24.0	6,200		1.2										0.7	
26	X	24.0	5,900		1.0										0.7	
27	X	24.0	5,500		1.1										0.8	
28		24.0	5,600													
29	X	24.0	5,600		1.0										0.8	
30	X	24.0	5,300		1.0										0.8	
31	X	24.0	6,000		1.0										0.8	
Total			208,000													
Average			6,710													
Maximum			9,500													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Morningview</u>		PWS Identification Number: <u>3350852</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>39</u>		Total Population Served at End of Month: <u>137</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Morningview</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>01322 English Road</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>306,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u> / Days 1st Shift
Other Operators	<u>Marty Neal</u>	<u>C</u>	<u>10027</u> / Days 1st Shift
	<u>John Worrell</u>	<u>C</u>	<u>6597</u> / Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 11-6-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350852 Plan Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	5,000		1.0										0.7
2	X	24.0	5,900		1.0										0.8
3	X	24.0	5,900		1.0										
4		24.0	6,850												
5	X	24.0	6,850		1.0										0.7
6	X	24.0	5,000		1.1										0.8
7	X	24.0	9,200		1.0										0.9
8	X	24.0	7,800		0.9										0.6
9	X	24.0	6,300		1.0										0.7
10	X	24.0	17,300		1.3										
11		24.0	8,100												
12	X	24.0	8,100		0.9										0.8
13	X	24.0	5,400		0.9										0.8
14	X	24.0	12,000		1.1										1.0
15	X	24.0	7,700		1.1										0.9
16	X	24.0	4,000		1.0										0.8
17	X	24.0	9,200		1.2										
18		24.0	7,400												
19	X	24.0	7,400		1.1										1.0
20	X	24.0	5,300		1.1										0.9
21	X	24.0	10,400		1.1										0.8
22	X	24.0	10,000		1.0										0.8
23	X	24.0	6,600		1.0										0.8
24		24.0	6,850												
25	X	24.0	6,850		1.1										
26	X	24.0	7,100		1.1										0.8
27	X	24.0	6,000		1.0										0.8
28	X	24.0	8,400		1.1										0.8
29	X	24.0	7,100		1.0										0.9
30	X	24.0	5,800		1.0										0.7
31		24.0													
Total			225,800												
Average			7,284												
Maximum			17,300												

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

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C), Before or at First Customer 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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	5,800		1.1										
2		24.0	5,350												
3	X	24.0	5,350		1.0									0.7	
4	X	24.0	6,700		1.1									0.7	
5	X	24.0	5,800		1.0									0.7	
6	X	24.0	8,400		0.9									0.7	
7	X	24.0	6,800		1.0									0.6	
8	X	24.0	6,400		1.1										
9		24.0	7,000												
10	X	24.0	7,000		1.0									0.6	
11	X	24.0	3,700		1.0									0.9	
12	X	24.0	8,400		1.0									0.7	
13	X	24.0	5,300		1.1									0.7	
14	X	24.0	5,300		1.0									0.7	
15	X	24.0	9,300		1.2										
16		24.0	5,300												
17	X	24.0	5,300		1.1									0.7	
18	X	24.0	6,200		1.1									0.8	
19	X	24.0	6,800		1.3									0.9	
20	X	24.0	4,600		2.0									1.0	
21	X	24.0	4,700		2.2									0.7	
22	X	24.0	7,600		1.6										
23		24.0	6,300												
24	X	24.0	6,300		1.4									1.1	
25	X	24.0	5,400		1.4									1.1	
26	X	24.0	8,400		1.3									1.1	
27	X	24.0	7,400		1.2									0.9	
28	X	24.0	4,900		1.3									1.1	
29	X	24.0	7,800		1.4										
30		24.0	6,700												
31	X	24.0	6,700		1.5									1.2	
Total			197,000												
Average			6,355												
Maximum			9,300												

* 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

PWS ID: 3350852 Plant Name: Morningview

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: ² 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): Aqua Dene

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.0mg/L as PO4

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Morningview	PWS Identification Number:	3350852
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:	35	Total Population Served at End of Month:	123
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333


B. Water Treatment Plant Information

Plant Name:	Morningview	Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	City:	Leesburg
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	306,000	Zip Code:	32748
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 2-6-06 DATE
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1		24.0	5,850												1.2	
2	X	24.0	5,850		1.6										1.2	
3	X	24.0	5,600		1.5										1.2	
4	X	24.0	6,200		1.5										1.3	
5	X	24.0	4,900		1.4										1.2	
6	X	24.0	8,700		1.4											
7		24.0	5,150													
8	X	24.0	5,150		1.4										1.1	
9	X	24.0	5,900		1.4										1.1	
10	X	24.0	8,400		1.4										1.2	
11	X	24.0	5,500		1.4										1.2	
12	X	24.0	7,900		1.4										1.4	
13	X	24.0	20,900		1.5											
14	X	24.0	8,500		1.5											
15		24.0	6,850												1.2	
16	X	24.0	6,850		1.4										1.2	
17	X	24.0	2,700		1.5										1.2	
18	X	24.0	8,700		1.5										1.2	
19	X	24.0	6,400		1.5										1.3	
20	X	24.0	4,700		1.4										1.2	
21		24.0	6,450													
22	X	24.0	6,450		1.4										1.2	
23	X	24.0	4,800		1.5										1.2	
24	X	24.0	7,800		1.5										1.2	
25	X	24.0	10,200		1.5										1.4	
26	X	24.0	6,000		1.6										1.3	
27	X	24.0	9,000		1.5											
28	X	24.0	7,800		1.6											
29		24.0	8,050													
30	X	24.0	8,050		1.5										1.3	
31	X	24.0	12,000		1.7										1.4	
Total			227,300													
Average			7,332													
Maximum			20,900													

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Morningview	PWS Identification Number:	3350852
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:	35	Total Population Served at End of Month:	123
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

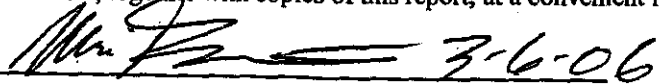
B. Water Treatment Plant Information

Plant Name:	Morningview	Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	City:	Leesburg
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	306,000	Zip Code:	32748
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II Certification by Lead/Chief Operator

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

 3-6-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identificaiton Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Stationed by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gals)	Calculations, and Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergencies or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)		
				Peak Flow Rate (gpd)	Free Chlorine Concentration (C) Before Distribution (mg/L)	Free Chlorine Concentration (C) at Customer During Peak Flow (mg/L)	Free Chlorine Concentration (C) at End of Distribution System (mg/L)	Minimum Free Chlorine Concentration (C) (mg/L)	Minimum Free Chlorine Concentration (C) (mg/L)	Minimum Free Chlorine Concentration (C) (mg/L)	Minimum Free Chlorine Concentration (C) (mg/L)	Minimum Free Chlorine Concentration (C) (mg/L)	Minimum Free Chlorine Concentration (C) (mg/L)		Lowest Residual Disinfectant Concentration (mg/L) at Point of Distribution System (mg/L)	
1	X	24.0	9,300		1.5											1.3
2	X	24.0	6,200		1.6											1.5
3	X	24.0	6,400		1.6											1.4
4		24.0	5,800													
5	X	24.0	5,800		1.6											
6	X	24.0	7,500		1.6											1.5
7	X	24.0	10,200		1.5											1.3
8	X	24.0	11,000		1.5											1.3
9	X	24.0	9,500		1.6											1.3
10	X	24.0	8,000		1.6											1.3
11	X	24.0	8,300		1.6											
12		24.0	8,650													
13	X	24.0	8,650		1.5											1.3
14	X	24.0	9,100		1.7											1.5
15	X	24.0	11,600		1.7											1.5
16	X	24.0	8,600		1.6											1.4
17	X	24.0	10,200		1.6											1.4
18		24.0	12,400													
19	X	24.0	12,400		1.4											
20	X	24.0	5,800		1.4											1.2
21	X	24.0	13,300		1.5											1.4
22	X	24.0	10,400		1.4											1.3
23	X	24.0	10,600		1.4											1.2
24	X	24.0	8,400		1.4											1.1
25	X	24.0	9,200		1.6											
26		24.0	5,850													
27	X	24.0	5,850		1.4											1.2
28	X	24.0	11,600		1.5											1.3
29		24.0														
30		24.0														
31		24.0														
Total			250,600													
Average			8,084													
Maximum			13,300													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Morningview	PWS Identification Number:	3350852
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:	35	Total Population Served at End of Month:	123
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Morningview	Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	City:	Leesburg
		State:	Florida
		Zip Code:	32748
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:	306,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 4-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place X's)	Hours plant in Operations	Net quantity of finished water produced (gal)	Calculations on UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergence of 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 _{min}) Before or During Peak Flowing (mg/L)	Disinfectant Contact Time (min)	Lowest C ₁ Provided Before or During Peak Flowing (mg/L)	Temp of Water (°C)	Temp of Water (°F)	Minimum UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)	Lowest Residual Disinfectant Concentration (mg/L)	System (mg/L)			
1	X	24.0	8,700		1.4										1.2	
2	X	24.0	6,500		1.4										1.1	
3	X	24.0	7,800		1.6										1.3	
4	X	24.0	10,400		1.5											
5		24.0	12,150													
6	X	24.0	12,150		1.4										1.2	
7	X	24.0	10,700		1.5										1.2	
8	X	24.0	15,300		1.4										1.2	
9	X	24.0	10,200		1.3										1.1	
10	X	24.0	8,900		1.4										1.2	
11	X	24.0	9,400		1.5											
12		24.0	11,050													
13	X	24.0	11,050		1.4										1.2	
14	X	24.0	9,100		1.4										1.2	
15	X	24.0	13,700		1.4										1.1	
16	X	24.0	6,500		1.3										1.0	
17	X	24.0	11,000		1.4										1.0	
18	X	24.0	10,000		1.3											
19		24.0	10,500													
20	X	24.0	10,500		1.4										1.0	
21	X	24.0	14,700		1.4										1.2	
22	X	24.0	10,300		1.3										1.0	
23	X	24.0	9,100		1.4										1.3	
24	X	24.0	12,700		1.4										1.2	
25		24.0	12,400													
26	X	24.0	12,400		1.3											
27	X	24.0	4,800		1.3										1.1	
28	X	24.0	12,600		1.3										1.0	
29	X	24.0	14,900		1.3										1.0	
30	X	24.0	16,800		1.4										1.1	
31	X	24.0	14,800		1.4										1.2	
Total			341,100													
Average			11,003													
Maximum			16,800													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Morningview</u>	PWS Identification Number: <u>3350852</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>35</u>	Total Population Served at End of Month: <u>123</u>
PWS Owner: <u>Aqua Utilities Florida</u>	
Contact Person: <u>Brian Heath</u>	Contact Person's Title: <u>Area Manager</u>
Contact Person's Mailing Address: <u>PO Box 490310</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>	

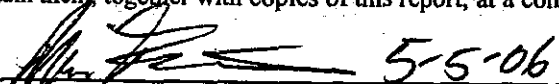
B. Water Treatment Plant Information

Plant Name: <u>Morningview</u>	Plant Telephone Number: <u>352-787-0980</u>
Plant Address: <u>01322 English Road</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>306,000</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>

Licensed Operator	Name	License Class	License Number	Day(s), Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>
Chief Operator	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

 5-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: **3350852** Plant Name: **Morningview**

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Classify by Operation)	Hours plant in Operation	Net Quantity of Finished Water Produced (gals)	GTR Calculations, or DV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergencies or Abnormal Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate, gpd	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	Disinfectant Contact Time (min) @ 1.0 G	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L		Flow Residual Disinfectant Concentration (G) Before or After Customer During Peak Flow, mg/L	
1		24.0	10,350													
2	X	24.0	10,350		1.4											
3	X	24.0	19,800		1.4											
4	X	24.0	10,600		1.3									1.3		
5	X	24.0	14,800		1.4									1.1		
6	X	24.0	9,000		1.4									1.1		
7	X	24.0	17,100		1.4									1.2		
8	X	24.0	13,700		1.3											
9		24.0	10,200													
10	X	24.0	10,200		1.3									1.0		
11	X	24.0	7,800		1.3									1.0		
12	X	24.0	10,200		1.5									1.1		
13	X	24.0	10,100		1.5									1.1		
14	X	24.0	11,300		1.5									1.2		
15	X	24.0	16,500		1.7											
16		24.0	12,200													
17	X	24.0	12,200		1.5									1.1		
18	X	24.0	15,800		1.5									1.1		
19	X	24.0	10,300		1.5									1.2		
20	X	24.0	19,000		1.4									1.1		
21	X	24.0	16,500		1.5									1.1		
22	X	24.0	15,800		1.4									1.1		
23		24.0	16,500													
24	X	24.0	16,500		1.5									1.1		
25	X	24.0	25,300		1.5									1.2		
26	X	24.0	14,600		1.5									1.2		
27	X	24.0	14,800		1.5									1.1		
28	X	24.0	12,600		1.5									1.3		
29	X	24.0	19,600		1.7											
30		24.0	13,850													
31		24.0														
Total			417,550													
Average			13,469													
Maximum			25,300													

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Morningsview</u>	PWS Identification Number: <u>3350852</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>35</u>	Total Population Served at End of Month: <u>123</u>
PWS Owner: <u>Aqua Utilities Florida</u>	
Contact Person: <u>Brian Heath</u>	Contact Person's Title: <u>Area Manager</u>
Contact Person's Mailing Address: <u>PO Box 490310</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>	

B. Water Treatment Plant Information

Plant Name: <u>Morningsview</u>	Plant Telephone Number: <u>352-787-0980</u>
Plant Address: <u>01322 English Road</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>306,000</u>	

Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
License Operator Name	License Class	License Number	Day(s)	Shift(s) Worked
<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days</u>	<u>1st Shift</u>
<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days</u>	<u>1st Shift</u>
<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days</u>	<u>1st Shift</u>

II. Certification by Lead/Chief Operator

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

Will Fontaine 6-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Morningview	PWS Identification Number:	3350852
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:	35	Total Population Served at End of Month:	123
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Contact Person's Fax Number:	(352) 787-6333

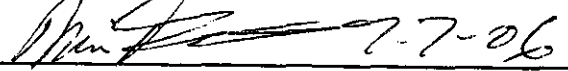
B. Water Treatment Plant Information

Plant Name:	Morningview	Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	City:	Leesburg
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34748
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	306,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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


 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Morningview</u>		PWS Identification Number: <u>3350852</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>35</u>		Total Population Served at End of Month: <u>123</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aguaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Morningview</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>01322 English Road</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>306,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u> / Days 1st Shift
Other Operators	<u>Marty Neal</u>	<u>C</u>	<u>10027</u> / Days 1st Shift
	<u>John Worrell</u>	<u>C</u>	<u>6597</u> / Days 1st Shift

II. Certification by Lead/Chief Operator

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

8-3-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										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 Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT _{99.99} Provided Before or at First Customer Point During Peak Flowing, min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, min/L	Operating UV Dose, mWsec/cm ²	Minimum UV Dose Required, mWsec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
7/1	X	24.0	8,600		1.4										
7/2		24.0	6,300												
7/3	X	24.0	6,300		1.3									1.1	
7/4	X	24.0	7,400		1.3									1.0	
7/5	X	24.0	11,100		1.8									1.2	
7/6	X	24.0	4,700		1.7									1.2	
7/7	X	24.0	9,500		1.7									1.3	
7/8	X	24.0	6,700		1.8										
7/9		24.0	7,000												
7/10	X	24.0	7,000		1.4									1.1	
7/11	X	24.0	13,500		1.5									1.2	
7/12	X	24.0	6,500		1.5									1.2	
7/13	X	24.0	5,700		1.6									1.2	
7/14	X	24.0	5,700		1.6									1.3	
7/15		24.0	10,500												
7/16	X	24.0	10,500		1.5										
7/17	X	24.0	10,800		1.5									1.1	
7/18	X	24.0	9,000		1.5									1.2	
7/19	X	24.0	10,900		1.5									1.2	
7/20	X	24.0	8,200		1.4									1.1	
7/21	X	24.0	10,000		1.3									1.0	
7/22	X	24.0	12,300		1.4										
7/23		24.0	6,700												
7/24	X	24.0	6,700		1.0									0.7	
7/25	X	24.0	5,100		1.3									1.0	
7/26	X	24.0	8,300		1.2									1.0	
7/27	X	24.0	3,600		1.1									0.9	
7/28	X	24.0	7,300		1.1									0.9	
7/29	X	24.0	7,100		1.3										
7/30		24.0	8,750												
7/31	X	24.0	8,750		1.1									0.9	
Total			250,500												
Average			8,081												
Maximum			13,500												

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Morningview	PWS Identification Number: 3350852
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: 35	Total Population Served at End of Month: 123
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: bheath@aquaaamerica.com	

B. Water Treatment Plant Information

Plant Name: Morningview	Plant Telephone Number: 352-787-0980
Plant Address: 01322 English Road	City: Leesburg State: Florida Zip Code: 34748
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: 306,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Will Fontaine	C	6813	Days 1st Shift
Marty Neal	C	10027	Days 1st Shift
John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 8-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Started or Resumed Operation	Hours of Operation	Average Daily Water Production, gal	CT Calculations on 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 After Customer During Peak Flow, mg/L	Disinfectant Contact Time at the One Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or After First Customer During Peak Flow, min/L	Water Temp, °C	UV Dose, mW-sec/cm	Minimum CT Required, min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24.0	13,600		2.1									1.5	
	X	24.0	9,400		1.5									1.2	
	X	24.0	4,400		1.5									1.2	
	X	24.0	9,100		1.5									1.2	
	X	24.0	7,200		1.5										
		24.0	6,300												
	X	24.0	6,300		1.7									1.3	
	X	24.0	7,600		1.6									1.3	
	X	24.0	6,300		1.6									1.3	
	X	24.0	3,900		1.5									1.2	
	X	24.0	7,500		1.4									1.1	
	X	24.0	13,300		1.5										
		24.0	6,400												
	X	24.0	6,400		1.9									1.2	
	X	24.0	9,000		1.5									1.2	
	X	24.0	3,000		1.4									1.2	
	X	24.0	8,300		1.5									1.2	
	X	24.0	4,500		1.4									1.1	
	X	24.0	5,100		1.5										
		24.0	5,900												
	X	24.0	5,900		1.3									1.0	
	X	24.0	6,000		1.3									1.0	
	X	24.0	8,400		1.5									1.1	
	X	24.0	5,600		1.4									1.1	
	X	24.0	5,600		1.3									1.0	
	X	24.0	4,800		1.3										
		24.0	7,600												
	X	24.0	7,600		1.3									1.0	
	X	24.0	7,300		1.3									1.0	
	X	24.0	3,900		1.2									1.0	
	X	24.0	6,100		1.2									1.0	
			212,300												
			6,848												
			13,600												

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Morningview	PWS Identification Number: 3350852
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: 35	Total Population Served at End of Month: 123
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO-Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

B. Water Treatment Plant Information

Plant Name: Morningview	Plant Telephone Number: 352-787-0980
Plant Address: 01322 English Road	City: Leesburg State: Florida Zip Code: 34748
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: 306,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Operator	Marty Neal	C	10027	Days 1st Shift
Operator	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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


 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identificaiton Number: 3350852 Plant Name: Morningview

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

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

Ultraviolet Radiation Other (Describe):

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

Day of Month	Operating Hours	Flow, gpm	Flow, MGD	CIT Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable								Minimum UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Minimum 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
				Flow of Disinfectant, mg/L	Disinfectant Contact Time, minutes	Flow of Water, gpm	Flow of Water, MGD	Minimum CT Required, min/L	Minimum CT Required, min/L	Flow of Water, gpm	Flow of Water, MGD				
X	24.0	8,000			1.4								1.1		
X	24.0	8,400			1.3										
	24.0	4,700													
X	24.0	4,700			1.5									1.2	
X	24.0	8,300			1.5									1.2	
X	24.0	9,480			1.6									1.2	
X	24.0	5,400			1.6									1.3	
X	24.0	6,000			1.6									1.2	
	24.0	5,900													
X	24.0	5,900			1.6										
X	24.0	9,600			1.5									1.2	
X	24.0	5,880			1.5									1.2	
X	24.0	6,400			1.4									1.1	
X	24.0	9,300			1.4									1.1	
X	24.0	5,880			1.2									1.0	
X	24.0	8,000													
X	24.0	8,000			1.2									0.9	
X	24.0	8,900			1.3									1.0	
X	24.0	5,600			1.2									0.8	
X	24.0	4,500			1.2									0.8	
X	24.0	7,600			1.1									0.8	
	24.0	5,880													
X	24.0	5,800			1.3										
X	24.0	7,400			1.3									1.0	
X	24.0	6,400			1.3									1.0	
X	24.0	9,300			1.2									0.9	
X	24.0	6,700			1.2									1.0	
X	24.0	7,200			1.2									0.9	
X	24.0	8,200			1.4										
	24.0														
		208,300													
		6,719													
		9,600													

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

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

PWS Identification Number: **3350852** Plant Name: **Morningview**

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

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

Ultraviolet Radiation Other (Describe):

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

Date	Time	Flow (MGD)	Flow (MGD)	Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Minimum UV Dose Required (mW-sec/cm ²)	Minimum Chlorine Residual (mg/L)	Notes
				Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)			
		24.0	12,000													
X		24.0	12,000													1.1
X		24.0	21,800													1.0
X		24.0	8,600													1.1
X		24.0	8,100													1.0
X		24.0	9,800													1.1
X		24.0	10,400													
		24.0	7,250													
X		24.0	7,250													0.9
X		24.0	10,900													0.9
X		24.0	8,200													1.2
X		24.0	5,500													1.1
X		24.0	6,300													1.0
X		24.0	11,700													
		24.0	11,150													
X		24.0	11,150													1.2
X		24.0	6,300													1.1
X		24.0	11,700													1.3
X		24.0	9,700													1.2
X		24.0	7,000													1.2
X		24.0	11,500													
		24.0	7,650													
X		24.0	7,650													1.0
X		24.0	12,100													1.1
X		24.0	6,600													1.0
X		24.0	10,600													1.0
X		24.0	9,000													1.0
X		24.0	3,900													
		24.0	7,900													
X		24.0	7,900													1.0
X		24.0	7,600													1.0
			288,800													1.0
			9,316													
			21,800													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Morningview			PWS Identification Number:	3350852
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:	35			Total Population Served at End of Month:	123
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Morningview			Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	City:	Leesburg	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:	306,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 12-8-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identificaiton Number: 3350852 Plant Name: Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Staking Water System Components or Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm				
1	X	24.0	8,800		1.4									1.1		
2	X	24.0	4,000		1.3									1.0		
3	X	24.0	11,000		1.4									1.1		
4	X	24.0	5,500		1.5											
5		24.0	8,500													
6	X	24.0	8,500		1.3									1.0		
7	X	24.0	7,900		1.4									1.2		
8	X	24.0	8,500		1.3									1.1		
9	X	24.0	4,600		1.3									1.0		
10	X	24.0	8,500		1.5									1.3		
11	X	24.0	8,100		1.4											
12		24.0	8,850													
13	X	24.0	8,850		1.2									1.1		
14	X	24.0	6,800		1.1									0.9		
15	X	24.0	10,200		1.2									1.0		
16	X	24.0	5,200		1.2									0.9		
17	X	24.0	7,200		1.4									1.1		
18	X	24.0	5,600		1.3											
19		24.0	7,600													
20	X	24.0	7,600		1.3									1.0		
21	X	24.0	4,600		1.3									0.9		
22	X	24.0	7,800		1.3									1.0		
23	X	24.0	9,200		1.3									1.1		
24	X	24.0	18,200		1.3									1.1		
25		24.0	8,000													
26	X	24.0	8,000		1.5											
27	X	24.0	12,200		1.4									1.2		
28	X	24.0	5,100		1.4									1.1		
29	X	24.0	8,600		1.4									1.1		
30	X	24.0	5,400		1.3									1.0		
31		24.0														
Total			238,900													
Average			7,706													
Maximum			18,200													

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Morningsview		PWS Identification Number: 3350852	
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: 35		Total Population Served at End of Month: 123	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Morningsview		Plant Telephone Number: 352-787-0980	
Plant Address: 01322 English Road		City: Leesburg	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: 306,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Will Fontaine	C	6813
Other Operators	Marty Neal	C	10027
	John Worrell	C	6597

II. Certification by Lead/Chief Operator

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

1-5-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350852 Plant Name: Morningview

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

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

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

Day of Month	Days Plant Shut Down 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 Calculation					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Temp of Water, °C if Applicable	pH of Water if Applicable	Minimum UV Dose Required, mW-sec/cm ²	Lowest UV Dose Operating, 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	7,900		1.3										1.0	
2	X	24.0	8,000		1.3											
3		24.0	6,350													
4	X	24.0	6,350		1.2										0.9	
5	X	24.0	5,200		1.2										0.9	
6	X	24.0	7,100		1.3										0.9	
7	X	24.0	4,100		1.2										1.0	
8	X	24.0	10,600		1.3										1.0	
9	X	24.0	7,200		1.4											
10		24.0	8,350													
11	X	24.0	8,350		1.3										1.0	
12	X	24.0	6,300		1.3										0.9	
13	X	24.0	9,300		1.3										1.0	
14	X	24.0	12,200		1.2										1.0	
15	X	24.0	9,300		1.2										1.0	
16		24.0	5,000		1.2											
17		24.0	10,550													
18	X	24.0	10,550		1.2										1.0	
19	X	24.0	7,900		1.5										1.0	
20	X	24.0	9,700		1.5										1.3	
21	X	24.0	11,700		1.7										1.6	
22	X	24.0	8,100		3.5										2.7	
23	X	24.0	28,300		1.5										1.5	
24		24.0	9,200													
25	X	24.0	9,200		0.9										0.7	
26	X	24.0	9,400		1.0										0.7	
27	X	24.0	10,100		1.0										0.7	
28	X	24.0	5,200		1.5										0.8	
29	X	24.0	9,000		1.4										1.0	
30	X	24.0	12,200		1.0											
31		24.0	8,300													
Month Total			281,000													
Year Total			9,065													
Maximum			28,300													

** 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

PWS ID:	3350852	Plant Name:	Morningview
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =	1.0mg/L as PO ₄
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =	

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

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Lab Receipt Date and Time: 12/10/07 1220
 Received for Laboratory By: PAUL
 Analysis Date and Time: 12/11/07 1705
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 8.4°C
 Disinfectant Check Not Detected >0.1 mg/l

5600 US 1 North Fort Pierce, FL 34946 FDOH # E98080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 18331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HBEL Report Number: 2130183 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Colliert Membrane Filtration PWS I.D. 3350852

System Name: 6414 MORNINGVIEW (AUE - LAKE CO.)

System Address: 1322 ELLISON RD.

City: LEESBURG System or Owner's Phone #: 352-787-0980 Fax #: 787-6333

Collector: [Signature] Collector's Phone #: SAME

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12/11/07 Date/Time: 12/11/07 Date/Time: 12/11/07 02:30

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

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

Sample Collection Date(s): 12/11/07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colliert) SM9223B				
Fecal (MF) SM9221E E. coli (MF) EC-MUG (Colliert) SM9223B				
Non Coliform	Total Coliform	Fecal or E. Coll	Data Qual. ?	Lab Sample Number
	A			2130183001
	A			1002
	A			2130183003

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
W1	WELL	10:40am	R	-	-
R1	1210 LASALDA WAY	10:25am	A	0.9	-
R2	2916 PARRA BEND	10:30am	A	0.9	-

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.9

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# C-6597) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

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

Report authorized by: [Signature] Technical Director or Designee
 Date: 12/13/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAP guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities Florida, Inc.
 1100 Thomas Avenue
 Leesburg, FL 34748
ATTN: PATRICK FARRIS



Page 1 of 1

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

DOCUMENT NUMBER - DATE
 04311 MAY 22 08

FPSC-COMMISSION CLERK

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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

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

307 Coaldale Ave.
Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd.
Brooksville, FL 3460
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400 Ext. 225 Fax: (772) 467-884

HBEL Report Number: 2129973 Sub-Contract Lab ID: _____

Analysis Method Requested:

Coliform Membrane Filtration PWS I.D. 3350B52

System Name: 6414 Manassettus (AUF - LAKE Co.)

System Address: 1322 ENGLISH RD.

Lab Receipt Date and Time: 11/27/07 12:15

Received for Laboratory By: [Signature]

Analysis Date and Time: 11/27/07 1530

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 7°C
Disinfectant Check Not Detected >0.1 mg/l

City: LEESBURG System or Owner's Phone #: 352-787-0980 Fax #: 787-6333

Collector: [Signature] Collector's Phone #: Same

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 11/27/07 Date/Time: 11/27/07 Date/Time: 11/27/07 12:15

Type of Supply: 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 Cleanance Well Survey Other

Sample Collection Date(s): 11/26 - 11/27/07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SMS222B (Coliform) SMS222B

Focal (MF) SMS221E		E. coli (MF) EC-MUG		(Coliform) SMS222B	
Non Coliform	Total Coliform	Focal or E. Coli	Date Qual. 2	Lab Sample Number	
	A			2129973001	
	A			2129973002	

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
W ₁	W ₁ #1 of 2	12:10 PM	R	-	-
W ₂	W ₂ #2 of 2	12:20 PM	R	-	-

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.)

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
Person performing analysis is:
 A certified operator (# C6592) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: _____ Technical Director or Designee
Date: _____
Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748
Attn: Patrick Farris



Page 1 of 1

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

1 DEP Sample Types: C-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Test; S-Special (clearance, etc.)
2 Defined in Florida Administrative Code Rule 62-160

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: March 16, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6414 Monringview Total Xylenes [2128148]
Received: 3/13/07 13:05


Dear Brian Heath;

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

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

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

Respectfully submitted,


Cindy Crowner
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 3/16/2007



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6414 Monringview Total Xylenes
Received: 3/13/07 13:05

[2128148]

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

HBEL Sample

Method Narratives (If Applicable)

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

Quality Control Summary

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

5600 US 1 North
Fort Pierce, FL 34946

FDOH # E96080

Printed: 3/16/2007

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

FDOH # E83509



307 Coolidge Avenue
Lahigh Acres, FL 33936
FDOH # E85370

16331 Cartez Blvd.
Brooksville, FL 34601
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2128148]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6414 Monringview Total Xylenes

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128148001		Sampled: 03/13/07 11:25		Received: 03/13/07 13:05				
Sample ID:		Pointof Entry Grab		Matrix: Water		Results reported on Wet Weight Basis				
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2767	03/15/07 5:45	WR	E96080		

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

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 3/16/2007

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: March 15, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 DW NO2/NO3 [2128070]
Received: 3/07/07 13:00

Dear Brian Heath;

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

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

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

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

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

5800 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/15/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 DW NO2/NO3
Received: 3/07/07 13:00

[2128070]

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

HBEL Sample		Method Narratives (If Applicable)	
Number	Sample ID	Analytical Method	Description

Quality Control Summary
Analytical Issue

Method HBEL Batch Analyte

EPA 300.0

IC7145

2128070001	Nitrate as N	Accuracy - Outside acceptance limits in the MS.
2128070001	Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
2128070001	Nitrite as N	Accuracy - Outside acceptance limits in the MS.
2128070001	Nitrite as N	Accuracy - Outside acceptance limits in the MSD.

The above due to matrix effects. Accuracy demonstrated with other QC samples.

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 3/15/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2128070]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Morningview 6414 DW NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2128070001						Sampled: 03/07/07 9:15		Received: 03/07/07 13:00			
Sample ID: Point of Entry Grab						Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC7145		03/07/07 15:24	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7145		03/07/07 15:24	JL	E96080	

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

5600 US 1 North
Fort Pierce, FL 34948
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/15/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: February 16, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 DW Scan
Received: 1/30/07 13:10

[2127793]

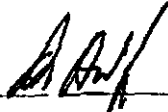
Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

5600 US 1 North
Fort Pierce, FL 34948
FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

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FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 2/16/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 DW Scan
Received: 1/30/07 13:10

[2127793]

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

HBEL Sample

Method Narratives (If Applicable)

Number	Sample ID	Analytical Method	Description
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Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
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EPA 300.0

IC7101

2127793001	Nitrate as N	Accuracy - Outside acceptance limits in the MS.
2127793001	Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
2127793001	Nitrite as N	Accuracy - Outside acceptance limits in the MS.
2127793001	Nitrite as N	Accuracy - Outside acceptance limits in the MSD.

The above due to matrix effects. Accuracy demonstrated with other QC samples.

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

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

307 Coolidge Avenue
Lighthouse Acres, FL 33936
FDOH # E85370

15331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 2/18/07

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2127793]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Morningview 6414 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127793001						Sampled: 01/30/07 10:15				
Sample ID: POE Grab						Received: 01/30/07 13:10				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15642		01/31/07 8:51	PA	E83509
pH	Q	7.68	SU	0.200	EPA 150.1	WCDE15641		01/31/07 9:25	PA	E83509
Total Dissolved Solids		160	mg/L	5.0	EPA 160.1	WCDE15666		02/20/07 17:24	PA	E83509
Aluminum	V	0.0055	mg/L	0.0030	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Barium		0.0068	mg/L	0.0018	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Copper		0.0042	mg/L	0.0014	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Iron		0.34	mg/L	0.025	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Manganese		0.0095	mg/L	0.0037	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Sodium		7.1	mg/L	0.50	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8279		02/16/07 13:02	DM	E96080
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META8292		02/13/07 14:20	DM	E96080
Lead		0.0013	mg/L	0.00061	EPA 200.9	META8276		01/31/07 16:21	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8290		02/13/07 12:24	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8285		02/16/07 14:04	DM	E96080
Mercury Chloride		0.000060 U	mg/L	0.000060	EPA 245.1	META8278	01/31/07 13:09	02/20/07 17:22	DM	E96080
Fluoride		8.2	mg/L	5.0	EPA 300.0	IC7089		02/13/07 14:12	JL	E96080
Fluoride		0.088	mg/L	0.011	EPA 300.0	IC7101		01/31/07 14:09	JL	E96080
Nitrate as N		0.039	mg/L	0.0030	EPA 300.0	IC7101		01/31/07 14:09	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7101		01/31/07 14:09	JL	E96080
Sulfate		2.6	mg/L	1.4	EPA 300.0	IC7089		02/13/07 14:12	JL	E96080
Surfactants as LAS, Mol.wt.340		0.074	mg/L	0.042	EPA 425.1	WCDE15654	01/31/07 14:15	01/31/07 14:45	RM	E83509
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
ethylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2757		02/19/07 20:35	WR	E96080

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

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 Sanford, FL 32771
 FDOH # E83509

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 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418



Printed: 2/16/07

Page 3 of 5

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127793]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Morningview 6414 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2757		02/9/07 20:35	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2757		02/9/07 20:35	WR	E96080
Total Xylenes		0.48 U	ug/L	0.46	EPA 524.2	VOC2757		02/9/07 20:35	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2757		02/9/07 20:35	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2757		02/9/07 20:35	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2757		02/9/07 20:35	WR	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1035		02/9/07 11:49	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26996		01/31/07 15:00	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SMS500CNE	WCGE27089	02/8/07 12:15	02/9/07 9:57	GG	E96080

Laboratory ID: 2127793002
Sample ID: TRIP BLANK

Sampled: Received: 01/30/07 13:10
Matrix: Water Results reported on Wet Weight Basis

1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2757	02/9/07 21:08	WR	E96080

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

Q Sample held beyond the accepted holding time.

V Indicates that the analyte was detected in both the sample and associated Method Blank.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E86080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418



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Page 4 of 5

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

1600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: September 28, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 HAA5/THM Grab [2126771]
Received: 9/12/06 13:00

Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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

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FDOH # E83509

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FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/28/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

1600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 HAA5/THM Grab
Received: 9/12/06 13:00

[2126771]

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

HBEL Sample

Method Narratives (if Applicable)

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
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Quality Control Summary

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33938
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 9/28/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126771]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Morningview 6414 HAA5/THM Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2126771001						Sampled: 09/12/06 11:40		Received: 09/12/06 13:00			
Sample ID: 2913 Portobello MRT Location						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		2.6	ug/L	0.25	EPA 524.2	VOC2693		09/25/06 3:30	WR	E96080	
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2693		09/25/06 3:30	WR	E96080	
Chloroform		3.1	ug/L	0.25	EPA 524.2	VOC2693		09/25/06 3:30	WR	E96080	
Dibromochloromethane		2.0	ug/L	0.30	EPA 524.2	VOC2693		09/25/06 3:30	WR	E96080	
Total THMs		8.0	ug/L	0.50	EPA 524.2	VOC2693		09/25/06 3:30	WR	E96080	

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

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

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

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Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 9/28/06

Page 3 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: April 13, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview #6414 DW SOC/VOC [2125238]
Received: 3/30/06 12:00

Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/13/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 466-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview #6414 DW SOC/VOC
Received: 3/30/06 12:00

[2125238]

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

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

Quality Control Summary

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2125238]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Morningview #6414 DW SOC/VOC

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2125238001						Sampled: 03/30/06 11:50		Received: 03/30/06 12:00			
Sample ID: P.O.E. A-J Grab						Matrix: Water		Results reported on Wet Weight Basis			
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 4:12	JL	E96080	
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 4:12	JL	E96080	
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
Endrin		0.099 U	ug/L	0.099	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:25	CAC	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:52	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:52	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:52	JL	E96080	
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:52	JL	E96080	
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:52	JL	E96080	
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:52	JL	E96080	
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2618		04/7/06 21:22	WR	E96080	
Alachlor		0.60 U	ug/L	0.60	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
Benzo(a)pyrene		0.068 U	ug/L	0.068	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
bis(2-ethylhexyl)phthalate		0.83 U	ug/L	0.83	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
Di(2-ethylhexyl)adipate		0.66 U	ug/L	0.66	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
Simazine		0.61 U	ug/L	0.61	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:50	WR	E96080	
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2289		04/3/06 19:48	JJM	E96080	
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2289		04/3/06 19:48	JJM	E96080	
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2292		04/5/06 18:50	JJM	E96080	
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2405	03/31/06 6:51	04/7/06 22:25	WR	E96080	
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2290	04/3/06 12:53	04/3/06 15:50	JJM	E96080	

Laboratory ID: 2125238002

Sample ID: Trip Blank

Sampled: 03/30/06 0:00

Received: 03/30/06 13:20

Matrix: Water

Results reported on Wet Weight Basis

Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2618		04/7/06 14:31	WR	E96080
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¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/13/06

Page 3 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: March 20, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 NO2/NO3 [2125121]
Received: 3/16/06 13:45

Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

5600 US 1 North
Fort Pierce, FL 34948
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Morningview 6414 NO2/NO3
Received: 3/16/06 13:45

[2125121]

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

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

<u>Method</u>			<i>Quality Control Summary</i>	
<u>HBEL Batch</u>	<u>Analyte</u>		<u>Analytical Issue</u>	

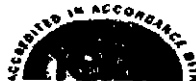
5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osceola Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5800 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2125121]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Morningview 6414 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2125121001		Sampled: 03/15/06 16:25		Received: 03/16/06 13:45				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Nitrate as N		0.0032	mg/L	0.0030	EPA 300.0	IC6725		03/17/06 14:56	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6725		03/17/06 14:56	RS	E96080

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

5800 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06





Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Soli
Secretary

VIA EMAIL
[PAFarris@aquaaamerica.com]

May 22, 2007

Patrick Farris, Environmental Compliance Specialist
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0474

<u>Lake County - PW</u>	<u>PWS ID Number</u>
Fern Terrace S/D	3350370
Skycrest S/D	3351205
Valencia Terrace S/D	3351421
Morningview S/D	3350852
Grand Terrace S/D	3354697
Quail Ridge Estates	3354867
Western Shores S/D	3351464
Silver Lake Estates	3351182
Imperial Terrace	3350584

Dear Mr. Farris:

This confirms a visit to the subject community public water systems on April 11, 2007, by Danielle Owens to conduct a sanitary survey inspection. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than **June 29, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Danielle Owens by email at Danielle.D.Owens@dep.state.fl.us or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/ddo
Enclosures

cc: Danielle Owens, FDEP Drinking Water Compliance

DOCUMENT NUMBER - DATE

04311 MAY 22 08

FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name MORNINGVIEW SUBDIVISION County _____ Lake _____ PWS ID # 3350852
Plant Location 1322 English Road, Leesburg, FL 34748 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc Phone (352) 435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Patrick Farris Title Env. Compliance Specialist Phone (352) 435-4029
This Survey Date 04/11/07 Last Survey Date 04/29/04 Last C.I. Date 6/6/00

PWS TYPE & CLASS

- Community (5C)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
"As-built" 1973,
WC35-229461 approv 6/15/93, cl 9/29/93
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Will Fontaine C-6813 Lead/Chief Operator
See MOR for complete list of operators
O & M Log: Yes No Not required
Operator Visitation Frequency
Hrs/day: Required _____ Visit _____ Actual _____ Visit _____
Days/wk: Required 5 + 1 Actual 5 + 1
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Population and the number of service connections
reported on MORs differs from Department records.

Number of Service Connections 39
Population Served 137 Basis Operator
Average Day (from MORs) 8,786 gpd
Max. Day (from MORs) 28,300 gpd 12/06
Max-day Design Capacity 306,000 gpd

WRITTEN PROGRAMS

O & M Manual Yes Located Water treatment plant
Written Preventive Maintenance Program Yes
Flushing Plan Yes No Records No
Valve Maint Plan Yes No Records No
Emergency Response Plan Yes No N/A
Comments _____

RAW WATER SOURCE

- GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load _____
What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
Satisfy 1/2 max-day demand? Yes No Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection _____
Iron sequestration (Aquadene) _____
What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" McCrometer
Backflow Prevention Devices: Yes No
Cross-connections None observed
Coliform Sampling Plan: Yes No N/A
DDBP Monitoring Plan: Yes No N/A
Distribution System Map Yes No N/A
Written Cross-connection Control Program:
Inadequate
Comments Flow meter last calibrated 03/24/05 by
Central Florida Controls, Inc.

GROUND WATER SOURCE

Well Number (FLUWID No.)	1 (AAC3257)			
Year Drilled	1972			
Depth Drilled	285'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	119'			
Diameter (outside casing)	8"			
Material (outside casing)	Black iron			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	N/A		
	Reuse Water	N/A		
	WW Plumbing	>200'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Unknown		
	Model Number	Unknown		
	Rated Capacity (gpm)	425		
	Motor Horsepower	30		
Well casing 12" above grade?	No			
Well Casing Sanitary Seal	Ok			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing	Housing			
Well Vent Protection	N/A			

COMMENTS The Department will continue to accept the upper terminus of the well casing unless the well is shown to be microbially or chemically contaminated.
 Provide information for all items marked "unknown."

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity * gpd
 Chlorine Feed Rate #1 - 5 stroke, #2 - 4.5 stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.36 Remote 1.52
 Remote tap location Porto Bella Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments *2 hypochlorinators, each rated at 40 gpd

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

AERATION (Gases, Fe, & Mn Removal)

Type Capacity
 Aerator Condition
 Bloodworm Presence
 Visible Algae Growth
 Protective Screen Condition
 Comments

STORAGE FACILITIES

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

Tank Type/Number	H/I		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Dates of last cleaning and inspection are unknown.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

DEFICIENCIES:

1. Failure to adequately establish and implement a cross-connection control program.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

Please contact Kenny Davis, Department of Environmental Protection, at (407) 893-3318, extension 2226, for assistance. The Florida Rural Water Association's website, www.frwa.net, also has a cross-connection control manual for your reference

2. Failure to keep records documenting that isolation valves are being exercised.

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. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

4. Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population and the number of service connections reported on MORs differ from Department records.

Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C.]

VIOLATIONS:

- Compliance monitoring for primary inorganic contaminants was not conducted for calendar year 2006.
- Compliance monitoring for secondary contaminants was not conducted for calendar year 2006.

COMMENTS/REMINDERS:

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.** For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide dates of last cleaning and inspection for the finished-drinking-water storage tank.** Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

PWS ID # 3350852

Date 04/11/07

COMMENTS/REMINDERS (continued):

Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, 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.]

The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

- Provide information for all items marked "unknown."

Inspector *Janette D. Owens*

Title Environmental Specialist I Date 05/10/07

Approved by *[Signature]*

Title Environmental Manager Date 05/17/07



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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

July 2, 2007

Danielle Owens
Environmental Specialist
FDEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys

Dear Ms. Owens:

Thank you for your inspection on April 11, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

For All Systems:

1. *Failure to adequately establish and implement a cross-connection control program.*

Response:

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. *Failure to keep records documenting that isolation valves are being exercised.*

Response:

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. *Failure to keep records documenting that dead-end water mains are being flushed.*

Response:

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

4. *Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.*

Per your request, Aqua's staff provided the most up-to-date information on population at each system within the time frame requested. A large portion of the communities served are "snow birds" and the populations will vary with people coming down from up North. Aqua will continue to update the population information on the MOR's as necessary.

Fern Terrace PWS 3350370:

1. *The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007.*

Response:

The compliance bacti's were sampled on 3/6/06 and all distribution samples passed. The only failure was the raw well sample which was resampled on 3/8/06 and 3/9/06, both passed.

The compliance bacti's were sampled on 2/6/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 2/12/07 and 2/13/07, both passed.

Skycrest PWS 3351205:

1. *The maximum contaminant level for total coliform bacteria was exceeded during April 2007.*

Response:

The compliance bacti's were sampled on 4/12/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 4/16/07 and 4/17/07, both passed.

Valencia Terrace PWS 3351421:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

Grand Terrace PWS 3354697:

1. *The maximum contaminant level for total coliform bacteria was exceeded during November 2006.*

Response:

The compliance bacti's were sampled on 11/1/06 and all distribution samples passed. The only failure was the raw well sample which was resampled on 11/6/06 and 11/7/06, both passed.

Western Shores PWS 3351464:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

Silver Lake Estates PWS 3351182:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

2. *Failure to submit a capacity analysis report.*

Aqua was not in receipt of a letter regarding a capacity analysis report dated January 13, 2006. We reviewed our records for June 2006 and found on June 1, 2006, the flow at this facility was 1,890,000 gallons per day (GPD). The flow meter for this reading initially was read on May 31, 2006 at 11:00 AM and again on June 1, 2006 at 2:00 PM. This gives more than 24 hours on the readings for the flow. When divided out, this equates to 1167 gallons per minute (GPM). By multiplying that over 24 hours, our estimated flows would have been around 1,680,480 GPD. This system also had a leak late on May 31, 2006, and using the AWWA standards for leak estimates, we estimated that the leak was approximately 64,419 gallons. Using the estimated flow for that day and subtracting the estimated leak, this puts us at 1,616,061 gallons which is below the 75% of the total permitted maximum day operating capacity.

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

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: **FLA010610**

LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: **Morningview WWTF**
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: **R-001 and Influent**
 NO DISCHARGE FROM SITE: **[]**

MONITORING PERIOD—From: **01/01/07** To: **01/31/07**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No EFF-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)		MGD					5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon.Site No EFF-1	Sample Measurement	0.006		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No EFA-1	Sample Measurement				2.4		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No EFA-1	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	80.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No EFA-1	Sample Measurement				2.9		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon.Site No EFA-1	Sample Measurement				1.7	1.7	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	80.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (YY/MM/DD)

07/02/07

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

DOCUMENT NUMBER-DATE

04311 MAY 22 08

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **01/01/07** To: **01/31/07**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50080 I Mon. Site No EFA-1	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.6	7.9	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			2		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No EFA-1	Sample Measurement				0.2	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			170		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			200		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: January-07

Facility: Momingview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon. Site	50050	80082	80082	00530	00531	00400	74055	50060	00820
	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.006					7.7		2.2	
2	0.007					7.6		2.2	
3	0.006					7.8		2.2	
4	0.005	2U	170	1.7	200	7.8	1U	2.2	0.17
5	0.005					7.7		2.2	
6	0.005							2.2	
7	0.008								
8	0.005					7.7		2.2	
9	0.005								
10	0.005					7.8		2.2	
11	0.008					7.7		2.2	
12	0.004					7.9		2.2	
13	0.006							2.2	
14	0.006								
15	0.006					7.7		2.2	
16	0.006					7.7		2.2	
17	0.005					7.8		2.2	
18	0.007					7.7		2.2	
19	0.004					7.8		2.2	
20	0.004							2.2	
21	0.008								
22	0.005					7.7		2.2	
23	0.005					7.7		2.2	
24	0.007					7.8		2.2	
25	0.005					7.7		2.2	
26	0.005					7.8		2.2	
27	0.005							2.2	
28	0.006								
29	0.006					7.6		2.2	
30	0.006					7.6		2.2	
31	0.005					7.7		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
FACILITY:	Morningview WWTF	REPORT:	Monthly
LOCATION:	1322 English Road	GROUP:	Domestic
	Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No EFF-1	Sample Measurement	0.005	MGD		0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)	MGD			5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon.Site No EFF-1	Sample Measurement	0.005	MGD		0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD			5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No EFA-1	Sample Measurement		2.4		0	Monthly	Grab
	Permit Measurement		20.0 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No EFA-1	Sample Measurement		2U	2U	0	Monthly	Grab
	Permit Measurement		Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No EFA-1	Sample Measurement		2.8		0	Monthly	Grab
	Permit Measurement		20.0 (An.Avg.)			Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon.Site No EFA-1	Sample Measurement		3.5	3.5	0	Monthly	Grab
	Permit Measurement		Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/03/21
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Momingview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50080 I Mon. Site No EFA-1	Sample Measurement			2.2		0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)			6 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.3	7.7	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			2		0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)			Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement			1U	1U	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	500 (Max.)		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No EFA-1	Sample Measurement					0	Annually	Grab
	Permit Measurement				12.0 (Max.)		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80062 G Mon. Site No INF-1	Sample Measurement			140		0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)			Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			120		0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)			Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: February-07

Facility: Morningsview WWTF

WWTF Three-month Average Daily Flow 0.008

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon. Site	50050	80082	80082	00530	00531	00400	74055	50060	00620
	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.006	2U	140	3.5	120	7.6	1U	2.2	
2	0.006					7.7		2.2	
3	0.005							2.2	
4	0.007								
5	0.007					7.8		2.2	
6	0.006					7.6		2.2	
7	0.007					7.7		2.2	
8	0.005					7.6		2.2	
9	0.005					7.6		2.2	
10	0.006							2.2	
11	0.005								
12	0.005					7.6		2.2	
13	0.005					7.6		2.2	
14	0.007					7.6		2.2	
15	0.006					7.6		2.2	
16	0.007					7.5		2.2	
17	0.006							2.2	
18	0.006								
19	0.006					7.5		2.2	
20	0.006					7.5		2.2	
21	0.006					7.5		2.2	
22	0.005					7.4		2.2	
23	0.005					7.3		2.2	
24	0.006							2.2	
25	0.005								
26	0.005					7.4		2.2	
27	0.006					7.4		2.2	
28	0.006					7.4		2.2	
29									
30									
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310	LIMIT: Final	REPORT: Monthly
Leesburg, FL 34749	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Morningsview WWTF	MONITORING GROUP NUMBER: R-001 and Influent	
LOCATION: 1322 English Road	NO DISCHARGE FROM SITE: []	
Leesburg, FL		
COUNTY: Lake		

MONITORING PERIOD—From: 03/01/07 To: 03/31/07

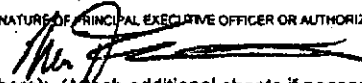
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.2	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			<2	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.5	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			1.9	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (YY/MM/DD)

07/04/26

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon.Site No EFA-1	Sample Measurement				2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon.Site No EFA-1	Sample Measurement				7.4	7.6	s.u.	0	5 Days/week	Grab
	Permit Measurement				8.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No EFA-1	Sample Measurement				2		#/100ml	0	Monthly	Grab
	Permit Measurement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No EFA-1	Sample Measurement				1.0	1.0	#/100ml	0	Monthly	Grab
	Permit Measurement				Report (Monthly)	800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00820 I Mon.Site No EFA-1	Sample Measurement					MNR	mg/L	0	Annually	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No INF-1	Sample Measurement				190		mg/L	0	Annually	Grab
	Permit Measurement				Report (Mo.Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No INF-1	Sample Measurement				170		mg/L	0	Annually	Grab
	Permit Measurement				Report (Mo.Avg.)		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA010610
 Month/Year: March-07

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 27%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Mon. Site	50050	80082	80082	00530	00531	00400	74055	50060	00820
	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.004					7.5		2.2	
2	0.007					7.5		2.2	
3	0.004								
4	0.005							2.2	
5	0.007					7.4		2.2	
6	0.005					7.4		2.2	
7	0.005					7.4		2.2	
8	0.004	<2	180	1.9	170	7.4	1	2.2	
9	0.004					7.5		2.2	
10	0.005							2.2	
11	0.007								
12	0.007					7.5		2.2	
13	0.005					7.5		2.2	
14	0.004					7.6		2.2	
15	0.007					7.4		2.2	
16	0.006					7.5		2.2	
17	0.005							2.2	
18	0.005								
19	0.005					7.5		2.2	
20	0.006					7.4		2.2	
21	0.005					7.4		2.2	
22	0.005					7.4		2.2	
23	0.005					7.4		2.2	
24	0.006							2.2	
25	0.006								
26	0.005					7.4		2.2	
27	0.005					7.4		2.2	
28	0.005					7.4		2.2	
29	0.007					7.4		2.2	
30	0.005					7.4		2.2	
31	0.005							2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 7243 </u>	Name: <u> John Worrell </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13614 </u>	Name: <u> Adam Michaelson </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> B </u>	Certification No.: <u> 7113 </u>	Name: <u> Will Fontaine </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent

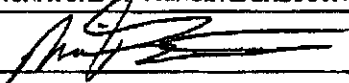
NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: 4/1/07 To: 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	0.020 (An.Avg.)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement			2.2		0	Monthly	Grab
	Permit Requirement			20 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement			2.2	2.2	0	Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement			2.7		0	Monthly	Grab
	Permit Requirement			20 (An.Avg.)			Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/05/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Morningsview WWTF

PERMIT NUMBER: FLA010610
MONITORING PERIOD From:

MONITORING GROUP No.: R-001 and Influent
To 4/1/07 To 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			4.9	4.9		mg/l	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
pH	Sample Measurement			7.4	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.9			#100ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			206 (An. Avg.)			#100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0		#100ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement			Report (Monthly)	800 (Max.)		#100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.57			mg/l	0	Annually	Grab
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement			12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			200			mg/l	0	Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			200			mg/l	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010610**

Facility: **Morningview WWTF**

Monitoring Period From: **4/1/07** To: **4/30/07**

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1									.005			
2						7.4		2.2	.004			
3						7.5		2.2	.005			
4						7.5		2.2	.005			
5						7.5		2.2	.005			
6						7.4		2.2	.005			
7								2.2	.007			
8									.006			
9						7.4		2.2	.005			
10	200	200	0.57	2.2	<1.0	7.4	4.9	2.2	.006			
11						7.5		2.2	.005			
12						7.4		2.2	.006			
13						7.4		2.2	.003			
14								2.2	.005			
15									.007			
16						7.5		2.2	.006			
17						7.5		2.2	.006			
18						7.5		2.2	.005			
19						7.6		2.2	.005			
20						7.6		2.2	.005			
21								2.2	.007			
22									.005			
23						7.6		2.2	.005			
24						7.6		2.2	.005			
25						7.7		2.2	.005			
26						7.7		2.2	.005			
27						7.6		2.2	.005			
28								2.2	.005			
29									.006			
30						7.6		2.2	.005			
31												
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent


COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5/1/07 To 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	0.020 (An.Avg.)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement			2.2	mg/l	0	Monthly	Grab
	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement			2.0	mg/l	0	Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement			3.0	mg/l	0	Monthly	Grab
	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/06/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Momingview WWTF

PERMIT NUMBER: FLA010610
MONITORING PERIOD From:

MONITORING GROUP No.:
To

R-001 and Influent
5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			4.4	4.4		mg/l	0	Monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
pH	Sample Measurement			7.4	7.6		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.9			#100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			206 (An.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ml	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement			Report (Monthly)	800 (Max.)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement			12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			180			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010610**

Facility: **Morningview WWTF**

Monitoring Period From: **5/1/07** To: **5/31/07**

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1						7.5		2.2	.006			
2						7.6		2.2	.006			
3	190	180		<2.0	<1.0	7.5	4.4	2.2	.005			
4						7.6		2.2	.007			
5								2.2	.008			
6									.006			
7						7.5		2.2	.005			
8						7.5		2.2	.005			
9						7.4		2.2	.006			
10						7.4		2.2	.005			
11						7.4		2.2	.005			
12									.007			
13								2.2	.007			
14						7.5		2.2	.006			
15						7.4		2.2	.006			
16						7.6		2.2	.005			
17						7.6		2.2	.007			
18						7.5		2.2	.004			
19								2.2	.006			
20									.005			
21						7.4		2.2	.005			
22						7.6		2.2	.005			
23						7.5		2.2	.005			
24						7.5		2.2	.005			
25						7.4		2.2	.005			
26								2.2	.006			
27									.004			
28						7.4		2.2	.004			
29						7.6		2.2	.006			
30						7.6		2.2	.004			
31						7.6		2.2	.004			
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Class: _____	Certificate No: _____	Name: _____
Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and influent

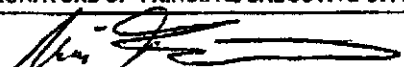
NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: 6/1/07 To 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	0.020 (An.Avg)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant PARM Code 50050 1 Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	Report (Mo.Avg)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement			2.2		0	Monthly	Grab
	Permit Requirement			20 (An.Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement			2.2	2.2	0	Monthly	Grab
	Permit Requirement			Report (Mo.Avg)	60 (Max)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement			2.9		0	Monthly	Grab
	Permit Requirement			20 (An.Avg)			Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/07/27

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Momingview WWTF

PERMIT NUMBER: FLA010610

MONITORING GROUP No.:

R-001 and Influent

MONITORING PERIOD From:

6/1/07

To

6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			<1.0	<1.0		mg/l	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
pH	Sample Measurement			7.4	7.6		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.9			#100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			206 (An.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0		#100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Monthly)	800 (Max.)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			110			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Facility: **Morningview WWTF**

Permit Number: **FLA010610**

Monitoring Period From: **6/1/07** To: **6/30/07**

	CBODS (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBODS (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1						7.5		2.2	.005			
2								2.2	.006			
3									.006			
4						7.6		2.2	.005			
5						7.5		2.2	.004			
6						7.5		2.2	.005			
7						7.5		2.2	.006			
8						7.6		2.2	.004			
9								2.2	.004			
10									.006			
11						7.6		2.2	.005			
12	140	110		2.2	<1.0	7.6	<1.0	2.2	.006			
13						7.6		2.2	.005			
14						7.5		2.2	.006			
15						7.5		2.2	.005			
16								2.2	.004			
17									.006			
18						7.5		2.2	.005			
19						7.5		2.2	.005			
20						7.5		2.2	.005			
21						7.5		2.2	.006			
22						7.5		2.2	.004			
23								2.2	.004			
24									.006			
25						7.4		2.2	.005			
26						7.4		2.2	.005			
27						7.5		2.2	.004			
28									.005			
29						7.6		2.2	.005			
30								2.2	.005			
31												
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Morningsview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent

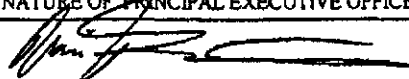
NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: 7/1/07 To 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	0.005		mgd				0	5 Days/Week	Flow Meter
	Permit Requirement	0.020 (An.Avg.)		mgd					5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant PARM Code 50050 1 Mon.Site No. EFF-1	Sample Measurement	0.005		mgd				0	5 Days/Week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.2		mg/l	0	Monthly	Grab
	Permit Requirement				20 (An.Avg.)		mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement				<2.0	<2.0	mg/l	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				1.3		mg/l	0	Monthly	Grab
	Permit Requirement				20 (An.Avg.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/08/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Morningsview WWTF

PERMIT NUMBER: FLA010610

MONITORING GROUP No.: R-001 and Influent

MONITORING PERIOD From: 7/1/07 To: 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.3	1.3		mg/l	0	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
pH	Sample Measurement				7.3	7.6		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.9			#100ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				206 (An. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#100ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Monthly)	800 (Max.)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.5			mg/l	0	Annually	Grab
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				230			mg/l	0	Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				240			mg/l	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010610**

Facility: **Morningview WWTF**

Monitoring Period From: 7/1/07 To: 7/31/07

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1									.005			
2						7.6		2.2	.005			
3						7.5		2.2	.008			
4						7.5		2.2	.006			
5									.005			
6						7.6		2.2	.004			
7								2.2	.005			
8									.008			
9						7.3		2.0	.008			
10						7.5		2.2	.005			
11						7.3		2.2	.004			
12						7.3		2.2	.005			
13						7.4		2.2	.005			
14								2.2	.005			
15									.006			
16						7.4		2.2	.005			
17	230	240	1.5	<2.0	<1.0	7.5	1.3	2.2	.004			
18						7.5		2.2	.005			
19						7.6		2.2	.004			
20						7.6		2.2	.006			
21								2.2	.004			
22									.005			
23						7.5		2.2	.005			
24									.004			
25						7.5		2.2	.004			
26									.006			
27						7.6		2.2	.005			
28									.004			
29									.006			
30						7.6		2.2	.006			
31						7.5		2.2	.005			
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Florida Water Services Corporation
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent


NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: 8/1/07 To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.020 (An.Avg.)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	mg/l	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.) 60 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.7	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/09/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: **Morningsview WWTF**

PERMIT NUMBER: **FLA010610**
 MONITORING PERIOD From: **8/1/07**

MONITORING GROUP No.: **R-001 and Influent**
 To **8/31/07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1	Sample Measurement				<1.0	<1.0		mg/l	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	.60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
	Permit Requirement				.5 (Min.)			mg/l		5 Days/Week	Grab
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement				7.5	7.7		s.u.	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				1.9			#100ml	0	Monthly	Grab
	Permit Requirement				206 (An.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement				<1.0	<1.0		#100ml	0	Monthly	Grab
	Permit Requirement				Report (Monthly)	800 (Max.)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon.Site No. EFA-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				275			mg/l	0	Annually	Grab
	Permit Requirement				Report (Mo.Avg.)			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report (Mo.Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010610**

Facility: **Morningview WWTF**

Monitoring Period From: **8/1/07** To: **8/31/07**

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1						7.6		2.2	.005			
2						7.5		2.2	.007			
3						7.6		2.2	.004			
4								2.2	.004			
5									.007			
6						7.5		2.2	.006			
7	275			<2.0	<1.0	7.5	<1.0	2.2	.006			
8						7.6		2.2	.006			
9						7.6		2.2	.006			
10						7.5		2.2	.005			
11								2.2	.003			
12									.006			
13						7.6		2.2	.005			
14						7.6		2.2	.006			
15						7.6		2.2	.004			
16						7.7		2.2	.005			
17						7.6		2.2	.006			
18								2.2	.005			
19									.005			
20						7.6		2.2	.004			
21						7.7		2.2	.006			
22						7.6		2.2	.005			
23						7.6		2.2	.005			
24						7.6		2.2	.004			
25								2.2	.005			
26									.006			
27						7.7		2.2	.005			
28						7.7		2.2	.007			
29						7.6		2.2	.005			
30						7.7		2.2	.004			
31						7.6		2.2	.005			
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010610

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/1/07 To: 9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	.005	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.020 (An.Avg.)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant	Sample Measurement	.005	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.04	mg/l	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Morningsview WWTF

PERMIT NUMBER: FLA010610
MONITORING PERIOD From:

MONITORING GROUP No.:
To

R-001 and Influent
9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA-1	Sample Measurement			<1.0	<1.0	mg/l	0	Monthly	Grab
	Permit Requirement			Report (Mo. Avg.)	60 (Max.)	mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement			2.2		mg/l	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)		mg/l		5 Days/Week	Grab
pH PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement			7.5	7.6	s.u.	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			1.0		#/100ml	0	Monthly	Grab
	Permit Requirement			206 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No. EFA-1	Sample Measurement			<1.0	<1.0	#/100ml	0	Monthly	Grab
	Permit Requirement			Report (Monthly)	800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No. EFA-1	Sample Measurement			MNR		mg/l	0	Annually	Grab
	Permit Requirement			12 (Max.)		mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			176		mg/l	0	Annually	Grab
	Permit Requirement			Report (Mo. Avg.)		mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			120		mg/l	0	Annually	Grab
	Permit Requirement			Report (Mo. Avg.)		mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010610**

Facility: **Morningview WWTF**

Monitoring Period From: **9/1/07** To: **9/30/07**

	COD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	COD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1								2.2	.004			
2									.005			
3						7.6		2.2	.004			
4						7.6		2.2	.005			
5						7.6		2.2	.005			
6	176	120		2.04	<1.0	7.5	<1.0	2.2	.005			
7						7.6		2.2	.005			
8								2.2	.005			
9									.005			
10						7.6		2.2	.005			
11						7.7		2.2	.005			
12						7.7		2.2	.005			
13									.005			
14						7.6		2.2	.005			
15								2.2	.005			
16									.006			
17						7.6		2.2	.005			
18						7.6		2.2	.007			
19						7.7		2.2	.006			
20						7.6		2.2	.006			
21						7.7		2.2	.009			
22								2.2	.005			
23									.006			
24						7.5		2.2	.005			
25						7.6		2.2	.005			
26						7.6		2.2	.006			
27						7.7		2.2	.005			
28						7.6		2.2	.005			
29								2.2	.004			
30									.006			
31												
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent

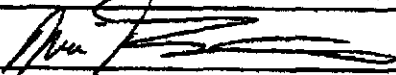
NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: October 1, 2007 To October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Y Permit Requirement	0.020 (An.Avg.)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant	Sample Measurement	0.008	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Y Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	mg/l	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EPA-1	Y Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	mg/l	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EPA-1	I Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6	mg/l	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EPA-1	Y Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Morningview WWTF

PERMIT NUMBER: FLAD10610
MONITORING PERIOD From:

MONITORING GROUP No.:
October 1, 2007

To R-001 and Influent
October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			12	12		mg/l	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
pH	Sample Measurement			7.3	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2.8			#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			206 (An. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			12	12		#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Monthly)	800 (Max.)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement			12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0			mg/l	0	Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			10			mg/l	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Annually	Grab

Permit Number: **FLA010610**

DAILY SAMPLE RESULTS - PART B

Facility: **Morningview WWTF**

Monitoring Period From: **October 1, 2007** To: **October 31, 2007**

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1						7.6		2.2	0.005			
2									0.006			
3						7.7		2.2	0.005			
4	2.0	10		2.3	12	7.6	2.9	2.2	0.005			
5						7.5		2.2	0.006			
6								2.2	0.007			
7									0.008			
8						7.4		2.2	0.060			
9						7.4		2.2	0.006			
10						7.5		2.2	0.004			
11						7.5		2.2	0.007			
12						7.4		2.2	0.006			
13									0.006			
14								2.2	0.006			
15						7.4		2.2	0.008			
16						7.4		2.2	0.005			
17						7.4		2.2	0.006			
18						7.3		2.2	0.005			
19						7.3		2.2	0.007			
20								2.2	0.005			
21									0.006			
22						7.4		2.2	0.005			
23						7.5		2.2	0.009			
24						7.3		2.2	0.005			
25						7.4		2.2	0.005			
26						7.3		2.2	0.005			
27								2.2	0.005			
28									0.006			
29						7.4		2.2	0.005			
30						7.3		0.6	0.005			
31						7.4		2.2	0.005			
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningsview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: October 1, 2007 To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	0.005		mgd				0	5 Days/Week	Flow Meter
	Permit Requirement	0.020 (An.Avg.)		mgd					5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant PARM Code 50050 1 Mon.Site No. EFF-1	Sample Measurement	0.006		mgd				0	5 Days/Week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.1		mg/l	0	Monthly	Grab
	Permit Requirement				20 (An.Avg.)		mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement				2.3	2.3	mg/l	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				2.6		mg/l	0	Monthly	Grab
	Permit Requirement				20 (An.Avg.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	

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

Version 3/23/2001

DEP Form 62-620.910(10), Effective November 29, 1994

Revised 3/18/08 cm

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Morningsview WWTF

PERMIT NUMBER: FLA010610
MONITORING PERIOD From:

MONITORING GROUP No. R-001 and Influent
To October 1, 2007

October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement			12	12		mg/l	0	Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			2.2			mg/l	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement			7.3	7.7		s.u.	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			2.8			#100ml	0	Monthly	Grab
	Permit Requirement			206 (An.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement			12	12		#100ml	0	Monthly	Grab
	Permit Requirement			Report (Monthly)	800 (Max.)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon.Site No. EFA-1	Sample Measurement			MNR			mg/l	0	Annually	Grab
	Permit Requirement			12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			2.0			mg/l	0	Annually	Grab
	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			10			mg/l	0	Annually	Grab
	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number

FLA010610

Facility: Morningview WWTF

Monitoring Period

From: October 1, 2007

To: October 31, 2007

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1						7.6		2.2	0.005			
2									0.006			
3						7.7		2.2	0.005			
4	2.0	10		2.3	12	7.6	2.9	2.2	0.005			
5						7.5		2.2	0.006			
6								2.2	0.007			
7									0.008			
8						7.4		2.2	0.008			
9						7.4		2.2	0.006			
10						7.5		2.2	0.004			
11						7.5		2.2	0.007			
12						7.4		2.2	0.006			
13									0.006			
14								2.2	0.006			
15						7.4		2.2	0.008			
16						7.4		2.2	0.005			
17						7.4		2.2	0.006			
18						7.3		2.2	0.005			
19						7.3		2.2	0.007			
20								2.2	0.005			
21									0.006			
22						7.4		2.2	0.005			
23						7.5		2.2	0.009			
24						7.3		2.2	0.005			
25						7.4		2.2	0.005			
26						7.3		2.2	0.005			
27								2.2	0.005			
28									0.006			
29						7.4		2.2	0.005			
30						7.3		0.6	0.005			
31						7.4		2.2	0.005			
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: C Certificate No: 13614
 Class: B Certificate No: 7243
 Class: C Certificate No: 7113

Name: Adam Michaelson
 Name: John Worrell
 Name: William Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent


COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/07 To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon. Site No. EFF-1	Permit Requirement	0.020 (An. Avg.)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon. Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20 (An. Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	mg/l	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.5	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20 (An. Avg.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	07/12/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Morningview WWTF

PERMIT NUMBER: FLA010610

MONITORING GROUP No.:

R-001 and Influent

MONITORING PERIOD From:

11/1/07

To

11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			2.9	2.9		mg/l	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
pH	Sample Measurement			7.3	7.5		s.u.	0	5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2.8			#100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			206 (An. Avg.)			#100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			Report (Monthly)	800 (Max.)		#100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Requirement			12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			130			mg/l	0	Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			100			mg/l	0	Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010610**
 Monitoring Period From: **11/1/07** To: **11/30/07**

Facility: **Morningview WWTF**

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1	130	100		<2.0	1.0	7.3	2.9	2.2	.003			
2						7.3		2.2	.007			
3								2.2	.004			
4									.006			
5						7.3		2.2	.005			
6						7.4		2.2	.005			
7						7.4		2.2	.005			
8						7.4		2.2	.005			
9						7.4		2.2	.005			
10								2.2	.005			
11									.005			
12						7.4		2.2	.005			
13						7.3		2.2	.006			
14						7.4		2.2	.006			
15						7.4		2.2	.005			
16						7.5		2.2	.004			
17								2.2	.002			
18									.006			
19						7.5		2.2	.006			
20						7.5		2.2	.005			
21						7.5		2.2	.006			
22						7.5		2.2	.003			
23						7.5		2.2	.007			
24									.006			
25								2.2	.006			
26						7.5		2.2	.007			
27						7.5		2.2	.005			
28						7.5		2.2	.006			
29						7.4		2.2	.006			
30						7.4		2.2	.003			
31												
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

MONITORING GROUP NUMBER: R-001 and Influent

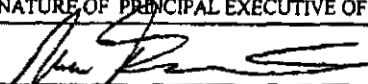
NO DISCHARGE FROM SITE: 0

COUNTY: Lake

MONITORING PERIOD From: 12/1/07 To 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	0.020 (An.Avg.)	mgd				5 Days/Week	Flow meters
Flow, in conduit or thru treatment plant PARM Code 50050 1 Mon.Site No. EFF-1	Sample Measurement	0.005	mgd			0	5 Days/Week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement			2.1	mg/l	0	Monthly	Grab
	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement			<2.0	mg/l	0	Monthly	Grab
	Permit Requirement			Report (Mo.Avg.) 60 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement			2.5	mg/l	0	Monthly	Grab
	Permit Requirement			20 (An.Avg.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Fontaine, Field Coordinator		352-787-0980	08/01/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Momingview WWTF

PERMIT NUMBER: FLA010610
MONITORING PERIOD From:

MONITORING GROUP No.:
12/1/07 To

R-001 and Influent
12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1	Sample Measurement			3.3	3.3		mg/l	0	Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	60 (Max.)		mg/l		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			2.2			mg/l	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement			7.3	7.6		s.u.	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			1.9			#100ml	0	Monthly	Grab
	Permit Requirement			206 (An.Avg.)			#100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement			<1.0	<1.0		#100ml	0	Monthly	Grab
	Permit Requirement			Report (Monthly)	800 (Max.)		#100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon.Site No. EFA-1	Sample Measurement			MNR			mg/l	0	Annually	Grab
	Permit Requirement			12 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			230			mg/l	0	Annually	Grab
	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			280			mg/l	0	Annually	Grab
	Permit Requirement			Report (Mo.Avg.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010610**
 Monitoring Period From: **12/1/07** To: **12/31/07**

Facility: **Morningview WWTF**

	CBOD5 (mg/l)	TSS (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow, in conduit or thru treatment plant (mgd)			
Code	80082	00530	00620	80082	74055	00400	00530	50060	50050			
Mon. Site	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-1			
1								2.2	.005			
2									.005			
3						7.4		2.2	.004			
4						7.6		2.2	.006			
5						7.6		2.2	.003			
6						7.4		2.2	.006			
7						7.3		2.2	.005			
8								2.2	.004			
9									.005			
10						7.5		2.2	.005			
11	230	280		<2.0	<1.0	7.4	3.3	2.2	.004			
12						7.4		2.2	.004			
13									.005			
14						7.4		2.2	.005			
15								2.2	.004			
16									.007			
17						7.5		2.2	.006			
18									.006			
19						7.5		2.2	.005			
20						7.5		2.2	.004			
21						7.5		2.2	.006			
22								2.2	.005			
23									.005			
24						7.5		2.2	.005			
25									.006			
26						7.4		2.2	.006			
27						7.4		2.2	.005			
28						7.4		2.2	.005			
29								2.2	.005			
30									.005			
31						7.4		2.2	.005			
Total												
Mo. Avg.												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7113</u>	Name: <u>William Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3787

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

PERMIT NUMBER: **FLA010610**

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic


FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
 NO DISCHARGE FROM SITE: []

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 60050 I Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.9	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			2.6	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.4	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			4.7	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/02/21

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

DOCUMENT NUMBER-DAT

04311 MAY 22 08

FPSC-COMMISSION CLERK

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EPA-1	Sample Measurement		2.0	mg/L	0	5 Days/week	Grab	
	Permit Measurement		0.5 (Min.)	mg/L		5 Days/week	Grab	
pH	Sample Measurement		7.4	7.7	u.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon. Site No EPA-1	Permit Measurement		8.0 (Min.)	8.5 (Max.)	u.u.	5 Days/week	Grab	
Coliform, Fecal	Sample Measurement		2	#/100ml	0	Monthly	Grab	
PARM Code 74055 Y Mon. Site No EPA-1	Permit Measurement		200 (An. Avg.)	#/100ml		Monthly	Grab	
Coliform, Fecal	Sample Measurement		2.0	2.0	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon. Site No EPA-1	Permit Measurement		Report (Monthly)	800 (Max.)	#/100ml	Monthly	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement			11.0	mg/L	0	Annually	Grab
PARM Code 00820 I Mon. Site No EPA-1	Permit Measurement			12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		210	mg/L	0	Annually	Grab	
PARM Code 80082 G Mon. Site No INF-1	Permit Measurement		Report (Mo. Avg.)	mg/L		Annually	Grab	
Solids, Total Suspended	Sample Measurement		210	mg/L	0	Annually	Grab	
PARM Code 00530 G Mon. Site No INF-1	Permit Measurement		Report (Mo. Avg.)	mg/L		Annually	Grab	
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: January-06

Facility: Morningside WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005											
2	0.005					7.4		2.2				
3	0.006					7.6		2.2				
4	0.004					7.6		2.2				
5	0.004	2.8	210	4.7	210	7.5	2	2.2	11			
6	0.005					7.5		2.0				
7	0.005											
8	0.005							2.0				
9	0.006					7.8		2.0				
10	0.003					7.8		2.2				
11	0.006					7.5		2.2				
12	0.004					7.6		2.2				
13	0.005					7.4		2.2				
14	0.005							2.2				
15	0.005											
16	0.005					7.4		2.2				
17	0.005					7.4		2.2				
18	0.005					7.8		2.2				
19	0.006					7.8		2.2				
20	0.004					7.5		2.2				
21	0.004							2.2				
22	0.005											
23	0.005					7.6		2.2				
24	0.004					7.7		2.2				
25	0.006					7.7		2.2				
26	0.005					7.7		2.2				
27	0.005					7.6		2.2				
28	0.005							2.2				
29	0.006											
30	0.006					7.6		2.2				
31	0.003					7.7		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michackson</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: **FLA010610**

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic


FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
 NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.7	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			2.3	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.2	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			3.9	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/03/23

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **02/01/06** To: **02/28/06**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No. EFA-1	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement			7.0	7.7	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			2		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No. EFA-1	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	500 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No. EFA-1	Sample Measurement				MNR	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80062 G Mon. Site No. INF-1	Sample Measurement			180		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00630 G Mon. Site No. INF-1	Sample Measurement			200		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010810
 Month/Year: February-08

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.7		2.2				
2	0.005	2.3	180	3.9	200	7.8	1U	2.2				
3	0.004					7.8		2.2				
4	0.006											
5	0.008							2.2				
6	0.005					7.8		2.2				
7	0.005					7.0		2.2				
8	0.007					7.7		2.2				
9	0.005					7.6		2.2				
10	0.005					7.4		2.2				
11	0.004							2.2				
12	0.008											
13	0.008					7.3		2.2				
14	0.008					7.4		2.2				
15	0.005					7.3		2.2				
16	0.005					7.2		2.2				
17	0.005					7.4		2.2				
18	0.008							2.2				
19	0.006											
20	0.006					7.4		2.2				
21	0.005					7.5		2.2				
22	0.005					7.4		2.2				
23	0.007					7.5		2.2				
24	0.005					7.5		2.2				
25	0.005							2.2				
26	0.008											
27	0.006					7.4		2.2				
28	0.005					7.3		2.2				
29												
30												
31												

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13814</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
FACILITY:	Morningview WWTF	REPORT:	Monthly
LOCATION:	1322 English Road	GROUP:	Domestic
	Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]

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

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)		MGD					5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement				2.8		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement				4.2	4.2	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	80.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement				2.3		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement				5.8	5.8	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/04/11

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 J Mon. Site No. EFA-1	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 Mon. Site No. EFA-1	Sample Measurement			7.3	7.8	s.u.	0	5 Days/week	Grab
	Permit Measurement			8.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			2		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 L Mon. Site No. EFA-1	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	500 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 J Mon. Site No. EFA-1	Sample Measurement				MNR	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			240		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			370		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA010610
 Month/Year: March-06

 Facility: Morningview WWTF

 WWTF Three-month Average Daily Flow 0.005

 (TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon. Sits	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005					7.3		2.2				
2	0.005					7.4		2.2				
3	0.005					7.4		2.2				
4	0.004							2.2				
5	0.006											
6	0.007					7.4		2.2				
7	0.005					7.6		2.2				
8	0.005					7.5		2.2				
9	0.005	4.2V	240 V	5.8	370	7.5	1U	2.2				
10	0.005					7.5		2.2				
11	0.005							2.2				
12	0.005											
13	0.005					7.4		2.2				
14	0.005					7.6		2.2				
15	0.006					7.6		2.2				
16	0.003					7.6		2.2				
17	0.005					7.6		2.2				
18	0.006							2.2				
19	0.006											
20	0.006					7.6		2.2				
21	0.005					7.5		2.2				
22	0.005					7.5		2.2				
23	0.004					7.5		2.2				
24	0.005					7.4		2.2				
25	0.006											
26	0.005							2.2				
27	0.005					7.6		2.2				
28	0.003					7.6		2.2				
29	0.006					7.5		2.2				
30	0.004					7.8		2.2				
31	0.004					7.5		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>W/ll Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
 NO DISCHARGE FROM SITE: []

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFA-1	Sample Measurement	0.005		MGD		0	5 Days/Week Flow Meter
	Permit Measurement	0.020 (An.Avg.)		MGD			5 Days/Week Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFA-1	Sample Measurement	0.005		MGD		0	5 Days/Week Flow Meter
	Permit Measurement	Report (Mo.Avg.)		MGD			5 Days/Week Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement		2.8		mg/L	0	Monthly Grab
	Permit Measurement		20.0 (An.Avg.)		mg/L		Monthly Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement		2U	2U	mg/L	0	Monthly Grab
	Permit Measurement		Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement		2.3		mg/L	0	Monthly Grab
	Permit Measurement		20.0 (An.Avg.)		mg/L		Monthly Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement		2.3	2.3	mg/L	0	Monthly Grab
	Permit Measurement		Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/05/09

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50080 Mon. Site No EFA-1	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 Mon. Site No EFA-1	Sample Measurement			7.4	7.7	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.6 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			2		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No EFA-1	Sample Measurement				MNR	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			160		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo.Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			130		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo.Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: April-06

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₆ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80062	80062	00530	00531	00400	74055	50060	00620				
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005											
2	0.005							2.2				
3	0.005					7.6		2.2				
4	0.006					7.6		2.2				
5	0.004					7.4		2.2				
6	0.004					7.4		2.2				
7	0.006					7.5		2.2				
8	0.005							2.2				
9	0.005											
10	0.005					7.5		2.2				
11	0.004					7.5		2.2				
12	0.004	2U	160	2.3	130	7.5	1U	2.2				
13	0.005					7.7		2.2				
14	0.006					7.7		2.2				
15	0.006							2.2				
16	0.004											
17	0.004					7.5		2.2				
18	0.006					7.5		2.2				
19	0.004					7.8		2.2				
20	0.006					7.4		2.2				
21	0.004					7.4		2.2				
22	0.006					7.4		2.2				
23	0.006											
24	0.006					7.6		2.2				
25	0.006					7.5		2.2				
26	0.004					7.5		2.2				
27	0.006					7.5		2.2				
28	0.004					7.6		2.2				
29	0.004							2.2				
30	0.004											
31	0.004											

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontana</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: **FLA010610**

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: **Morningsview WWTF**
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
 NO DISCHARGE FROM SITE:

MONITORING PERIOD—From: **05/01/06** To: **05/31/06**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No. EFA-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An. Avg.)		MGD					8 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No. EFA-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	Report (No. Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				2.8		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA-1	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement				2.3		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA-1	Sample Measurement				1.3	1.3	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print) <p style="text-align: center;">Will Fontaine (Field Coordinator)</p>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 352-787-0980	DATE (YY/MM/DD) 06/06/07
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **05/01/08** To: **05/31/08**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50080 I Mon.Site No EFA-1	Sample Measurement			1.7	mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)	mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon.Site No EFA-1	Sample Measurement			7.4	p.u.	0	5 Days/week	Grab
	Permit Measurement			8.0 (Min.)	p.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No EFA-1	Sample Measurement			2	#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An.Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No EFA-1	Sample Measurement			1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	800 (Max.)		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon.Site No EFA-1	Sample Measurement				MNR	0	Annually	Grab
	Permit Measurement				12.0 (Max.)		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No INF-1	Sample Measurement			130	mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No INF-1	Sample Measurement			71	mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010810
 Month/Year: May-08

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.011					7.5		2.0			
2	0.002					7.5		2.0			
3	0.007					7.4		2.1			
4	0.004					7.5		2.2			
5	0.005					7.5		2.2			
6	0.008							2.2			
7	0.006										
8	0.006					7.7		2.2			
9	0.004					7.7		2.2			
10	0.004					7.7		2.2			
11	0.006					7.5		2.2			
12	0.008					7.5		2.2			
13	0.006							2.2			
14	0.005										
15	0.005					7.8		2.2			
16	0.004					7.7		2.2			
17	0.008	2UV	130 V	1.3	71	7.7	1	2.2			
18	0.004					7.7		2.2			
19	0.004					7.5		2.2			
20	0.005										
21	0.005					7.6		2.2			
22	0.004					7.5		2.2			
23	0.006					7.5		2.2			
24	0.004					7.5		2.2			
25	0.004					7.5		2.0			
26	0.004					7.5		2.0			
27	0.005							2.2			
28	0.004										
29	0.004					7.5		2.2			
30	0.006					7.5		1.7			
31	0.006							2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
FACILITY:	Morningview WWTF	REPORT:	Monthly
LOCATION:	1322 English Road	GROUP:	Domestic
	Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD		0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An. Avg.)	MGD			5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.005	MGD		0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo. Avg.)	MGD			5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.8	0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			2.3	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.4	0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			2.1	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/07/06

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **06/01/06** To: **06/30/06**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EFA-1	Sample Measurement			2.1	mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)	mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.4	s.u.	0	5 Days/week	Grab
	Permit Measurement			8.0 (Min.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			2	#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An.Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement			1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00820 I Mon. Site No EFA-1	Sample Measurement				7.7	mg/L	0	Annually
	Permit Measurement				12.0 (Max.)	mg/L		Annually
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			240	mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			220	mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: June-06

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.008					7.5		2.2				
2	0.004					7.5		2.2				
3	0.004					7.5		2.2				
4	0.005											
5	0.005					7.8		2.2				
6	0.006					7.6		2.2				
7	0.006					7.5		2.2				
8	0.006	2.3V	240V	2.1	220	7.4	1U	2.2	8			
9	0.004					7.4		2.2				
10	0.006							2.2				
11	0.005											
12	0.005					7.4		2.2				
13	0.006					7.4		2.2				
14	0.004					7.6		2.2				
15	0.006					7.8		2.2				
16	0.004					7.5		2.2				
17	0.004					7.5		2.2				
18	0.005											
19	0.005					7.4		2.1				
20	0.004					7.5		2.2				
21	0.005					7.4		2.2				
22	0.005					7.4		2.2				
23	0.005					7.5		2.2				
24	0.002					7.5		2.2				
25	0.005											
26	0.005					7.4		2.2				
27	0.007					7.4		2.2				
28	0.005					7.5		2.2				
29	0.005					7.5		2.2				
30	0.003					7.5		2.2				
31												

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: **FLA010610**

LIMIT: **Final**
 CLASS SIZE: **N/A** REPORT: **Monthly**
 GROUP: **Domestic**

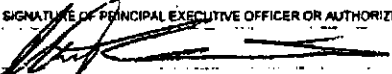
FACILITY: **Morningview WWTF**
 LOCATION: **1322 English Road**
Leesburg, FL
 COUNTY: **Lake**

MONITORING GROUP NUMBER: **R-001 and Influent**
 NO DISCHARGE FROM SITE: **[]**

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

Parameter	Measurement Type	Quantity or Loading		Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
		Sample	Permit	Sample	Permit				
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005				MGD	0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)				MGD		5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.004				MGD	0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)				MGD		5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.8		mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.4		mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			1.5	1.5	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/08/06
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: 07/01/06

To: 07/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EFA-1	Sample Measurement			0.9		mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.4	7.6	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			2		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No EFA-1	Sample Measurement					mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			130		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00630 G Mon. Site No INF-1	Sample Measurement			120		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA010610
 Month/Year: July-06

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 23%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
50050	80082	80082	00530	00531	00400	74055	50060	00620	
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	
1	0.004						2.2		
2	0.005								
3	0.005								
4	0.003					7.4	2.2		
5	0.008					7.5	2.2		
6	0.003	2U	130	1.5	120	7.5	1U	2.2	
7	0.005					7.6	2.2		
8	0.002						2.2		
9	0.008								
10	0.005					7.4	2.2		
11	0.004					7.5	2.2		
12	0.005					7.6	2.2		
13	0.005					7.5	2.2		
14	0.004					7.8	2.2		
15	0.003						2.2		
16	0.006								
17	0.005					7.5	2.2		
18	0.003					7.5	2.2		
19	0.005					7.6	0.9		
20	0.005					7.6	2.2		
21	0.004					7.5	2.2		
22	0.004						2.2		
23	0.004								
24	0.004					7.8	2.2		
25	0.005					7.8	2.2		
26	0.004					7.5	2.2		
27	0.003					7.5	2.2		
28	0.004					7.6	2.2		
29	0.003						2.2		
30	0.004								
31	0.004					7.8	2.2		

PLANT STAFFING:

Day Shift Operator	Class:	B	Certification No.:	7243	Name:	John Worrell
Day Shift Operator	Class:	C	Certification No.:	13814	Name:	Adam Michaelson
Day Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	B	Certification No.:	7113	Name:	Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
FACILITY: Morningsview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: <input type="checkbox"/>	

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

Parameter		Quantity or Loading		Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type
			Units		Units				
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An. Avg.)	MGD					5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.005	MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-3	Sample Measurement			2.5		mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.6		mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			2.7	2.7	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/09/22
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EFA-1	Sample Measurement				2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement				7.4	7.8	s.u.	0	5 Days/week	Grab
	Permit Measurement				8.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement				2		#/100ml	0	Monthly	Grab
	Permit Measurement				200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement				1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement				Report (Monthly)	800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00820 I Mon. Site No EFA-1	Sample Measurement					MNR	mg/L	0	Annually	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement				180		mg/L	0	Annually	Grab
	Permit Measurement				Report (Mo. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement				190		mg/L	0	Annually	Grab
	Permit Measurement				Report (Mo. Avg.)		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: August-08

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 23%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Colliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005					7.8		2.2				
2	0.005					7.5		2.2				
3	0.004	2U	180	2.7	190	7.8	1U	2.2				
4	0.005					7.8		2.2				
5	0.005							2.2				
6	0.006							2.2				
7	0.005					7.8		2.2				
8	0.005					7.7		2.2				
9	0.005					7.7		2.2				
10	0.004					7.7		2.2				
11	0.004					7.7		2.2				
12	0.004							2.2				
13	0.004							2.2				
14	0.009					7.7		2.2				
15	0.005					7.8		2.2				
16	0.005					7.7		2.2				
17	0.005					7.7		2.2				
18	0.008					7.8		2.2				
19	0.003							2.2				
20	0.008							2.2				
21	0.005					7.7		2.2				
22	0.003					7.8		2.2				
23	0.005					7.8		2.2				
24	0.005					7.7		2.2				
25	0.008					7.8		2.2				
26	0.004							2.2				
27	0.008							2.2				
28	0.008					7.7		2.2				
29	0.007					7.4		2.2				
30	0.004					7.5		2.2				
31	0.008					7.4		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic


FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
 NO DISCHARGE FROM SITE: []

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.5	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2U	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.7	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			2.3	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/10/25

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EFA-1	Sample Measurement			2.2		0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)			5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.4	7.7	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			2		0	Monthly	Grab
	Permit Measurement			200 (Ar. Avg.)			Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement			1U	1U	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	300 (Max.)		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No EFA-1	Sample Measurement				MNR	0	Annually	Grab
	Permit Measurement				12.0 (Max.)		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			180		0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)			Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			210		0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)			Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: September-06

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 23%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005					7.8		2.2				
2	0.004							2.2				
3	0.004											
4	0.004					7.5		2.2				
5	0.007					7.8		2.2				
6	0.005					7.7		2.2				
7	0.004					7.8		2.2				
8	0.006					7.8		2.2				
9	0.005							2.2				
10	0.006											
11	0.006					7.5		2.2				
12	0.005					7.4		2.2				
13	0.003					7.7		2.2				
14	0.008					7.8		2.2				
15	0.005					7.8		2.2				
16	0.004							2.2				
17	0.005											
18	0.005					7.4		2.2				
19	0.005					7.8		2.2				
20	0.006					7.7		2.2				
21	0.006	2U	180	2.3	210	7.7	1U	2.2				
22	0.004					7.7		2.2				
23	0.005											
24	0.004							2.2				
25	0.004					7.8		2.2				
26	0.004					7.7		2.2				
27	0.006					7.7		2.2				
28	0.004					7.8		2.2				
29	0.004					7.8		2.2				
30	0.004							2.2				
31	0.004							2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13814</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

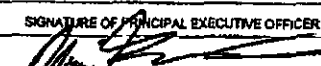
When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
FACILITY:	Morningview WWTF	REPORT:	Monthly
LOCATION:	1322 English Road	GROUP:	Domestic
	Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]

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

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)		MGD					5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement				2.5		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement				3.0	3.0	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement				2.9		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement				3.6	3.6	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/11/16

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EFA-1	Sample Measurement			0.9		mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.5	7.8	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			1		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (Ar. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74056 I Mon. Site No EFA-1	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	800 (Max.)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No EFA-1	Sample Measurement				0.7	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			160		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			140		mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010810
 Month/Year: October-08

Facility: Morningside WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006											
2	0.005					7.6		2.2				
3	0.004					7.6		0.9				
4	0.004					7.6		2.2				
5	0.005					7.6		2.2				
6	0.004					7.7		2.2				
7	0.005							2.2				
8	0.006											
9	0.006					7.6		2.2				
10	0.003	3.0	160	3.6	140	7.6	1U	2.2	1			
11	0.004					7.7		2.2				
12	0.006					7.7		2.2				
13	0.004					7.8		2.2				
14	0.004							2.2				
15	0.004											
16	0.004					7.7		2.2				
17	0.007					7.6		2.2				
18	0.004					7.7		2.2				
19	0.006					7.6		2.2				
20	0.004					7.6		2.2				
21	0.006							2.2				
22	0.005											
23	0.004					7.6		2.2				
24	0.006					7.6		2.2				
25	0.003					7.5		2.2				
26	0.006					7.6		2.2				
27	0.005					7.6		2.2				
28	0.004							2.2				
29	0.005											
30	0.005					7.5		2.2				
31	0.007					7.5		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010610

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningsview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
 NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No EFF-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An.Avg.)		MGD					5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon.Site No EFF-1	Sample Measurement	0.005		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No EFA-1	Sample Measurement				2.6		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No EFA-1	Sample Measurement				3.0	3.0	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No EFA-1	Sample Measurement				3.1		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon.Site No EFA-1	Sample Measurement				4.0	4.0	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print) <p style="text-align: center;">Will Fontaine (Field Coordinator)</p>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 352-787-0980	DATE (YY/MM/DD) 06/12/20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary).			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EFA-1	Sample Measurement			2.2		0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)			5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.3	7.7	0	5 Days/week	Grab
	Permit Measurement			8.0 (Min.)	8.5 (Max.)		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			1		0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)			Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement			1U	1U	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	500 (Max.)		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No EFA-1	Sample Measurement				MNR	0	Annually	Grab
	Permit Measurement				12.0 (Max.)		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			140		0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)			Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			190		0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)			Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA010610
 Month/Year: November-06

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
50050	80082	80082	00530	00531	00400	74055	50060	00620	
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	
1	0.003					7.8	2.2		
2	0.005	3.0	140	4.0	190	7.6	1U	2.2	
3	0.006					7.6		2.2	
4	0.003								
5	0.003						2.2		
6	0.006					7.6		2.2	
7	0.006					7.7		2.2	
8	0.005					7.5		2.2	
9	0.004					7.5		2.2	
10	0.005					7.5		2.2	
11	0.004							2.2	
12	0.006								
13	0.006					7.4		2.2	
14	0.005					7.4		2.2	
15	0.006					7.4		2.2	
16	0.005					7.4		2.2	
17	0.004					7.4		2.2	
18	0.005							2.2	
19	0.005								
20	0.005					7.4		2.2	
21	0.004					7.3		2.2	
22	0.005					7.4		2.2	
23	0.003					7.4		2.2	
24	0.007					7.4		2.2	
25	0.005								
26	0.006							2.2	
27	0.006					7.4		2.2	
28	0.004					7.5		2.2	
29	0.004					7.4		2.2	
30	0.005					7.4		2.2	
31									

PLANT STAFFING:

Day Shift Operator	Class:	B	Certification No.:	7243	Name:	John Worrell
Day Shift Operator	Class:	C	Certification No.:	13814	Name:	Adam Michaelson
Day Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	B	Certification No.:	7113	Name:	Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: **FLA010610**

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent
 NO DISCHARGE FROM SITE: []

MONITORING PERIOD--From: **12/01/08** To: **12/31/08**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No EFF-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An. Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No EFF-1	Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.5		0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			2U	2U	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	80.0 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			3.1		0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			3.3	3.3	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	80.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print) Will Fontaine (Field Coordinator)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 352-787-0980	DATE (YY/MM/DD) 07/01/22
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **12/01/06** To: **12/31/06**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No EFA-1	Sample Measurement			2.2	mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)	mg/L		5 Days/week	Grab
pH PARM Code 00400 I Mon. Site No EFA-1	Sample Measurement			7.4	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No EFA-1	Sample Measurement			2U	#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No EFA-1	Sample Measurement			12.0	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No EFA-1	Sample Measurement				mg/L	0	Annually	Grab
	Permit Measurement				mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No INF-1	Sample Measurement			150	mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)	mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No INF-1	Sample Measurement			220	mg/L	0	Annually	Grab
	Permit Measurement			Report (Mo. Avg.)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010810
 Month/Year: December-06

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 27%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
50050	80082	80082	00530	00531	00400	74055	50080	00820	
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	
1	0.005					7.8	2.2		
2	0.005						2.2		
3	0.006						2.2		
4	0.005					7.6	2.2		
5	0.004					7.6	2.2		
6	0.006					7.6	2.2		
7	0.003	20	150	3.3	220	7.5	12	5	
8	0.005					7.6	2.2		
9	0.006						2.2		
10	0.005						2.2		
11	0.005					7.5	2.2		
12	0.005					7.4	2.2		
13	0.006					7.6	2.2		
14	0.005					7.6	2.2		
15	0.004					7.5	2.2		
16	0.005						2.2		
17	0.007						2.2		
18	0.007					7.8	2.2		
19	0.008					7.7	2.2		
20	0.005					7.7	2.2		
21	0.006					7.7	2.2		
22	0.006					7.7	2.2		
23	0.008						2.2		
24	0.008						2.2		
25	0.008					7.6	2.2		
26	0.010					7.7	2.2		
27	0.007					7.7	2.2		
28	0.007					7.6	2.2		
29	0.007					7.7	2.2		
30	0.005						2.2		
31	0.006						2.2		

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge _____

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



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida Inc

PERMIT NUMBER:

FLA010610

PA FILE NUMBER:

FLA010610-004-DW3P

ISSUANCE DATE:

March 2, 2007

EXPIRATION DATE:

February 19, 2012

RESPONSIBLE AUTHORITY:

Mr. John M Lihvarcik,
President
P.O. Box 490310
Leesburg, FL 34749-

(352) 787-0980

FACILITY:

Morningview WWTF
1322 English Road
Leesburg, FL
Lake County
Latitude: 28° 46' 39" N Longitude: 81° 53' 07" W

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

TREATMENT FACILITIES:

An existing 0.020 MGD annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of aeration, secondary clarification, chlorination and aerobic digestion of residuals.

EFFLUENT DISPOSAL:

Land Application: An existing 0.020 MGD AADF permitted capacity rapid infiltration basin system (R-001). R-001 consists of 22,500 square foot percolation pond located approximately at latitude 28° 46' 38" N, longitude 81° 53' 8" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 13 of this permit.

DOCUMENT NUMBER-DATE
04311 MAY 22 80
FPSC-COMMISSION CLERK

FACILITY: Morningview WWTF
 PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010610
 EXPIRATION DATE: February 19, 2012

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 effluent to Reuse System R-001. Such effluent shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.6:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements				
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location/Site Number	Notes	
Flow, to percolation pond	MGD	Maximum	0.020	-	-	-	5 Days/Week	Flow meters	FLW-1	See Cond. I.A.3.	
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	20	30	45	60	Monthly	Grab	EFA-1		
Solids, Total Suspended	mg/L	Maximum	20	30	45	60	Monthly	Grab	BFA-1		
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1		
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.					Monthly	Grab	EFA-1	
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12	Annually	Grab	EFA-1	See. Cond. I.A.6.	

FACILITY: Morningsview WWTF
PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010610
EXPIRATION DATE: February 19, 2012

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	chlorine contact chamber effluent
FLW-1	flow meter before chlorine contact chamber

3. Flow meters shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
4. 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)]
5. 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)]
6. Nitrate nitrogen (NO₃) concentration in the water discharged to the land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. If the facility exceeds this limit, the Department may require future groundwater monitoring or modification to the treatment facility to remove nitrogen. [62-610.510]

FACILITY: Morningview WWTF
 PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010610
 EXPIRATION DATE: February 19, 2012

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.6:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location/ID	Other
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Solids, Total Suspended	mg/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Percent Capacity (TMADF/Permitted Capacity) x 100	Per cent	Maximum	-	Report	-	-	Monthly	Calculated	CAL-1	

FACILITY: Morningview WWTF
 PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010610
 EXPIRATION DATE: February 19, 2012

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
CAL-1	Calculate using FLW-1
INF-1	raw influent to aeration tank

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. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
5. 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)]
6. 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 Central 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 Central District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

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

7. 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, Lake County Water Resource Management and the Department's Central District Office at the address specified below:

Central District Office
 3319 Maguire Boulevard Suite 232
 Orlando, Florida 32803-3767

Phone Number - (407) 894-7555
 FAX Number - (407) 897-2966

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]

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II. RESIDUALS MANAGEMENT REQUIREMENTS

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

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

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

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

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 22,500 square foot percolation pond shall be limited to a maximum of 1.4 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. 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)]

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4. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
5. 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 Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

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

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

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- 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]

VIII. OTHER SPECIFIC CONDITIONS

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

[62-604.130(5)]

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7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)].
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

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

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7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
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)]

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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)]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.
- [62-620.610(18)]
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:

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

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

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

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

[62-620.610(20)]

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

22. Bypass Provisions.

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

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3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

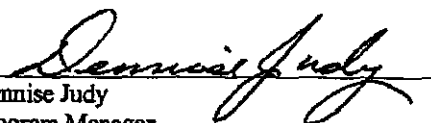
23. Upset Provisions

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

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION


Dennise Judy
Program Manager
Domestic Waste

DATE: March 2, 2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749-

PERMIT NUMBER: FLA010610

Expiration Date: February 19, 2012

FACILITY: Morningview WWTF
 LOCATION: 1322 English Road
 Leesburg, FL

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: percolation pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to percolation pond	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.020 (An. Avg.)	MGD				5 Days/Week	Flow meters
Flow, to percolation pond	Sample Measurement							
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20 (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 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20 (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 (Max.)	mg/L	Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Morningsview WWTF

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

PERMIT NUMBER: FLA010610

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement								
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
pH	Sample Measurement								
PARM Code 00400 A Mon.Site No. EFA-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			14 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement								
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo. Median)	86 (Max.)	#/100ML		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement								
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			12 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement								
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (An. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement								
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (An. Avg.)		mg/L		Annually	Grab
Percent Capacity (TMADF/ Permitted Capacity) x 100	Sample Measurement								
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement			Report		PER-CENT		Monthly	Calculated
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Monitoring Period: From: _____ To: _____

Facility: Morningview WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow, in conduit or thru treatment plant (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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21									
22									
23									
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:

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

PART A -DISCHARGE MONITORING REPORT (DMR)

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

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

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

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

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

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

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

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

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

PART B - DAILY 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.



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA EMAIL TO: jmlihvarcik@aquaaamerica.com

June 25, 2007

OCD-C-WW-07-0574

AQUA UTILITIES FLORIDA INC
1100 THOMAS AVENUE
LEESBURG FL 34749

ATTENTION JOHN LIHVARIK
PRESIDENT

Lake County - DW
Morningview WWTF
Wastewater Facility - Permit No. FLA010610

Summit Chase WWTF
Wastewater Facility - Permit No. FLA010533

Venetian Village WWTF
Wastewater Facility - Permit No. FLA010567

Dear Mr. Lihvarik:

On June 6, 2007, Department personnel conducted routine inspections of the listed wastewater facilities. At the time of the inspections, the overall operations of your facilities were found to be in substantial compliance with the terms and conditions in each facility's permit. Please review the enclosed inspection reports and correct any deficiencies, which have been noted.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact me at the above address or at (407) 893-3313.

Sincerely,

Blake Vahlsing
Environmental Specialist
Wastewater Compliance/Enforcement

BV/ar

Enclosure: Inspection Reports

cc: Lake County Water Resource Management, scatusus@co.lake.fl.us

DOCUMENT NUMBER - DATE

04311 MAY 22 08

FPSC-COMMISSION CLERK

COMET ENTRY DATE
 _ _ / _ _ / _ _

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Morningview WWTF 1322 English Road Leesburg, FL	WARR ID: FLA010610	County Lake Phone	Entry Date/Time 06/07/2007 @ 10:05:00 AM @ Exit Date/Time 06/07/2007 @ 9:55:00 AM
Name(s) of Field Representatives(s) Patrick Ferris Will Fontaine	Title Environmental Compliance Specialist Field Coordinator	Phone (407) 947-1285 (352) 787-9980	
Name and Address of Permittee or Designated Representative John Lihvarcik Aqua Utilities Florida Inc. 1100 Thomas Avenue Leesburg, FL 34749	Title President Email jmlihvarcik@aquamerica.com	Phone @ Operator Certification #	

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample IDs:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial			Were Photos Taken(Y/N): N	@ Log book Volume: VI	@ Page 120

FACILITY COMPLIANCE AREAS EVALUATED							
IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated							
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"							
PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL	
IC	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		NC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
	13 Other					NA	12. Groundwater

Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance

Recommended Actions: Letter

Name(s) and Signature(s) of Inspector(s) Blake W. Vahlsing <i>Blake W. Vahlsing</i>	District Office/Phone Number Central District Office 407 - 893-3313	Date June 21, 2007
@ Signature of Reviewer Kalina Warren <i>Kalina Warren</i>	District Office/Phone Number Central District Office 407 - 893-3313	Date June 25, 2007

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5		1	2	3

ADDITIONAL NPDES COMMENTS

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

INSPECTION FINDINGS

Facility Name: Morningview WWTF
Facility ID: FLA010610
Inspection Type: CEI
Date: 6/7/2007 10:05:00 AM

FACILITY BACKGROUND:

Address: 1322 English Road, Leesburg, FL, LAKE COUNTY
Permit Information: Wastewater Permit issued: 03/02/2007, and expires: 02/19/2012.
Treatment Summary: Extended aeration treatment plant with effluent to one percolation pond.
Permitted Capacity: 0.020 MGD

1. **Permit:** IN COMPLIANCE

1.1 Observation: A copy of the permit was on-site. It expires February 19, 2012.

2. **Compliance Schedules:** NOT APPLICABLE

3. **Laboratory:** NOT EVALUATED

4. **Sampling:** NOT EVALUATED

5. **Records and Reports:** OUT OF COMPLIANCE

5.1 Observation: The operator log was bound and had numbered pages.

5.2 Observation: Entries in the operator log were clear, concise, informative, and relevant.

5.3 Observation: A copy of the current laboratory certification was on-site (Harbor Branch). It expires June 30, 2007.

5.4 Observation: A copy of the operator certifications were kept on-site.

5.5 Observation: The RPZ was last certified on March 24, 2007.

5.6 DMR review: May 2006 – April 2007: All DMRs were received by the Department on time.

5.7 DMR review: Throughout the review period, the qualifier "U" was being reported on Part A of the DMR instead of a "<" sign.

5.8 DMR review: Annual TSS and CBOD₅ samples have been taken each month. Annual Nitrate samples were taken in April 2007 (0.57 mg/L).

6. **Facility Site Review:** IN COMPLIANCE

6.1 Observation: The facility grounds were clean and well maintained.

6.2 Observation: The facility grounds were secured properly, and an advisory sign was posted on the gate.

6.3 Observation: *Aeration Basins/Act. Sludge* - The contents in the aeration chambers appeared to be adequately mixed.

6.4 Observation: *Blowers/Motors* - Working well.

6.5 Observation: *Clarifiers* - The clarifier had a little pin floc, but had good settling and very clear effluent. The skimmer and weir were in good condition.

6.6 Observation: *Disinfection* - The chlorine contact chamber was extremely clean and the effluent leaving the plant was clear.

7. **Flow Measurement:** IN COMPLIANCE

7.1 Observation: The effluent flow meter was last calibrated January 30, 2007.

8. **Operation and Maintenance:** IN COMPLIANCE

8.1 Observation: No problems or deficiencies were observed.

9. **Effluent Quality:** IN COMPLIANCE

9.1 DMR review: No violations were reported during the review period.

10. **Effluent Disposal:** IN COMPLIANCE

10.1 Observation: The percolation/evaporation pond appeared to be well maintained.

10.2 Observation: Advisory signs were posted around the fence.

11. **Residuals/Sludge:** IN COMPLIANCE

11.1 Observation: *General* - No problems or deficiencies were observed.

11.2 Observation: Hauling contract is with American Pipe & Tank. Last haul was 5/21/2007 on 2,500 gallons.

12. **Groundwater Quality:** NOT APPLICABLE

MORNINGVIEW



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at www.sjrwmd.com

CERTIFIED NUMBER: 7004 0750 0003 3823 0240

August 12, 2004

Aqua Utilities of Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

SUBJECT: Consumptive Use Permit #2610

The District has received a copy of the Bill of Sale naming Aqua Utilities Florida as the owner of the parcel of property formerly owned by Florida Water Services.

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Hydrologist IV, 407-659-4848.

Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,


Gloria Lewis, Director
Division of Permit Data Services

Enclosures:

- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File
Lynn Minor, Data Management Supervisor 

GOVERNING BOARD

Ometras D. Long CHAIRMAN APOPKA	David G. Graham VICE CHAIRMAN JACKSONVILLE	R. Clay Albright SECRETARY ORLANDO	Duane Oitenstroer TREASURER JACKSONVILLE	
W. Michael Branch MEMBER AT LARGE SEASIDE BEACH	John G. Sowinski MEMBER AT LARGE ORLANDO	William Kerr MEMBER AT LARGE MELBOURNE BEACH	Ann T. Moore MEMBER AT LARGE ORLANDO	Susan N. Hughes MEMBER AT LARGE JACKSONVILLE

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

- (1) **Transfer of Permitted Facility.** Within (30) days of any sale, conveyance, or other transfer of a facility, system, or well permitted by the District, the existing permittee must notify the District, in writing, of such transfer, giving the name and address of the transferee and providing a copy of the instrument effectuating the transfer.
- (2) **Transfer of Interest in Real Property.** Within (30) days of any transfer of ownership or control of the real property at which any permitted facility, system, consumptive use, or activity is located the permittee must notify the District, in writing, of the transfer, giving the name and address of the new owner or person in effectuating the transfer.
- (3) **Transfer of Permit.** To transfer a permit, the permittee must provide the information required in subsections (1) and (2), together with a written statement from the proposed transferee that it will bound by all terms and conditions of the permit. Additionally, where applicable, the transferee must demonstrate that it is capable of constructing, operating and maintaining the permitted facility, system, consumptive use, well or activity. Once the required information has been provided, the District may transfer the permit to the transferee.

PERMIT NO. 2610

ORIGINAL PERMIT ISSUED: November 17, 1999
TRANSFER PROCESS DATE: August 24, 2004

PROJECT NAME: Morningview

A PERMIT AUTHORIZING:

The use of 4.9 million gallons per year of ground water from the Floridan aquifer to serve a projected population of 119 people in the year 2019, with water for household and water utility type uses.

LOCATION:

Site: Morningview
Lake County

Section(s): 2 Township(s): 20S Range(s): 24E

ISSUED TO:

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

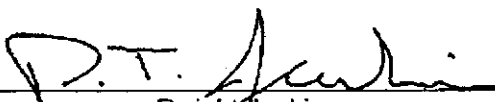
This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 17, 1999

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: 
Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2610
AQUA UTILITIES FLORIDA
DATED NOVEMBER 17, 1999

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - (a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs

are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

(c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.

(d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.

(e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

10. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.

11. This permit will expire on November 17, 2019.

12. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed:

- 4.300 million gallons from 1999 to 2000.
- 4.370 million gallons from 2000 to 2001.
- 4.470 million gallons from 2001 to 2002.
- 4.570 million gallons from 2002 to 2003.
- 4.660 million gallons from 2003 to 2004.
- 4.760 million gallons from 2004 to 2005.
- 4.850 million gallons from 2005 to 2006.
- 4.900 million gallons from 2006 to 2019.

13. The stations used as principal withdrawal sources for household type uses are assigned as follows:

A from 1999 to 2019.

14. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

15. All submittals made to demonstrate compliance with this permit must include the permit number 2610 plainly labeled.

16. Well No.1, as listed on the application, is equipped with an individual, totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.

17. Total withdrawal from Well No. 1, as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

18. The permittee must maintain all meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be

repaired or replaced within 30 days of its discovery.

19. The permittee must have the flow meters calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/ calibration.