PASCO COUNTY

Jasmine Lakes WTF Jasmine Lakes WWTF

Docket No. 080121-WS

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

Florida

Volume 5 Book 2 Set 10 of 16

Part 1 of 2

Containing:

Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE

Aqua Utilities Florida, Inc.



See Pages 4 for Instr I. General Information		Year of: January, 2007				
A. Public Water System PWS Name:	Jasmine Lakes	tion			PWS Identification Numb	per: 6512070
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comi	munity	Consecutive	ber: 6512070
Number of Service Connec			Transient Non-Com		Population Served at End of	of Month: 3,311
PWS Owner:	Aqua Utilities Florid	· · · · · · · · · · · · · · · · · · ·		Totas	oparation served at title c	5,511
Contact Person:	Don Hostetler	-		Conte	ct Person's Title;	Senior Facilities Operator
Contact Person's Mailing A		7616 Arbordale Drive Port Richey, Fl. 34668		City: Port Richey	State: Florida	Zip Code: 34668
Contact Person's Telephone		(727) 919-0674			ct Person's Fax Number:	(727) 697-3137
Contact Person's E-Mail Ac						
. Water Treatment Pl						
Plant Name:	Jasmine Lakes				Plant Telephone Number:	: (352) 302-9713
Plant Address:	7612 Pineapple Lane			City: Port Richey	State: Florida	Zip Code: 34668
Type of Water Treatment b			ed Finished Water			
Permitted Maximum Day C			600,000			
Plant Category (per subsect			111 (1)	Plant C	lass (per subsection 62-699	
Licensed Operators		Name		License Number	· • · · · · · · · · · · · · · · · · · ·	ay(s) / Shift(s) Worked
Lead/Chief Operator:	Don Hostetler		C	14147	Days 1st Shift	
Other Operators:					 	
				ļ	 	
					 	
						·
					 	
				ļ		
					<u> </u>	
				 	 	
				<u></u>	<u> </u>	
L Certification by Lea	d/Chief Operato	r				
		t operator licensed in Florida, am the lead	d/chief operator of the	e water treatment r	lant identified in part	Lof this report. I certify that the
		ue and accurate to the best of my knowle				
		icable standards referenced in subsection				
international Standard	oo or omer appr	an annual and the district of this plant during	na tha marth indicata	d shows: (1) soos	at tile lollowing additi	ional operations records for this plant
		operator staffed or visited this plant during				
(2) if applicable, appr	opriate treatment	process performance records. Furthermo	ore, i agree to provide	tnese additional c	perations records to ti	he PWS owner so the PWS owner can
retain them, together	with copies of this	s report, at a convenient location for at le	ast ten years.			
Al Shitte	1 4.24.02	DOCUMENT NUMB Printed	ostetler			C-14147
Signature and Date			or Typed Name			License Number
21Rumnic ain Date		0.000	h =			Prestive tradibel
		04322 MAY 2	۷ ۵			

DEP Form 62-555, 900(3)Alternate

Page 1

PWS Ide	ntification	Number:		6512070		Plant Name:	Jasmine Lak									
				·			pasinine Lak	(C)								
			onth/Year o			January, 2007							· · · · · · · · · · · · · · · · · · ·			
			y Virus Inactiv			hlorine F	Chlorine Di	oxide	Cone Ozone	[Comb	ined Chloris	ne (Chloran	nines)			
Ultr	aviolet R	adiation	○ Other	r (Describe):						,		•	,			
Type of	Disinfec	tant Resid			bution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) ["	Chlorine I) ioxide			
					T Calculations, or										T	
i I					of Calculations, of			rour-Log	V Irus inac	tivation, if A					1	
						CT Calc	ulations		T		UVI	Jose]		
	1						Lowest CT	\	ł	\	ĺ	}	Ì) DOLV	mor v	
1 1						Disinfectant	Provided		}					POLY PHOSPHATE	POLY	
	Days Plant		1		Lowest Residual	Contact Time	Before or at]	1			Lowest Residual	P.O.E.	PHOSPHATE REMOTE	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	P.U.E.	Sample	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1	\	}	Lawest	UV Dose	Concentration at	<u> </u>	Locations 14	Conditions, Repair or Maintenance
Day of		Hours plant	Water		Before or at First	Point During	During Peak	. .		Minimum CT	Operating	Required.	Remote Point in	ļ	Locapons 14	Work that Involves Taking Water
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water.	Required, mg		mW∙	Distribution	1	j	System Components Out of
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable		mW-sec/cm²	sec/cm ²	System, mg/L	ļ <u>.</u>		Operation
1 1	X	24.0 24.0	546,480		1.2			-	7.8				0.5	1.4	1.4	
	X	24.0			1.2		 	 	ļ		ļ		0.5	ļ		
1-4-1	- x	24.0		 	1.0		 	 	 				0.7	 		
3	- x	24.0	258,520		1.2		 	 					0.3			
6	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	24.0	251,950		1.2						·		0.7		<u> </u>	
 7 		24.0	255,790		· · · · · · · · · · · · · · · · · · ·		 	†						 		
8	X	24.0	255,790		1.2		 	1	7.9	 			0.7	1.4	1.4	
9	X	24.0	270,090		1.3		T*	1					0.7			
10	X	24.0	226,280		1.0								0.5			
11	X	24.0			1.3								0.7			
12	X	24.0			1.2								0.7			
13	Х	24.0	264,240		1.2		<u> </u>	<u> </u>					0.7			
14		24.0	255,915				 		ļ		<u> </u>	Ĺ				
15	X	24.0		ļ	1.2				8	ļ			0.7	1.4	1.4	
16	X	24.0 24.0	318,760 252,640		1.2		 	-		}			0.7			
17	X	24.0			1.2		 	_		ļ			0.7			
19	- ^	24.0	284,780		1.0		{ 	 	 		ļ 		0.7			
20	x	24.0			1.3	 	 	 	 		 		0.3			
21		24.0		i	† — — — · · ·		1	 		 	ļ		0,7			
22	х	24.0	148,035		1.2			1	8				0.7	1.4	1.4	
23	X	24.0	255,510		1.2	 -	T	T	t	t			0.7			
24	X	24.0	239,490		1.2								0.7			
25	X	24.0			1.2	I							0.7			
26	X	24.0			1.0								0.5			
27	Х	24.0			1.2		<u> </u>	<u> </u>					0.7			
28		24.0				}	<u> </u>	1								
29	X	24.0			1.2		ļ		8	.		L	0.7	1.4	1.4	
30	X	24.0			1.2	ļ <u></u>			<u> </u>				0.7			
31	Х	24.0		 	1.2	L	ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ	<u>L</u>	L	L	L	0,7			
Total			8,108,065 261,550	ł												

569,950

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



See Pages 4 for Instructions. General Information for the Month/Year of: February, 2007 A. Public Water System (PWS) Information PWS Identification Number: PWS Name: Jasmine Lakes 6512070 ✓ Community Translent Non-Community Consecutive PWS Type: Non-Transient Non-Community Number of Service Connections at End of Month: 1540 Total Population Served at End of Month: 3,311 PWS Owner: Aqua Utilities Florida Contact Person: Don Hostetler Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: City: Port Richey State: Florida 7616 Arbordale Drive Port Richev, Fl. 34668 Zip Code: 34668 Contact Person's Fax Number: Contact Person's Telephone Number: (727)919-0674 (727) 697-3137 Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number: Plant Name: Jasmine Lakes (352) 302-9713 City: Port Richey State: Plant Address: 7612 Pineapple Lanc Florida Zip Code: 34668 Purchased Finished Water ✓ Raw Ground Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Class | License Number Day(s) / Shift(s) Worked Name 14147 Days 1st Shift Lead/Chief Operator: Don Hostetler Days 1st Shift Other Operators: 11. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. 4.24.08 Don Hostetler C-14147 Printed or Typed Name License Number Signature and Date

Page i

PWS to	entificatio	n Number:		6512070		Plant Name:	Jasmine Lak	es								
III. D	aily Data	for the M	louth/Year (v(:		February, 2007										
			y Virus Inactiv						F .							
						hlorine	Chlorine Di	oxide	Cone Ozone	Comb	ined Chlori	ne (Chloran	nines)			
.	raviolet R			r (Describe):										<u></u>		
Type (of Disinfe	ctant Resid	lual Maintair	ned in Distri	bution System:	Free Chlo	rine 🗀	Combin	ed Chlorine	(Chloramine	s)	Chlorine I) ioxide			
	<u> </u>			(CT Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if A	Applicable*				l .	
						CT Calc			· · · · · · · · · · · · · · · · · · ·		UV I		•		Ī	j
						C1 Care	i i i i i i i i i i i i i i i i i i i	T	1		<u> </u>	1			ĺ	i L
			!				Lowest CT	1]				POLY	POLY	-
1		Į	[Disinfectant	Provided		[!		ļ	ļ	PHOSPHATE	PHOSPHATE	\
]	Days Plant				Lowest Residual	Contact Time	Before or at	[l	Lowest Residual	P.O.E.	REMOTE	1
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		1	,		Minimum	Disinfectant		Sample	Emergency or Abnormal Operating
l	Visited by	l	of Finished		Concentration (C)	Measurement	Customer	ļ	i		Lowest	UV Dase	Concentration at		Locations 14	Conditions, Repair or Maintenance
Day of		Hours plant			Before or at First	Point During	During Peak	Temp of	-D -6 W	Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in			Work that Involves Taking Water
the	(Place	in Orașii	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		if Applicable	Required, mg min/L		sec/cm ²	Distribution		ļ	System Components Out of
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	núnutes	min/L	water, C	II Applicable	лиис	mW-sec/cin2	sec/cm	System, mg/L	· · · · · · · · · · · · · · · · · · ·		Operation
1 2	- x	24.0 24.0			1.2		 	 				 	0.7		 	
3	- `	24.0			1.4				 				0.7			
1-4-	 ``	24.0			1.7			 	 	 		 	0.7			
5	×	24.0			1.4			 	8				0.7	1,4	1.4	
6	×	24.0			1.2			 					0.7	1.7	1	
7	×	24.0			1.4		t	 	†			 	0.7			
8	×	24.0			1.2		 	—	1			<u> </u>	0.7			
. 9	X	24.0			1.2								0.7			
10	x	24.0	276,780		1.2								0.7			
- 11	х	24.0			·											
12	х	24.0			1.2				7.9				0.7	1.4	1.4	
13	X	24.0			1.4		<u> </u>		<u> </u>			<u> </u>	0.7			
14	x	24.0		<u>L</u>	1.2			1	ļ	<u> </u>			0.7			
15	х	24.0			1.2								0.7			
16	х	24.0			1.4				 				0.7			
17	×	24.0						ļ				 	0.8			
18	<u> </u>	24.0			1.4		 		1.0			ļ				
19	X	24.0			1,4		 	 	7.8			 	0.9	1.4	1.4	
20 21	<u> </u>	24.0 24.0			1.2	 	 -		0,7		 					
22	X	24.0		 	1.2	 	 	 	 	 		 	0.3			
23	- x	24.0			1.2	 	 	 	 				0.7			
24		24.0		├	1.2	·	 		 	 			0.7			
25	1 ×	24.0		 	 		 	 	 	 						
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27	X	24.0			1.2	 	 	1	<u> </u>	 		1	0.7			
28	x	24.0		<u> </u>	1.4			1					0.7			
29	#REF	24 0			#REF!				#REF!				#REF!	#REF!	#REF!	
30	#REF	24 0		1	#REF!	1			#REF!			Ī	#REF!	#REF!	#REF!	
	1		 							L						
Total			7,430,322													
Avgera	e		265,269]												

364,327

Maximum

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



See Pages 4 for Instructions. General Information for the Month/Year of: March, 2007 A. Public Water System (PWS) Information PWS Identification Number: PWS Name: Jasmine Lakes 6512070 ✓ Community Transient Non-Community Consecutive PWS Type: Non-Transient Non-Community 1540 Total Population Served at End of Month: 3,311 Number of Service Connections at End of Month: PWS Owner: Aqua Utilities Florida Contact Person's Title: Senior Facilities Operator Contact Person: Don Hostetler 7616 Arbordale Drive Port Richey, Fl. 34668 City: Port Richey State: Florida Zip Code: Contact Person's Mailing Address: 34668 (727) 919-0674 Contact Person's Fax Number: (727) 697-3137 Contact Person's Telephone Number: Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 City: Port Richey State: Florida Plant Address: 7612 Pineapple Lane Zip Code: 34668 Purchased Finished Water Type of Water Treatment by Plant: ✓ Raw Ground Water 600,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): License Class License Number Day(s) / Shift(s) Worked Licensed Operators Name 14147 Days 1st Shift Lead/Chief Operator: Don Hostetler Other Operators: II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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-Y-c**フ Don Hostetler C-14147 Printed or Typed Name License Number Signature and Date

Output O	PWS Id	entification	n Number:		6512070		Plant Name:	Jasmine Lak	es							·····	
Marie of Achieving Four-Log Virus Inactivation (Processor) First City First C	III. D	tily Data	for the N	lonth/Year	of:		March, 2007										
Type of Disinfectant Residual Maintained in Distribution System: First Cherise Combined Chiroley (Chirose) Chiroley (Chirose) Chiroley Chirole								Chlorian Di	avida	C 0 2020	C Canh	inad Chloria	a (Chines	- ! \			
Type of Disinfection Residual Maintained in Distribution System: Feet Chiefrist Can be set of Chiefrist Can be set	Ł		- ,	•			,	C U IO I IU E D I	CAIDS	1 02011) Comp	THER CHINIT	ie (C nioisu	111168)			·
Day Plant Pl	Type o	f Disinfec	stant Resid				Free Chic	rine [Combin	ed Chlorine	(Chloramine	s) ==	Chlorine I	Lioxide			
Day Plant Day of Content Day of Co	1777	. Distille	The state of the s	l l										1	,	· · · · ·	T
Day Plant Sufficient Su	1 1		,	,		of Calculations, of			rout-Lug	vaus mac	atvation, it i			1	ł		ł
Day Plant Variety by Variety				ŀ			CICAR	utations	7		<u></u>	0 4 1	Juse	{	ļ	}	{
Days Plane Day				\				Lowest CT	Ì]]			ł	POLY	POLV	!
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Visited by Ording Producted Pack Producted Producted Pack	1 1			V 6				1	1	}	ļ		Minimum			1	<u> </u>
Day of Destroin Floor plant Water Burgles Peak Floor Pea	í l					l :				İ		Lowest			}	Sample	Emergency or Abnormal Operating
the (Place of the Chee of the	Day of		Hours plant	•					1]	Minimum CT				ĺ	Locations 14	Conditions, Repair of Maintenance
Month X' Operation gal Rate, god Peak Flow, mgL minutes min/L Water, "Cf // Applicable minut mwsecm sec/cm System, mgL Operation			f	1	Peak Flow				Temp of	oH of Water.						<u> </u>	System Components Out of
1			-						Water, OC	if Applicable	min/L		sec/cm²			l	
3	1	Х															
4 23.09 337,107	2					1,4								0.7			
5 X 240 337,107 1.4 4 6 X 240 272,124 1.4 9 0.7 1.4 1.4 9 0.7 1.4 1.4 9 0.7 1.4 1.4 9 0.7 1.4 1.4 1.4 9 0.7 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.5 1.5 1.7 1.4 1.4 1.4 1.4 1.4 1.4 1.5 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.5 1.5 1.5 1.5 <t< td=""><td></td><td>X</td><td></td><td></td><td></td><td>1.2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0.5</td><td></td><td></td><td></td></t<>		X				1.2								0.5			
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24 X 24.0 243,470 1.2 0.5 <td< td=""><td></td><td></td><td></td><td></td><td>ļ</td><td></td><td></td><td>ļ</td><td></td><td></td><td><u> </u></td><td></td><td></td><td></td><td><u> </u></td><td></td><td></td></td<>					ļ			ļ			<u> </u>				<u> </u>		
25 24.0 341,794 1.2 0.5 0.5 26 X 24.0 341,794 1.2 0.5 0.5 27 X 24.0 291,310 1.2 8 0.5 1.4 1.4 28 X 24.0 297,558 1.4 0.7 0.7 0.7 29 X 24.0 305,543 1.2 0.5 0.5 0.5 30 X 24.0 305,524 1.2 0.5 0.5 0.5 Total 8,956,064							 	 	 		}		· · · · · · · · · · · · · · · · · · ·			 	
26 X 24 0 341,794 1.2 0.5 0.5 1.4 1.4 27 X 24 0 291,310 1.2 8 0.5 1.4 1.4 28 X 24 0 397,558 1.4 0.7 0.7 0.7 29 X 24 0 305,543 1.2 0.5 0.5 30 X 24 0 305,524 1.2 0.5 0.5 31 X 24 0 305,524 1.2 0.5 0.5 Total 8,956,064		X				1.4	 	 	 	 	 			0.3	 	 	
27 X 24,0 291,310 1.2 8 0.5 1.4 1.4 28 X 24,0 297,558 1.4 0.7 0.7 29 X 24,0 305,543 1.2 0.5 0.5 30 X 24,0 314,832 1.2 0.5 0.5 31 X 24,0 305,524 1.2 0.5 0.5 Total 8,956,064		v				12	 	 	 	 				n s	 	 	
28 X 24,0 297,558 1.4 0.7 29 X 24,0 305,543 1.2 0.5 30 X 24,0 314,832 1.2 0.5 31 X 24,0 305,524 1.2 0.5 Total 8,956,064								 	†	8	 				14	14	<u></u>
29 X 24.0 305,543 1.2 0.5 30 X 24.0 314,832 1.2 0.5 31 X 24.0 305,524 1.2 0.5 Total 8,956,064						1.4		1								 -	
31 X 24.0 305,524 1.2 0.5 Total 8,956,064										l							
Total 8,956,064	30	Х	24.0														
		X	24.0			1.2	L	<u></u>	<u> </u>		<u> </u>			0.5			
	Total			8,956,064 288,905	}												

341,794

Maximum

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



See Pages 4 for Instru		<u> </u>						
. General Information	for the Month/	Year of: April, 2007						
A. Public Water System	(PWS) Informa	ation						
	Jasmine Lakes					PWS Identification Numb	per: 6512070	
PWS Type:	✓ Community	Non-Translent Non-Commu	nity T	ransient Non-Com		Consecutive		
Number of Service Connect	ions at End of Mont	h: 1540			Total I	opulation Served at End o	of Month: 3,311	
PWS Owner:	Aqua Utilities Flori	da						
Contact Person:	Don Hostetler				Contac	t Person's Title:	Senior Facilities Operator	
Contact Person's Mailing A	ddress:	7616 Arbordale Drive Port Richey, Fl	l. 34668		City: Port Richey	State: Florida	Zip Code:	34668
Contact Person's Telephone	Number:	(727)919-0674			Contac	t Person's Fax Number:	(727) 697-3137	
Contact Person's E-Mail Ad	dress:							
3. Water Treatment Pla	ant Information							
Plant Name:	Jasmine Lakes					Plant Telephone Number:	(352) 302-9	713
Plant Address:	7612 Pineapple Lan				City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O				600,000				
Plant Category (per subsecti	ion 62-699.310(4), F		···	·		ass (per subsection 62-699		
Licensed Operators		Name		License Class	License Number		ay(s) / Shift(s) Worked	
Lead/Chief Operator:	Don Hostetler			С	14147	Days 1st Shift		
Other Operators:						Days 1st Shift		
				·				
				ļ				
								
								
	·						· · · · · · · · · · · · · · · · · · ·	
				<u> </u>				
L Certification by Lead	MChief Operate)r						
		nt operator licensed in Florida, a	am the lead/chie	ef operator of the	water treatment o	ant identified in part	Lafthic report Landify	41-41
information provided i	in this connet is t	rue and accurate to the best of r	my knowledge s	and helief. I cert	ify that all deinking	water treatment cher	nicels upod at this plant	that the
intormation provided i	iii iiiis report is t	liceble standards referenced in	mbrastian 62.5	ind oction. Teem	I also seetifu the	, water deathent cher t the following = 14it:	meals used at this plant of	onform to NSF
international Standard	60 or other app	licable standards referenced in	Subsection 62*3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I also celtify the	it file tottowing additi	onal operations records i	or this plant
were prepared each da	y that a licensed	operator staffed or visited this	plant during the	e month indicated	above: (1) record	is of amounts of chen	nicals used and chemical	feed rates; and
(2) if applicable, appro	opriate treatment	process performance records.	Furthermore, I	agree to provide	these additional of	perations records to the	ne PWS owner so the PW	/S owner can
retain them, together y	with copies of thi	s report, at a convenient location	on for at least te	n years.				
	417	E. 7-07	Para III and Alle	_				
JAY VILL		<u> </u>	Don Hostetle				C-14147	···
Signature and Date			Printed or Ty	ped Name			License Nun	ber

PWS Id	entification	n Number:		6512070		Plant Name:	Jasmine Lak	es								
III. D	aily Data	for the M	ionth/Year c	ıf:		April, 2007										
Means	of Achievir	ng Four-Los	Virus Inactiv	ation/Remov			Chlorine Die	o vid e	C 0 707 t	l Comb	ined Chloria	ne /Chloren	inac)			
	raviolet Ri			(Describe):			0 11 10 1 10 0 10	o x i u v	, 020	1 (0410	INCO C 11 10 121	u e (e interpa	1111437			
						Free Chlo	rine	Combin	ed Chlorine	(Chlorem ine:	()	Chlorine D	linvide			
1,7000	Distille	I I I I I I I I I I I I I I I I I I I	luai ivianitaii		T Calculations, or								10.104			
					I Calculations, or			our-Log	virus mac	tivation, If A	UV.		4			
		[C1 Caio	ulations		,	,	UV.	Lose			}	
							Lowest CT	i		[POLY	POLY	
		1	ļ			Disinfectant	Provided	\		<u> </u>			1	PHOSPHATE	PHOSPHATE	1
1	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	P.O.E.	REMOTE	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First			1	Lowest	Minimum UV Dose	Disinfectant		Sample	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer	{		Minimum CT	Operating	Required,	Concentration at		Locations 14	Conditions; Repair or Maintenance
Day of the	Operator (Place	Hours plant	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Required, mg		mW-	Remote Point in Distribution			Work that Involves Taking Water
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L	mW-sec/cm ²		System, mg/L		1	System Components Out of Operation
1420163	^. <i>,</i>	24.0		Nate, gpu	T can trow, in p.c.	Milates	1,111,12		11.10	111111111111111111111111111111111111111	new see on	accreti.	oystem, jugic			Operation
2		24.0	333,338		1.2		1		7.8				0.7	1.4	1.4	
3		24.0	376,149		1.2		1.						0.5			
4		24.0			1.2								0.7			
5		24.0	358,484		1.2				<u> </u>				0.5			
6		24,0					<u> </u>	ļ					0.7			
7		24.0		_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.2			ļ				ļ	0.5			
8		24.0			1.2		 	}	7.9			 				
9		24.0 24.0	328,000 293,436		1.2			 	1.9			ļ	0.7	1.4	1.4	
10		24.0		<u> </u>	1.2			 	 			 	0.5			
12		24.0			1.2	· · · · · · · · · · · · · · · · · · ·	+	 	 	 		 	0.7			
13		24.0			1.2		 	 				 	0.7	<u> </u>		
14		24.0			1.2		1						0.5			
15		24.0														
16		24.0			1.2								0.7	1.4	1.4	
17		24.0			1.2				<u> </u>				0.5			
18		24.0			1.2			ļ	ļ			<u> </u>	0.7			
19		24.0			1.2		ļ <u>.</u>						0.5			
20		24.0			1.2		 -	 		ļ <u>.</u>		 	0.7			
21		24.0			1.2			 		 		 	0.7			
22		24.0			1.2			╅──	7.9	, 		 	0.7	1.4	1.4	
24		24.0			1.2		 	 	1	 		 	0.7	7.4	1.4	
25		24.0		······································	1.2		 	1	 	<u> </u>		†	0.7			
26		24.0			1.2		1		1				0.7			
27		24.0			1.2								0.7			
28		24.0														
29		24.0														
30		24.0	313,453							ļ						
					<u> </u>	<u> </u>	1	<u> </u>	1			<u> </u>				
Total			9,216,772													
Avgerag	e .		307,226 376,149													
Maximu	m .		4 3/0,149	I												

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



See Pages 4 for Instri		· · · · · · · · · · · · · · · · · · ·			··-		
. General Information	for the Month/	Year of: May, 2007					
Public Water System	(PWS) Informa	tion					
	Jasmine Lakes				PWS Identification Num	ber: 6512070	
PWS Type:	✓ Community	Non-Transient Non-Community	Translent Non-Comr		Consecutive	00.2070	
Number of Service Connect					opulation Served at End	of Month: 3,311	
	Aqua Utilities Florid						
Contact Person:	Don Hostetler			Contac	et Person's Title:	Senior Facilities Operator	
Contact Person's Mailing Ac	ddress:	7616 Arbordale Drive Port Richey, Fl. 34668		City: Port Richey	State: Florida	Zip Code;	34668
Contact Person's Telephone	Number:	(727) 919-0674		Contac	t Person's Fax Number:	(727) 697-3137	
Contact Person's E-Mail Ad							
3. Water Treatment Pla	int Information						
	Jasmine Lakes				Plant Telephone Number	(352) 302-97	713
	7612 Pineapple Land			City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatment by			Finished Water		·		
Permitted Maximum Day O			600,000	· · · · · · · · · · · · · · · · · · ·			
Plant Category (per subsecti	ion 62-699.310(4), F.				ass (per subsection 62-699		
Licensed Operators		Name	License Class	License Number		ay(s) / Shift(s) Worked	
Lead/Chief Operator:	Don Hostetler		c	14147	Days 1st Shift		
Other Operators:							
j .							
	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
	 						
,							
							
]							
	<u></u>				· · · · · · · · · · · · · · · · · · ·		
LCertification by Leac	I/Chief Operato	r					
I, the undersigned water	er treatment plan	operator licensed in Florida, am the lead/c	hief operator of the	water treatment p	lant identified in part	I of this report. I certify	that the
information provided i	in this report is tr	ue and accurate to the best of my knowledg	e and belief. I certi	fy that all drinking	water treatment cher	micals used at this plant co	onform to NSF
International Standard	60 or other appli	cable standards referenced in subsection 62	2-555.320(3), F.A.C	. I also certify tha	it the following additi	ional operations records for	or this plant
were prepared each da	v that a licensed	operator staffed or visited this plant during	the month indicated	above: (1) record	ds of amounts of cher	nicals used and chemical	feed rates; and
(2) if wordicable appro	onriate treatment	process performance records. Furthermore	. I agree to provide	these additional or	perations records to the	he PWS owner so the PW	Course on
retain them together v	with conies of this	report, at a convenient location for at least	ten vears			no a mo omiter so rate 1 M	3 Owner can
reguli dieni, togeniei v		- a wigner to the action of the state of the					
$\wedge UM \cap U$	All HA	Post Hand				~	
THE		Don Hoste				C-14147	
Signature and Date		Printed or	Typed Name			License Num	ber

PWS Id	entification	Number.		6512070		Piant Name:	Jasmine Lak	es	····							
			lonth/Year													
						May, 2007										
			g Virus Inactiv			hlorine	Chlorine Di	o xid e	Ozone	[Comb	ined Chlorit	e (Chloran	ines)			
-	raviolet R			r (Describe):												
Type o	f Disinfe	tant Resid	lual Maintair	ned in Distri	bution System:	Free Calo	rine [Combia	ed Chlorine	(Chloram ine:	s) <u> </u>	Chlorine D	ioxide			
				(CT Calculations, or	UV Dose, to	Demostate !	Four-Log	Virus Inac	tivation, if A	pplicable*			ſ	1	<u> </u>
						CT Calc				,	UV		Y			
ŀ			<u> </u>				T	Γ					i		1	
1			j				Lowest CT	1						POLY	POLY	
	Days Plant				Lowest Residual	Disinfectant Contact Time	Provided Before or at	1		ļ i				PHOSPHATE	PHOSPHATE	
!	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1	}	1 1		Minimum	Lowest Residua) Disinfectant	P.O.É.	REMOTE	
]	Visited by		of Finished		Concentration (C)	Measurement	Customer	1		f -	Lowest	UV Dose	Concentration at		Sample	Emergency or Abnormal Operating Conditions; Repair or Maintenance
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	1		Minimum CT	Operating	Required,	Remote Point in		Locations 14	Work that Involves Taking Water
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution			System Components Out of
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	l		Operation
	X	24.0			1.2								0.7			
3	X	24.0 24.0			1.0		<u> </u>						0.5			
-4	X	24.0			1.2			 -				· · · · · · · · · · · · · · · · · · ·	0.7			
5	$\frac{\lambda}{x}$	24.0			1.2			 					0.7			
6		24.0			170			 	 							
7	Х	24.0			1.0				8				0.5	1,4	1.4	
8	Х	24.0			1.2								0.7			
9	Х	24.0			0.7								0.4			
10	X	24.0 24.0			1.2		<u> </u>	<u> </u>					0.7			
11		24.0			1.2		 	 					0.7			
13		24.0	317,098		1.4		 	├		 	····		0.7			
14	Х	24.0	317,098		1.2		 	 	8				0.7	1.4	1.4	
15	X	24.0			1.2								0.7	***		
16	Х	24.0			1.2								0.7			
17	X	24.0			1,2								0.7			
18	X	24.0	408,062		1.2		ļ						0.7			
19 20	Х	24.0 24.0	282,873 349,298		1.2		 	 	 	 			0.7	_		
21	x	24.0			1.2		 -	 	8.1				0.7			
22	x	24.0	302,463		1.2		 	 	0.1				0.7	1.4	1.4	
23	X	24.0	325,034		1.0		I			1			0.5			
24	Х	24.0	308,509		1.2								0.7			
25	Х	24.0	439,801		1.0								0.7			
26	X	24.0			1.1			<u> </u>	<u> </u>				0.8			
27		24.0			1,2		 									
28 29	X	24,0 24,0	225,998		1,2		 	 	 *	 			0.7	1.4	1.4	
30	$-\hat{\mathbf{x}}$	24.0	355,834		1.2		 	 	 				0.7			
31	$\frac{\hat{x}}{x}$	24.0			1.0		 						0.5			
Total			10,046,239		·							\ 	V.5.1			
Avgerag			324,072													
Maximu			441,950													

Maximum

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



See Pages 4 for Instr									
. General Information	for the Month/	Year of: June, 2007							
A. Public Water System	(PWS) Informa	ation							
PWS Name:	Jasmine Lakes					PWS Identification Numb	er: 651	2070	
PWS Type:	✓ Community	■ Non-Transient Non-Communit	yTr	ansient Non-Comr		Consecutive			
Number of Service Connec	tions at End of Montl	h: 1540			Total I	opulation Served at End of	f Month: 3,3	11	··································
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Don Hostetler				Contac	ct Person's Title:	Senior Facilities Op	erator	
Contact Person's Mailing A	ddress:	7616 Arbordale Drive Port Richey, Fl.	34668		City: Port Richey	State: Florida			34668
Contact Person's Telephone	Number:	(727)919-0674			Contac	et Person's Fax Number:	(727) 697-3137		
Contact Person's E-Mail Ac	ldress:								
3. Water Treatment Pla	ant Information								
Plant Name:	Jasmine Lakes					Plant Telephone Number:	(35	2) 302-97	/13
Plant Address:	7612 Pineapple Lan				City: Port Richey	State: Florida	Zip	Code:	34668
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day C				600,000					
Plant Category (per subsect	tion 62-699.310(4), F				Plant Cl	ass (per subsection 62-699	.310(4), F.A.C.):		
Licensed Operators		Name		License Class	License Number		y(s) / Shift(s) Wo	rked	
Lead/Chief Operator:	Don Hostetler			C	14147	Days 1st Shift			
Other Operators:						Days 1st Shift			
					·				
		·							
}	<u></u>								
	<u> </u>								
1. Certification by Lead	MChief Operate	NE .							
			a the lead/ahia	fananatan af tha	Trintan transfer and m	المسامة فسما	Cabi		
i, the undersigned wat	er treatment plan	nt operator licensed in Florida, an	i the lead/chie	operator of the	water treatment p	iant identified in part i	of this report. 1	certify t	hat the
information provided	in this report is the	rue and accurate to the best of my	Knowledge at	na deller. I ceru	ry that an drinking	water treatment chem	licals used at this	plant co	onform to NSF
International Standard	1 60 or other appi	licable standards referenced in su	osection 62-33	\$5.320(3), F.A.C	. I also certify tha	it the following addition	onal operations re	cords fo	or this plant
were prepared each da	ny that a licensed	operator staffed or visited this p	lant during the	month indicated	above: (1) record	is of amounts of chem	icals used and ch	emical i	feed rates; and
(2) if applicable, appr	opriate treatment	process performance records. F	urthermore, I	agree to provide	these additional of	perations records to th	e PWS owner so	the PW	S owner can
retain them, together,	with copies of thi	s report, at a convenient location	for at least ter	ı years.					
1/1/11/11	and a	3 8>							
IN M	IIII.	7-50)	Don Hostetier				C-14	4147	
Signature and Date			Printed or Typ	ed Name			Lice	nse Numl	per

PWS Id	entification	Number:		6512070		Plant Name:	Jasmine Lak	(es								
			lonth/Year				1742411177 2201									
						June, 2007										
	of Achievir raviolet R		Virus Inactiv	/ation/Remov r (Describe);	ral: Free C	hlorine T	Chlorine Di	o xid e	Cone	L Comp	ined Chlori	ne (Chloren	ines)			
Type o	f Disinfec	ctant Resid			bution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloram ine	s)	Chlorine I	ioxide		· · · · · · · · · · · · · · · · · · ·	
					CT Calculations, or	UV Dose, to	Demostate l	Four-Los	Virus Inac	tivation, if A	Applicable*		1		T	I
						CT Calc					UV:		1		İ	1
1		ļ					1	T	T			1	1		i	ĺ
1			J I		}		Lowest CT	1	[ĺ	İ		POLY	POLY	ł .
			į į			Disinfectant	Provided	\	i	1	1	1)	PHOSPHATE	PHOSPHATE	!
Ì	Days Plant	l			Lowest Residual	Contact Time	Before or at		ľ		ĺ		Lowest Residual	P.O.E.	REMOTE	
	Staffed or	ĺ	Net Quantity		Disinfectant	(T) at C	First	1		1	Lowest	Minimum UV Dose	Disinfectant		Sample	Emergency or Abnormal Operating
	Visited by	ļ.,	of Finished		Concentration (C)	Measurement	Customer		1	Minimum CT		Required,	Concentration at		Locations 14	Conditions; Repair or Maintenance
Day of	Operator (Place	Hours plant in	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	all of Water	Required, mg		mW-	Remote Point in Distribution		ì	Work that Involves Taking Water
the Month	(Place	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water Of	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System, mg/L		l	System Components Out of
Monta		24.0		icate, gpu.	Peak Flow, mg/L	trinintez	LIMIT.	rrates, C	a chhirane	trent t	m vv -sec/cm	3ec/cm	O.5		 	Operation
2		24.0			1.2		 	 	 				0.7		ļ	
3	· · · ·	24.0											 		 	
4		24.0			1.0		 		8.1			 	0.5	1.4	1.4	
5		24.0			1.2		 	†	†				0.7		 	
6		24.0			1.2								0.7			
7		24.0	279,006		1.0								0.5			
8		24.0	322,631		1.0					1			0.5		1	
9		24.0			1.0								0.5			
10		24.0													L	
11		24.0			1.0				8				0.5	1.4	1.4	
12		24.0			1.3		İ				ļ	<u> </u>	0.7			
13		24.0	329,481		1.2			 			 		0.7			
14		24.0			1.0		 	 		 	 		0.5			
15		24.0			1.0	}- 	 	 	 			 	0.5		ļ	
16		24.0 24.0			1,0		 	 				 	0.3			
17		24.0			1,0		<u> </u>	 	8.1				0.5	1.4	 	
19		24.0	297,110		1.2		 	 	 	 	 	 	0.7	1.4	1.4	
20		24.0			1.0		†	 	† · · · · ·	<u> </u>			0.5			
21		24.0			1.0			1					0,5			
22		24.0			1.1								0.6			
23		24.0	126,024	·	1.2								0.8			
24		24.0	316,354													
25		24.0	316,354		1.0								0.7	1.4	1.4	
26		24.0			1.0								0.5			
27		24.0			1.1		<u> </u>		}				0.5			
28		24.0			1.0						<u> </u>		0.7			
29		24.0			1.0		 						0.5			
30		24.0	237,196		1.0			 	 		 		0.5			
		<u></u>	0.367.100		L	<u>. </u>		<u> </u>		L	<u> </u>	L				
Total			9,257,189	1												
Avgerag	e .		308,573 585,270	4												
Maximu	m		383,270	J												

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



	ستبسست										
	See Pages 4 for Instru				. 						
	General Information	for the Month/Yea	r of: July, 2007	·							
4.1	Public Water System	(PWS) Information	n								
		Jasmine Lakes					PWSI	dentification Num	ber:	6512070	 '
1	PWS Type:	✓ Community	Non-Transient Non-Comm	unityTr	anslent Non-Comr	munity L	Consec	utive			
[Number of Service Connect		1540			Tota	l Populati	on Served at End	of Month:	3,311	
[PWS Owner:	Aqua Utilities Florida									
- 1-	Contact Person:	Don Hostetler					tact Perso	n's Title:	Senior Faciliti	es Operator	
- 14	Contact Person's Mailing A		6 Arbordale Drive Port Richey,	Fl. 34668		City: Port Richey	State:	Florida		Zip Code:	34668
-	Contact Person's Telephone		7) 919-0674			Con	tact Perso	n's Fax Number:	(727) 697-313	37	
	Contact Person's E-Mail Ad										
B`	Water Treatment Pla	ant Information									
1	Plant Name:	Jasmine Lakes				Y		elephone Numbe	r;	(352) 302-9	713
-	Plant Address:	7612 Pineapple Lane				City: Port Richey	State:	Florida		Zip Code:	34668
	Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini							
	Permitted Maximum Day O				600,000						
1	Plant Category (per subsect	ion 62-699.310(4), F.A.C						subsection 62-69			
L	Licensed Operators	ļ <u></u>	Name		License Class	License Number			Day(s) / Shift(s) Worked	
	Lead/Chief Operator:	Don Hostetler			С	14147	Days I	st Shift			
ľ	Other Operators:									· · · · · · · · · · · · · · · · · · ·	
ĺ											
ı			<u></u>		Ļ .	<u></u>			·		
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L		<u> </u>			<u> </u>	<u> </u>				·	
	Certification by Lead	UChief Operator								ندوستون الأر	
ш	Letti Heatton by Leat	or treatment plant or	perator licensed in Florida,	am the lead/chie	f operator of the	water treatment	plant id	entified in nam	t I of this same	et Teartic.	
1	t, the undersigned wat	er treatment plant of	and accurate to the heat of	my knowledge a	nd belief I cert	ifi that all drink	Pranc io	treatment ch	er or uns repo	n. i cerniy	that the
	intormation provided	ur urs report is due i	and accurate to the best of	my knowledge al	ts 220/2) E A (Talsa santifiki	ug wate.	r weaunem ene Callagrica - 444	inicais used at	tunis piant c	onform to NSF
	International Standard	ou or other applicat	ole standards referenced in	la -4 da -ia - 4b -		J. Laiso certify (nat uie	onowing agon	tional operatio	ns records t	or this plant
	were prepared each da	ry that a licensed ope	erator staffed or visited thi	s plant during the	month indicate	a above: (1) reco	oras or a	mounts of che	micals used an	nd chemical	feed rates; and
1	(2) if applicable, appro	opriate treatment pro	ocess performance records	. Furthermore, 1	agree to provide	tnese additional	operation	ons records to	the PWS owner	er so the PW	⁷ S owner can
	retain them, together v	with copies of this re	port, at a convenient locat	ion for at least ter	ı years.						
	- +										
	\mathcal{N}_{1}	THE STATE OF THE S		Don Hostetler						C-14147	
-	Signature and Date			Printed or Tyr	ed Name					License Num	iber

PWS I	lentificatio	n Number:		6512070		Plant Name:	Jasmine Lak	ces								
			lonth/Year		(- L	July, 2007										
			g Virus Inacti													
1 01	raviolet R	adiation	T Othe	r (Describe):	·	y jo i sue	Chlorine Di	axide	Czone	L. Comp	ined Chlari	ne (Chloras	ines)			
Type	f Disinfe	ctant Resid	dual Maintair	ned in Distr	ibution System:	Free Chlo	rine T	Combin	ed Chlorine	(Chlorem in e	s) F	Chlorine () io xide			
	[<u> </u>	1		CT Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation if A			1	T		
1	}	Ţ	1			CT Calc				3,744,047, 11 2		Dose	1		1	
í		İ	1			51 0.30	1	T	T	1	- UV	I Dose	1	1	1	!
}		}]				Lowest CT		ļ	1			}	POLY	POLY	1
ŀ	D. 31			{		Disinfectant	Provided	}	\	})		}	PHOSPHATE	PHOSPHATE	
1	Days Plant Staffed or		Na Oussie	!	Lowest Residual	Contact Time	Before or at		}	į į		A finimum	Lowest Residual	P.O.E.	REMOTE	-
ł	Visited by	ļ	Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer)	j]	Lowest	UV Dose	Disinfectant		Sample	Emergency or Abnormal Operating
Day of		Hours plant		•	Before or at First	Point During	During Peak	ł	ł	Minimum CT	Operating	Required,	Concentration at	1	Locations 14	Conditions: Repair or Maintenance
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	nH of Water	Required, mg	UV Dose.	mW-	Remote Point in Distribution	ļ	1	Work that Involves Taking Water
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	inin/L	Water, OC	if Applicable	min/L	mW-sec/cm2		System, mg/L	İ	1	System Components Out of
		24.0	271,262		, , , , , , , , , , , , , , , , , , , ,							300.011	Dysteric ingra	 	 	Operation
2	X	24.0			1.0				8			 	0.7	1.4	1.4	
3	X	24.0			1.0								0.5			
4	X	24.0			1.0								0.7			
5	X	24.0			1.0								0.5			<u> </u>
6	X	24.0		}	1.0			<u> </u>					0.7			
7	X	24.0			1.0			ļ <u>.</u>	<u> </u>				0.1			
9	-x	24.0		 				ļ	<u> </u>			<u> </u>				
10	 	24.0 24.0		ļ	1.0			 	 	 	<u> </u>	}	0.7	1.4	1.4	
11	x	24.0		·	1.0		 	 	 	 		 	0.7			
12	X	24.0		f	1.0		}	 	}	 		 	0.5		ļ	
13	X	24.0		 	1.0		†	 	 	 		 	0.7			<u> </u>
14	Х	24.0	265,984		1.0					1		 	0.7			
15		24,0													 	
16	X	24.0	250,000		1.2				8				0.7	1.4	1.4	
17	Х	24.0	268,477		1.2								0.7			
18	X	24.0	309,501		1.0								0.5			
19	×	24.0	272,000		1.0			 		ļ			0.7			
20	X	24.0 24.0	393.744 301.813		1.0				ļ			<u> </u>	0.5			
22	^	24.0			1.1			 	 	 		 	0.6			
23	X	24.0	313,914		0.8		 									
24		24.0	189,287		1.2			 	 			 	0.5	1.4	1.4	
25	X	24.0	278,971		1.2					1		 	0.7			
26	Х	24.0	272,482		1.2			 					0.7			
27	Х	24.0	281.092		1.2						··········		0.7			
28	Х	24.0			1.2								0.7			
29		24.0														
30	Х	24.0			1.0								0.5			
31	X	24.0			1.2		1		<u> </u>				0.7			
		يز الإنفاذ و - إنهانيات . و الإنفاذ و - إنهانيات .	8,716,012													
Avgerag	Bassin Specific	1 2 1 2 1 - 1 mg	281,162 393,744													
Maximil	D Company	100	393,/44													

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



See Pages 4 for Instr								
. General Information	n for the Month/	Year of: August, 20	07					
. Public Water Systen	n (PWS) Inform	ation						
PWS Name:	Jasmine Lakes					PWS Identification Numb	er: 6512070	
PWS Type:	✓ Community	Non-Transient Non-Commu	inity 1	ransient Non-Com	nunity	Consecutive		
Number of Service Connec						opulation Served at End o	f Month: 3,311	, , , , , , , , , , , , , , , , , , ,
PWS Owner:	Aqua Utilities Flori						1-,0.	,
Contact Person:	Don Hostetler				Contac	t Person's Title;	Senior Facilities Operator	, ~~ , , , , , , , , , , , , , , , , ,
Contact Person's Mailing A	Address:	7616 Arbordale Drive Port Richey, I	1. 34668		City: Port Richey	State: Florida	Zip Code:	34668
Contact Person's Telephone	e Number:	(727) 919-0674				t Person's Fax Number:	(727) 697-3137	· · · · · · · · · · · · · · · · · · ·
Contact Person's E-Mail A	ddress:					· · · · · · · · · · · · · · · · · · ·	- 4 <u>6 </u>	
. Water Treatment Pl	ant Information		_					
Plant Name:	Jasmine Lakes					Plant Telephone Number:	(352) 302-	9713
Plant Address:	7612 Pineapple Lar	ne		,	City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fir	nished Water				
Permitted Maximum Day	Operating Capacity o	f Plant, gallons per day:		600,000				
Plant Category (per subsec	tion 62-699.310(4), I	F.A.C.):			Plant Cl	ass (per subsection 62-699	2.310(4), F.A.C.):	
Licensed Operators		Name		License Class	License Number	Da	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Don Hostetler			C	14147	Days 1st Shift		
Other Operators:								
the beginning the								
第 位于10个数字形。12				<u> </u>				
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	·			<u> </u>				
2000年1月2日 111日 111日 111日 11日 11日 11日 11日 11日 11				<u>. L</u> _				
	A/Chiaf On anot							
Certification by Lea				-6		1		
i, the undersigned wa	ter treatment plai	nt operator licensed in Florida,	am the lead/chi	er operator of the	water treatment p	iant identified in part	of this report. I certify	that the
information provided	in this report is t	rue and accurate to the best of	my knowledge	and belief. There	ity that all drinking	, water treatment chen	nicals used at this plant	conform to NSF
International Standard	d 60 or other app	licable standards referenced in	subsection 62-	555,320(3), F.A.(5. I also certify the	t the following addition	onal operations records	for this plant
were prepared each d	ay that a licensed	operator staffed or visited this	plant during th	e month indicate	d above: (1) recore	ds of amounts of chem	nicals used and chemica	l feed rates; and
(2) if applicable, appr	ropriate treatment	t process performance records.	Furthermore, I	agree to provide	these additional of	perations records to th	e PWS owner so the PV	VS owner can
retain them, together	with copies of the	is report, at a convenient locati	on for at least to	en years.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
11/1/1/1/1/	10		· · · · · · · · · · · · · · · · · · ·					
	1/W e S	1 760	7 Don Hostetle				C-14147	 -
Signature and Date	7		Printed or Ty				License Nur	
Signature and Dake	/			, peo como			License Indi	nper

WS Id	entification	Number.		6512070		Plant Name:	Jasmine Lak	es								
II. Da	ily Data	for the M	onth/Year o	f:		August, 2007										
leans o	f Achievin	ng Four-Log	Virus Inactiv	ation/Remov	al: Free C	hlorine	Chlorine Die	oxide	Ozone	Comb	ined Chlorin	e (Chloran	nines)			
- Ult	raviolet Ra	adiation	C Other	(Describe):	_											
ype o	Disinfec	tant Resid	ual Maintain	ed in Distrib	bution System:	Free Chlo	rine 🗆	Combin	ed Chlorine	(Chloramine	s)	Chlorine D	Dioxide			
''					T Calculations, or	UV Dose, to	Demostate F	our-Log	Virus Inac	livation, if A	pplicable*					
	İ	- [ţ			CT Calc		-			UVI	Oose				· ·
}			Ì			14. 14. (4.9)										
- 1				[Disinfectant	Lowest CT Provided					· ingi	Arra Dari	POLY	POLY	
1	Davis Mant	! j)		Lowest Residual	Contact Time	Before or at				J. N	1.0	Lowest Residual	PHOSPHATE	PHOSPHATE	le la la la la la la la la la la la la la
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First			1,00		Minimum	Disinfectant	P.O.E.	REMOTE Sample	Emergency or Abnormal Operatin
- 1	Visited by		of Finished	}	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at		Locations 14	Conditions; Repair or Maintenance
Day of		Hours plant	Water		Before or at First	Point During	During Peak	Temp of		Minimum CT	Operating	Required,	Rémote Point in	- 4		Work that Involves Taking Water
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Water,		Required, ing		mW-	Distribution			System Components Out of
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	, oC	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System, mg/L			Operation:
1	X	24.0	252,355		1.2		ļ						0.7			
2	X	24.0	221,650		1.2		 						0.7			
.3	X	24.0 24.0	254,008 373,406		1.2				 	 			0.7			· · · · · · · · · · · · · · · · · · ·
5	X	24.0	295,757				 								*	
6	x	24.0	295,757		1,2				7.8				0.7	1.4	3,4	
7	 	24.0	270,948		1.2		1						0.7			
8	$\frac{2}{x}$	24.0	266,381		1.2								0.7			
9	X	24.0	281,321		1.2								0.7			
10	×	24.0	266,736		0.8				ļ				0.4			· · · · · · · · · · · · · · · · · · ·
11.	X	24.0			0.8		 	-	<u> </u>				0,4			
12		24.0	251,679				 	}	7.8	ļ			0,7	1.4	1.4	
13	X	24.0	251,679		1.2		 	-	/.0	 			0.7	1.4	1.7	
14	X	24.0	272,533 311,603		1.2			 	 	 	 		0.7			
15 16	X	24.0	224,558	<u> </u>	1.2		 		 				0.7			
17		24.0	326,674		1.2		 	1	· · · · · · · · · · · · · · · · · · ·	 			0.7			
18	x	24.0	204,999		1.0								0.5			
19		24.0	247,500													
20	Х	24.0	247,500		1.0				7.8	3			0.5	1.4	1.4	
21	Х	24.0	256,017		1.0								0.5			
22	Х	24.0	365,080		0,1				<u> </u>	<u> </u>			0.5			
23	X	24.0			1.0		ļ		 		 	ļ	0.5	·····	·	
24	Х	24.0	282,445		1.0		 	 -	 	 	 		0.5			
25	X	24.0	282,445		1.2	 	 	 	+	 		 	····		 	
267		24.0	237,967 237,967		1.2	 	 	┼─┈─	7.8	-			0.7	1.4	1.4	
27:-	X	24.0			1.2	 	+	1	1	1	 	 	0.7		· ·	
28	- X	24.0	253,477		1.2	 	1	1					0.7			
30	X	24.0	253,477		1.2	1	1	1.		1			0.7			
31	- x	24.0			1.2							I	0.7			
Total :		No. 14 Table	8,405,988													
Avgerat	CA PET	MAN TOWN	271,161	}												
		Contraction of the second	373,406													

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



See Pages 4 for Instr		· · · · · · · · · · · · · · · · · · ·					
l. General Information	for the Month/Y	car of: September, 2007					
A. Public Water System	(PWS) Informat	tion					
PWS Name:	Jasmine Lakes				PWS Identification Num	ber: 6512070	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity	Consecutive		
Number of Service Connect	tions at End of Month:	1540			Population Served at End	of Month: 3,311	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Don Hostetler			Conta	ct Person's Title:	Senior Facilities Operator	
Contact Person's Mailing A		7616 Arbordale Drive Port Richey, Fl. 34668			State: Florida	Zip Code:	34668
Contact Person's Telephone		(727)9(9-0674		Conta	ct Person's Fax Number:	(727) 697-3137	
Contact Person's E-Mail Ac							
B. Water Treatment Pla							
Plant Name:	Jasmine Lakes				Plant Telephone Number	(352) 302-	9713
Plant Address:	7612 Pineapple Lane			City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatment by			Finished Water				
Permitted Maximum Day C			600,000				
Plant Category (per subsect	ion 62-699.310(4), F.A		- T		lass (per subsection 62-69		
Licensed Operators		Name	License Class	License Number		ay(s) / Shift(s) Worked	
Lead/Chief Operator:	Don Hostetler		C	14147	Days 1st Shift		
Other Operators:					Days 1st Shift		
1	 					·	
}		····			<u> </u>		
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j		· · · · · · · · · · · · · · · · · · ·					
	<u> </u>				 		
}	<u> </u>						
;							
					 		
<u> </u>					L		
II. Certification by Lead							
I, the undersigned wat	er treatment plant	operator licensed in Florida, am the lead/o	chief operator of the	water treatment p	lant identified in part	I of this report. I certify	that the
information provided	in this report is tru	e and accurate to the best of my knowledg	ge and belief. I certi	fy that all drinking	water treatment che	micals used at this plant	conform to NSE
International Standard	60 or other applic	cable standards referenced in subsection 6	2-555,320(3), F.A.C	. I also certify the	at the following additi	ional operations records	for this plant
were prepared each da	v that a licensed o	perator staffed or visited this plant during	the month indicated	labove: (1) record	ds of amounts of cher	micals used and chemica	feed rates: and
(2) if applicable, appro	opriate treatment r	process performance records. Furthermore	e. I agree to provide	these additional o	nerations records to t	he PWS owner so the PI	VC orman orm
retain them together v	vith conies of this	report, at a convenient location for at leas	t ten vears		peramons records to t	ato 1 at D owner 30 file 1	ws owner can
rount them, together v	The state of the s	report, at a voirt vinent to autom for at load	s sett lawns.				
	VIII	D 11				.	
0:		Don Host				<u>C-14147</u>	
Signature and Date		Printed of	r Typed Name			License Nu	mber

Page 1

PWS lo	entification	n Number:		6512070		Plant Name:	Jasmine Lak	es								
III. D	aily Data	for the M	onth/Year o	of:		September, 200)7									
_			Virus Inactiv		al: Free C	hlorine -	Chlorine Di	oxide	Cons	Comb	ined Chloris	ne (Chinzan	ines)			
	raviolet R			(Describe):			O WIGHT D	• * • • • • • • • • • • • • • • • • • •	1 0 0 0 4 0	1 00100	1204 € 21011	# (C 4101# E	, 1441)			
-						Free Chlo	eia a	Combin	ed Chlorine	(Chlorem ine	0	Chlorine I	Lioxide			
Type o	Dismie	tant Kesio	uai Maintair		bution System:								1			
					T Calculations, or			rour-Log	Virus Inac	tivation, if A			ł	•		i
					r	CT Calc	ulations				UV.	Dose			ļ.	{
							Lowest CT	1	\	1	1	1	1	POLY	POLY	
1						Disinfectant	Provided	l	ĺ	ŀ				PHOSPHATE	PHOSPHATE	
	Days Plant				Lowest Residual	Contact Time	Before or at				1		Lowest Residual	P.O.E.	REMOTE	
i	Staffeti br		Net Quantity		Disinfectant	(T) at C	First	l	1		Lowest	Minimum UV Dose	Disinfectant		Sample	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer	}	\	Minimum CT	1	Required,	Concentration at Remote Point in	}	Locations 14	Conditions; Repair or Maintenance Work that Involves Taking Water
Day of		Hours plant		D. 1.51.	Before or at First	Point During Peak Flow,	During Peak Flow, mg-	Temp of	all of Water	Minimum CT Required, mg		mW-	Distribution			System Components Out of
the	(Place	(ft	Producted, gal.	Peak Flow	Customer During Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L]		Operation
Month 1	"X")	Operation 24.0		Rate, gpd.	reak Flow, mg/L	minutes	IIIIVE .	Trater, C	террисион		Mario Scorotta	500.00	Cystein, tag 2		 	Sportation
2		24.0					 	-	· · · · · · · · · · · · · · · · · · ·						<u> </u>	
3		24.0	250,543		1.2				7.8				0.7	1.4	1.4	
4		24.0	282,972		1.2								0.7			
5		24.0	255,593		1.2								0.7			
6		24.0	265,348		1.0						<u> </u>		0,7	ļ	<u> </u>	
7		24.0			1.2				<u> </u>	ļ		 	0.7	 	<u> </u>	
8		24.0	248,898		1.2		ļ			 	 		0.7	 	 	
9		24.0			1.2		 		7.8				0.7	1.4	1.4	
10		24.0		 	1.2			 	7.0	'	 	 	0.7		 	
11	}	24.0			1.2	 	 		-	 		 	0,7	 		
13	 	24.0		 	1.1		 	1	 		1		0.8		1	
14	 	24.0			1.2								0.7			
15		24.0			1.0								0.5			
16		24.0	254,475													
17		24.0			1.0				7.8				0.5	1.4	1.4	
18		24.0			1.2		_				 	 	0.7		ļ	
19		24.0		 	1.2			-	 	}	}	 	0,7	 	 	
20	 	24.0		 	1.2		 	 	+	 	 		0.7		 	
21		24.0 24.0		 	1.0		 	-	-	 	 	 	0.7		 	
23	 	24.0		 	1.0				 	1	 	 			 	
24		24.0			1.0	-			7,	3		 	0.7	1.4	1.4	
25	 	24.0			1.2		1						0.7			
26	 	24.0			1.3								0.7			
27		24.0			1.0								0.7			
28		24.0	235,225		1.0			-	1			 	0.7	 		
29		24.0				ļ					 		 	 	 	
30		24.0	0	ļ <u>.</u>	<u> </u>	ļ	ļ	ļ	 	 	 	 	 	 	 	
		L			<u> </u>	<u> </u>		<u></u>	<u> </u>			<u></u>		<u> </u>	1	J
Total			7,216,491	1												
Avgera			248,845 294,634	4												
Maxim	ти;		294,034	ı												

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



See Pages 4 for Instructions. General Information for the Month/Year of: October, 2007 A. Public Water System (PWS) Information PWS Name: Jasmine Lakes PWS Identification Number: 6512070 PWS Type: ✓ Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: 1540 Total Population Served at End of Month: 3,311 PWS Owner: Aqua Utilities Florida Don Hostetler Contact Person: Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668 City: Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: (727) 919-0674 Contact Person's Fax Number: (727) 697-3137 Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 Plant Address: 7612 Pineapple Lane City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 Plant Category (per subsection 62-699.310(4), F.A.C.); Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Don Hostetler 14147 Days 1st Shift Other Operators: H. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them logether with copies of this report, at a convenient location for at least ten years. Don Hostetler C-14147 Printed or Typed Name Signature and Date License Number

PWS	dentification	n Mumban		6512070		Diago Margar	Janning I al				·					
						Plant Name:	Jasmine Lak	(e2								
			onth/Year			October, 2007										
Means	of Achievi	ng Four-Log	Virus Inactiv			hlorine —	Chlorine Di	ioxide	☐ Ozone	Comb	ined Chlori	ne (Chlorar	nines)			
[Մ	kraviolet R	adiation	[Othe	r (Describe):						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Type	of Disinfe	ctant Resid			bution System:	▼ Free Chle	orine [Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide			
17/7-	1	1	1		CT Calculations, or			_					10/10/10	 		
1	ĺ		ļ		of Calculations, of			rour-Log	v irus inac	nvation, if z					ľ	1
1	ļ	1		<u> </u>	I	CT Calc	ulations				UV	Dose	ł	1	}	
1	Ì						Lowest CT	l		ł			Ì	POLY	POLY	i
	.		l	ľ		Disinfectant	Provided		l	l		Ţ	ļ	PHOSPHATE	PHOSPHATE	{
1	Days Plant		; 		Lowest Residual	Contact Time	Before or at]				ľ	Lowest Residual	P.O.E.	REMOTE	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	l	ł	ł	_	Minimum	Disinfectant	F.O.E.	Sample	Emergency or Abnormal Operating
l_	Visited by		of Finished	l	Concentration (C)	Measurement	Customer	}	ļ		Lowest	UV Dose	Concentration at	Ì	Locations 14	Conditions; Repair or Maintenance
Day of		Hours plant	ı	[Before or at First	Point During	During Peak	T		Minimum CT		Required,	Remote Point in	!		Work that Involves Taking Water
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow	Flow, mg-	1 temp of	pH of Water,	Required, mg		mW-	Distribution		1	System Components Out of
Month 1	"X") X	Operation 24.0	gal. 598,665	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	<u> </u>		Operation
2	 	24.0			1.2		 	 	/,8	 			0.7	1.4	1.4	
3	 	24.0			1.2		}	 	 	 			0.7		 	
4	X	24.0			1.2		 	 	 	 -		<u> </u>	0.7	 		
5	 	24.0			1.0	<u> </u>	 	 		 		 	0.7		 	
6	x	24.0	206,893		1.0			1	 		·	 	0.7			
7	1	24.0	266,651					i		<u> </u>			<u> </u>			
8	X	24.0	266,651		0.1				7,9				0.7	1.4	1.4	
9	X	24.0			1,2								0.7			
10	X	24.0			1.3					ļ <u> </u>			0.7			
11	X	24.0		\	1.2		}	 	<u> </u>				0.7			
12	X	24.0			1.2		 	 	ļ	 			0.8			
13	X	24.0	304,658 267,638	 	1.1		 	 	 	 			0.7	}	}	
15	 x 	24.0	267,638	 	1.2		 	 	7.8			 	0.7	1,4	1.4	
16	 	24.0			1.2	 	+	 	 	<u>'</u>			0.7	1,4	1.4	
17	l â	24.0		 	1.3		 	+		 	 		0.7	 -	 	
18	$\frac{1}{x}$	24.0			1.2		 	 	 	 	 -		0.7	 	 	i —
19	1 X	24.0			1.2		1	<u> </u>	<u> </u>				0.7			
20	X	24.0	217,516		1.0								0.7		·	
21	T	24.0								l						
22	X	24.0			1.0				7.8				0.7	1,4	1.4	
23	X	24.0		L	1.0			<u> </u>					0.7			
24	X	24.0		<u> </u>	1.0			}	1				0.7			
25	X	24.0	224,894	 	1.0			ļ		<u> </u>		<u> </u>	0,7	<u> </u>		
26	X	24.0	247,006		1.0		↓	 	<u> </u>	 			0.7			
27	<u> </u>	24.0		 	1.0	}	 	 	 	 		ļ .—.—	0,7	 		
28	 -	24.0		ļ		_	 	 	7.7	 	 	 	<u> </u>	ļ <u>.</u>	ļ	
29	X	24.0	272,894 242,639	ļ	1.0	 	 	 	1.7			 	0.7	1.4	1.4	
30	T ×	24.0 24.0	242,639 251,430	 	1.0		 	+	├─┈ ─	 		 	0.7	 	 	
31 Total	T_x	24.0	8,215,949	 	J	I	1,	<u></u>		<u> </u>	L	ــــــــــــــــــــــــــــــــــــــ	1			<u> </u>
	G#		265,031	†												
Avgera Maxim			598,665	1												

^{*} 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: November, 2007 A. Public Water System (PWS) Information PWS Name: Jasmine Lakes PWS Identification Number: 6512070 ✓ Community Non-Transient Non-Community PWS Type: Transient Non-Community Consecutive Number of Service Connections at End of Month; 1540 Total Population Served at End of Month: 3,311 PWS Owner: Aqua Utilities Florida Contact Person: Don Hostetler Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668 City: Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: (727)919-0674 Contact Person's Fax Number: (727) 697-3137 Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 Plant Address: 7612 Pineapple Lane City: Port Richey State: Florida Zip Code; 34668 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): License Class | License Number Licensed Operators Name Day(s) / Shift(s) Worked Lead/Chief Operator: Don Hostetler 14147 Days 1st Shift Other Operators: Days 1st Shift H: Certification by Lead/Chief Operator I. the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them together with copies of this report, at a convenient location for at least ten years. Don Hostetler C-14147 Printed or Typed Name Signature and Date License Number

	entification			6512070		Plant Name:	Jasmine Lak	es								
l. D	idy Data	for the M	onth/Year e	of:		November, 200	7									
1eans	of Achievir	ng Four-Log	Virus Inactiv	ation/Remova	al: Free C	hlorine	Chlorine Di	oxide	Ozone	T Comb	ined Chlori	ne (Chloran	nines)			
TU!	raviolet R	adiation	T Other	(Describe):												
уре с	f Disinfec	tant Resid	ual Maintain	ed in Distri	bution System:	Free Chlo	rine T	Combin	ed Chlorine	(Chloramine	s) ~	Chlorine I	Dioxide			
<u> </u>					T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if A	Applicable*	· · · · · · · · · · · · · · · · · · ·	1		T	
						CT Cafe					UVI		1	ĺ	ł	
		[[1				T]	}		
		i	1	ì		Disinfectant	Lowest CT Provided						Į.	POLY	POLY	
	Days Plant			ļ	Lowest Residual	Contact Time	Before or at	1		\			Lowest Residual	PHOSPHATE P.O.E.	PHOSPHATE REMOTE	
	Staffed or	}	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	P.O.E.	Sample	Emergency or Abnormal Opera
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1		l	Lowest	UV Dose	Concentration at	1	Locations 14	Conditions; Repair or Mainten:
ay of	Operator	Hours plant			Before or at First	Point During	During Peak	Temp of	-17 -611/-4	Minimum CT Required, mg	Operating UV Dose,	Required, mW-	Remote Point in Distribution	1	1	Work that Involves Taking W.
the	(Place	in Operation	Producted,	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water oc	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System, mg/L		ļ	System Components Out of Operation
Month	- ^ /	24.0	gal. 227,253	rate, gpd.	1.0	THE LOIVE	HUIVE	1.1.1.1			W - SCO CILL	2000	0.7	 		Operation
		24.0			1.0			<u> </u>					0.7			
3		24.0	209,543		1.0								0.7			
à		24.0														
5		24.0			1.0			<u> </u>	7.8			L	0.7	1.4	1.4	
6		24.0	245,750		1.0			├		<u> </u>			0.7			
7		24.0			1.0			 					0.7			
9	 	24.0			1.0			 					0.7			
10	 	24.0			1.0								0.7			
11		24.0	329,838													
12		24.0			1.0				8				0.7		1.4	
13		24.0			1.0		<u> </u>	}	ļ	ļ			0.7			
14		24.0			1.0 t.0			ļ		 			0.7			
15	_	24.0			1.0	 -	 	-		 			0.7			
17		24.0			1.0			 				 	0.7			
18		24.0													1	
19		24.0			1.0				7.9				0.7		1.4	
20		24.0			1.0			 	 	 			0.7		<u> </u>	
21		24.0			0.1		 	 			 	 	0.7		 	
22		24.0			1.0			 	-		 		0.7		 	
23	 	24.0			1.0	 	 	1	 	 			0.7		 	
25		24.0													1	
26	-	24.0			1,0				7,8				0.5		1.4	L
27		24.0	285,570		1.0								0.5			
28		24.0			0.1		Ļ	 	ļ				0.7			
29		24.0			1.0		 	 	 			 	0.7		 	
30		24.0	268,589		1.0			 	 	 		 	0.7	 	 	
otal		L	8,405,083			·		ــــــــــــــــــــــــــــــــــ					·			L
		e de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp		ĺ												

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

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Polymer Page 3 Due in December

See Pages 4 for Instru						_					
. General Information	for the Month/	Year of: December,	2007								
. Public Water System	(PWS) Informa	ition									
PWS Name:	Jasmine Lakes					· · · · · · · · · · · · · · · · · · ·	PWS I	dentification Nu	mber:	6512070	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity Tr	anslent Non-Comi	munity		Consec			0514010	
Number of Service Connect								on Served at End	of Month	3,311	
	Aqua Utilities Florid					120,12		VIII DVI 100 G. 1211	or raditur.	<u> </u>	
	Don Hostetler			 -		Conta	ct Person	n's Title:	Senior Facilit	ies Operator	······································
Contact Person's Mailing A	ddress:	7616 Arbordale Drive Port Richey, F	1. 34668		City:	Port Richey	State:	Florida		Zip Code:	34668
Contact Person's Telephone	Number:	(727) 919-0674						n's Fax Number:	(727) 697-31		
Contact Person's E-Mail Ad									<u> </u>		
. Water Treatment Pla	ent Information										·
Plant Name:	Jasmine Lakes						Plant T	elephone Numb		(352) 302-9	9713
Plant Address:	7612 Pineapple Land	e			City:	Port Richey		Florida	·	Zip Code:	34668
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Finis	shed Water					····		
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		600,000							
Plant Category (per subsect	ion 62-699.310(4), F.	.A.C.):				Plant C	lass (per	subsection 62-6	99.310(4), F.A.C.	.);	
Licensed Operators		Name		License Class	Lice	ense Number	1		Day(s) / Shift(s	s) Worked	
Lead/Chief Operator:	Don Hostetler	-		С		14147	Days 1	st Shift			
Other Operators:						_					
-											
l. Certification by Lead											
I, the undersigned wat	er treatment plan	t operator licensed in Florida, a	am the lead/chie	f operator of the	wate	er treatment p	olant id	entified in pa	rt I of this repo	ort. I certify	that the
information provided	in this report is tr	we and accurate to the best of r	ny knowledge ar	nd belief. I cert	ify tha	at all drinkin	g watei	treatment ch	emicals used a	it this plant	conform to NSF
International Standard	60 or other appl	icable standards referenced in	subsection 62-55	5.320(3), F.A.(C. Ia	lso certify th	at the f	ollowing add	itional operatio	ons records	for this plant
were prepared each da	y that a licensed	operator staffed or visited this	plant during the	month indicated	d abo	ve: (1) recor	rds of a	mounts of ch	emicals used a	nd chemica	feed rates; and
(2) if applicable, appro	opriate treatment	process performance records.	Furthermore, I a	gree to provide	these	additional o	peratio	ns records to	the PWS own	er so the PV	VS owner can
retain them tobether	with conies of this	report, at a convenient location	on for at least ten	vears.			•				o o milor outi
	11 12/1),,		•							
	<i>は7</i> ノハー	∕	Don Hostetler							C 14147	
	- U - U			ad Nome				 		C-14147	
Signature and Date			Printed or Typ	co wame.						License Nur	nber

Page 1

DEP Form 62-555, 900(3)Alternate

	entification			6512070		Plant Name:	Jasmine Lak	es						·		
			onth/Year (December, 200	1									
			Virus Inactiv		al: 「▼ Free C	hlorine [Chlorine Di	oxide	☐ Ozone	Comb	ined Chloria	ne (Chloran	nines)			
Uli	raviolet Ra	adiation	Cther	(Describe):												
уре о	f Disinfec	tant Resid	ual Maintain	ed in Distri	bution System:	Free Chie	rine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide			
				C	T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if A	Applicable*					
						CT Calc	ulations				UVI	Oose				
							I									
	1	'				Disinfectant	Lowest CT Provided	<u> </u>						POLY	POLY	
	Days Plant				Lowest Residual	Contact Time	Before or at	İ					Lowest Residual	PHOSPHATE	PHOSPHATE	}
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		ţ			Minimum	Disinfectant	P.O.E.	REMOTE	Emergency or Abnormal Operati
	Visited by		of Finished		Concentration (C)	Measurement	Customer		Ì	ì	Lowest	UV Dose	Concentration at		Sample Locations 14	Conditions; Repair or Maintenan
Day of		Hours plant	Water		Before or at First	Point During	During Peak	. .		Minimum CT	Operating	Required,	Remote Point in		1.0cadota (4	Work that Involves Taking Wate
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution			System Components Out of
Month	"X")	Operation 24.0	gal. 283,011	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, "C	if Applicable	min/L	mW-sec/cm²	sec/cm²	System, mg/L			Operation
2	x	24.0	283,011		1.0		<u> </u>	 	7.8				0,7	1.4	1.4	
3	$\frac{x}{x}$	24.0	267,160		1.0		 						0.7	1.4	1.4	
4	X	24.0	256,523		1.0				 				0.7			
5	X	24.0	266,486		1.0			1					0.7			
6	Х	24.0	271,103		1.0								0.7			
7_	X	24.0	231,402		1.1								0,9			
8	X	24.0	323,294	L	0.5		}	<u> </u>	<u> </u>		L		0.4			
9		24.0	275,484				ļ	ļ								<u> </u>
10 11	X	24.0 24.0	275,484 222,924		1.0		 						0.7	1.4	1.4	<u> </u>
12	$\frac{\hat{x}}{x}$	24.0	242,531		1.0		 						0.7			
13	X	24.0			1.0			1				·	0.5			
14_	X	24.0	202,499		0.1								0.5			
15	X	24.0			1.0								0.5			
16		24.0								<u> </u>						
17	Х	24.0	350,000		1.0			 	- 8.1				0.7	1.4	1.4	
18	X	24.0			1.0		 	 				ļ	0.7			
19 20	X	24.0 24.0			1.0		 -	 	 		 -		0.7		 -	
21	X	24.0			1.0		 	 	 	 			0.7			
22	x	24.0			1.0			 	 	 			0.7			
23		24.0											, , , , , , , , , , , , , , , , , , ,			
24	X	24.0			1.1				8				0.6	1,4	1.4	
25	X	24.0			0.6								0.4			
26	X	24.0			1.0								0.8			
27	X	24.0			1,1			ļ	ļ	ļ		ļ	0.8			
28	X	24.0			1.0		 		ļ				0.7			
29	X	24.0			1.3		 	 	 			ļ	0.8			
30		24.0			1.2	·	 	 	 	 	ļ	 	- 0.9			
3! otal	<u> </u>	24.0	8,165,764		1.2	L		1	I	L	L	<u> </u>	0.9			
vgerag	<u> </u>		263,412													
laximu			350,000													

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



Public Water System (PWS) In PWS Name: Jasmine Lak PWS Type:	formation									
PWS Name: Jasmine Lak	TOT MALION									
						PWS Identification Nu	ımber:	6512070		:
	·	on-Community	Transient Non-Co	mmunity		Consecutive				
Number of Service Connections at End o		1540			Total	Population Served at Er	nd of Month:	3,311		
WS Owner: Aqua Utilitie										
Contact Person: Dennis Mulc	lakak and aras a ara ay a lay a saa araa ay a			-	Cont	act Person's Title:	Senior Facilitie	es Operator		
Contact Person's Mailing Address:	7616 Arbordale Drive Pe	nt Richey, Fl. 34668		City:	Port Richey	State: Florida		Zip Code:	34668	
ontact Person's Telephone Number:	(352) 302-9713				Cont	act Person's Fax Number	r: (727) 697-3 13	7		7.7
ontact Person's E-Mail Address:	dmuldoon@aquaa	merica.com		 						
Water Treatment Plant Inform	ation									
Plant Name: Jasmine Lak	es				2.44\	Plant Telephone Num	ber:	(352) 302-9	713	
lant Address: 7612 Pineap	ple Lane	'		City:	Port Richey	State: Florida		Zip Code:	34668	
ype of Water Treatment by Plant:	✓ Raw Ground Wat	er Purchas	sed Finished Water							
ermitted Maximum Day Operating Cap	acity of Plant, gallons per day:		600,000							
lant Category (per subsection 62-699.3						Class (per subsection 62-				
Majorased Appletators 5.55.55	AP THE STATE Name &	建海岸中央公司	Licenses Cla	ss Lice			Day(s) #Shift(s	Morked *		94
Dennis Mule	doon		c		5982	Days 1st Shift				- :
Places Option and Steve Fuller			В		7519	Days 1st Shift				<u>. </u>
		<u> </u>								
				<u></u>					·	
		·			· · · · · · · · · · · · · · · · · · ·		·			
							 			
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and the second second by								,		
					*					
		<u> </u>					·			
Notice of										
Certification by Lead/Chief O			1/1/ 5	.1			Y . C.1.		ليبيب	
, the undersigned water treatmen										
nformation provided in this repo										
nternational Standard 60 or other	er applicable standards refe	renced in subsection	n 62-555.320(3), F.	A.C. Ia	lso certify t	hat the following ad	ditional operation	ons records	for this r	la
ere prepared each day that a lic										
2) if applicable, appropriate trea										
z) if applicable, appropriate tro-						ор				
atain than tamathar with appies	or mis report, at a convem	ient iocation for at i	casi teli years.							
retain them, together with copies	•									
retain them, together with copies	·	Danni	ir Muldoon					C-5082		
	DOCUMENT NU		is Muldoon			 		C-5982 License Nu	mber	
retain them, together with copies	DOCUMENT NU	Denni MBER - DATE Printe							mber	

PWS I	entificatio	n Number:		6512070		Plant Name:	Jasmine Lak	es									
HI. D	aily Data	for the A	lonth/Year	of:		January, 2006											
Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remo	val: Free C	Chlorine	Chlorine Di	ovide	C 07000	r- c1	inad Chiani	(C)-1	-1				
T U	traviolet R	adiation	C Othe	r (Describe):	:	,	Cinorale Di	O A de	1 020110) Come	inea Cinori	ne (Chiorar	nines)				
Type o	f Disinfe	ctant Resid			ibution System:	Free Chlo	rine F	Combin	ed Chlorine	(Chloramine		Chlorine I	Nioredo.				
1. 9 99/38	THE STATE OF THE PARTY.	73.00 C	AND AND AND AND AND AND AND AND AND AND	Activity of the second	Santana Paris Caraca	THE CHIC	A Diction of the second second	estimate and a	A CHIOTHE	CHOTALINE CHOTALINE	O) 1	CHIOTHE L	JiDXIGE	Sand Control	and marked an analysis and a selection	Harrison Walter	printed the confidence of the same of the
	11. 4.4	S 16-3	A STATE OF	Example of the St.	Dediculations of	U.V. Diosexto	Demostates	our-Bo	svirusilnac	fivation it?	oplicables	Thursday.	No.	高级安全 流			
	\$ × 1	75 8 5 7				CT Calc	ulations	4834	Art Contract		"(编译UV4)	Doset *				1 1 TO 1 1	
	C38.4 /2	400	1				Lowest,CT					4,4° V			Line Allerine	A Transport	suidi de de la companya de la companya de la companya de la companya de la companya de la companya de la compa
	E	# * * * * * * * * * * * * * * * * * * *			Lowest Residual	. Disinfectant	Provided			Minimum	100		thowest Residual Disinfectant Concentration at	PHOSPHATE	PODY <		40.1
	Days Plant				Lowest-Residual	Contact Time:	Before or at						Lowest Residual	POE	PHOSPHATE REMOTE	1 2000000000000000000000000000000000000	
	Staffed or Visited by		Net Quantity		Dismirctant.	் இருந்க	First/			" N 15 62	Carried S	Minimum	Disintectant	1.0.2	Sample	Emergency of	Abnormal Operani
Davine		Hours plant	of Finished Water		Concentration (C) = Before or atiFirsts	Point During		Temp of		Minimum CT	Lowest	An Anose	Concentration at Remote Point in		Locations 14	Conditions Re	pair of Maintenan
the	(Place	III	Producted,	Peak Flow	Customer During	Peak Flow	During Peak Flow, mg-	Water	nH of Water	Required, mg	UV Dose	. Kedimea	Remote Point in			Workthattiny	olves Takinb Wate
Month.	"X")	Operation	gal.	Rate, gpd.	Peak Flow mg/L	Peak Flow,	min/L	°C	if Applicable	mind	mW-sec/cm²	30.31	Distribution Osten; mg/L	1 1 1 1 1 1 1	5.43	System Co	Abnormal Operam pau or Marijean olves Talerite Was pupouenis Confor seranons
		24.0	324,000		1.0		1	7,	za e spipagene	Service Co. A	15 11 000 001	* BOOLUIT.	0.8			DE HARDEN SU	setation 45 2 Deliver
	X	24.0	324,000		1.0				7.6				0.7	1.4	1.4	 	954
	X	24.0	432,000		1.0							1 1 1 X 1 X	0.8				
	x	24,0	230,000		1.0								0.9				1 3.4 Y 4.
	X	24.0	344,000		0.9								0.7				17 18 18 18 18 18 18 18 18 18 18 18 18 18
10003.75	X	24.0 24.0	282,000 317,000		0.8	·	 						0.6				
7.7		24.0	356,500		0,9				<u> </u>			H					
100	x	24.0	356,500		0.8				7.6				0.6	1.4			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 - 10 - 1	x	24.0	261,000		1.1		 -		1.0		- '' "	H	0.9	1.4	1,4		100
	X	24,0	412,000		1.2	7	 		<u> </u>			0 3	0.9				A man de
	X	24.0	325,000		0.8				1			1 7.0	0.5				7.12.9
101	X	24.0	359,000		0.8							1.00	0.6				7,43
	X	24.0	321,000														i i i i i i i i i i i i i i i i i i i
TA TE	- -	24.0	421,500		0.8		 						0.5				280
	X X	24.0	421,500 351,000		0.9		-		7.6			-	0.6	1.5	1.5		
7.00	$\frac{\hat{x}}{x}$	24.0	290,000		0.8		 		 -		·	 	0.5	 -		ļ	1,750
	X	24.0	298,000	l	1.0		 		†			H	0.8	 	<u></u>		
¥.	X	24.0	426,000		1.0							1	0.8				
ϵa	Х	24.0	367,000														
M : 20 Pr = 20		24.0	357,500		1.0		,						0.8				-
1	X	24.0	357,500		0,8			ļ	7.6			1	0.6	1.4	1.4		
502.0	X	24.0 24.0	340,000 440,000	<u> </u>	0.9		ļ		1		·		1,2				
	$\frac{x}{x}$	24.0	336,000		1.0				 				0.7				
7,000	2	24.0	328,000		0.7		 		 			H	0.8				
		24.0	314,000		· · · · · · · · · · · · · · · · · · ·				 			H	0.4				
		24.0	327,000		0.9				 				0,6				
1	X	24.0	327,000		0.9		1	 	7.6			 	0.7	1.4	1.4		
1	X	24.0	205,000												1.7		
			10,551,000									Ţ					
2002			340,355							•		1					
1. 150011			440,000	1								1					

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



See Pages 4 for Instructions. General Information for the Month/Year of: February, 2006 A. Public Water System (PWS) Information PWS Name: Jasmine Lakes PWS Identification Number: 6512070 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 1540 Total Population Served at End of Month: 3.311 PWS Owner: Aqua Utilities Florida Dennis Muldoon Contact Person: Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668 City: Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137 dmuldoon@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Jasmine Lakes Plant Telephone Number (352) 302-9713 Plant Address: 7612 Pineapple Lane City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 Plant Category (per subsection 62-699,310(4), F.A.C.): Plant Class (per subsection 62-699 310(4), F.A.C.): AEICERSETTOPERIORIA OF ANTONIO Dennis Muldoon 5982 Days 1st Shift A Charles and Steve Fuller 7519 Days 1st Shift 11. Certification by Lead/Chief Operator I. the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Dennis Muldoon C-5982 Signature and Date Printed or Typed Name License Number

		on Number:		6512070			Jasmine Lake									
			onth/Year (February, 2006						400.0				,, <u> </u>
eans o	f Achiev	ing Four-Lo	y Virus Inactiv	ation/Remov	al: 🔽 Free C	Chlorine [Chlorine Dio	xide	C Ozone	Comb	ined Chlorin	e (Chloran	ines)			
Ultı	aviolet	Radiation	(Other	(Describe):												
rpe of	Disinf	ctant Resid	ual Maintain	ed in Distrib	oution System:	Free Chlo	rine i	Combine	ed Chlorine	(Chloramine	s) !	Chlorine D	toxade	ar beautiful all a sections in	town to the state of the	
763		10.50	Ses Della Se	e c	T Calculations of Lowest Residual	COV Dose to	Demostate I	our-Log	Virus Inac	ivation if	pplicable		1			
			77.5	eller Vincerton	adjat or Alexander	हा Calc	wanons		ALL AND THE		UVI	ose				A MANAGEMENT
3.8	40	To the same	Pellings /			ANT - A	Lowest CT. Provided a Before or as First Customer During Peak I Down mg-		ter in newsoning		No.			70. 9	TOTAL V	
1	4	I West		i i		-	LowestCI	3 2 4			11.5	A STATE OF THE STATE OF	Rowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	PULICEPHATE	PHOSPHATE	
		1000			Tomas Davidnala	Dismicciani	Refore or at	S		7		40.75	Dowest Residual	POF	REMOTE	A CONTRACTOR OF THE PARTY OF TH
	Days Pla				Disinfectant	(Dag	First	# 10 S		3		Minimum	Disinfectant Concentration at		Sample	Emergency or Abnormal Opera
	Visited !		Net Quantity of Finished Water Producted,		Concentration (C)	Measurement	Customer			71.0	Lowest	UV Dose	Concentration at	Care Care	Locations 14	Conditions Repair or Maintena Work that Involves Taking Wa
ay of	Operato	Hours plan	Water		Before or at First	Point During	During Peak	Temp of		Minimum CT	Operating	Required,	Remote Point in			Soften Components Out of
the	Place	19 m	Producted.	Peak Flow	Customer During	Peak Flow	Flow mg-	Water	pH of Water if Applicable	Required ing	mW-sec/cm ²	sec/cm ²	L'astribution	第一个独立的	Programme Sales	System Components Out of Operation
fouth	-x-)	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes) your	· · · · ·	ar Applicable	conn/L	mw-sec/cm	secon	2.0		25. 404. 404.	
	X	24.0	339,000		2.3					 			0.5			
	X	24.0	275,000		0.8	 	 			 			0.6			
	X	24.0	287,000	<u> </u>	0.9	 -				 			0.7			
	X	24:0	242,000	<u> </u>	0.8	 	 	-	 	 			0.5			
	X	24.0	322,000	<u> </u>	0,8	 	 			t	1			10 11 2		
1		24.0	322,000 198,000	 	1.0	 	1		7.6				0.8	1.5	1.5	Eletrical Control Failure
	X	24.0	301,000	 	0.7	 	1						0.4			
2	- x	24.0	229,000	 	0.7								0.4			Eletrical Control Failure
	×	24.0	220,000		0.9					<u> </u>			0.7			Eleurean Control Failure
	×	24.0	331,000		9.8					 			0.8	 		
		24.0	306,000						7.6	 -	 	ļ	0.7	1.5	1.5	1
7.	Х	24.0	306,000		0.9					}	 	 	0.4			
	X	24.0	353,000		0.7			 	+	-	 	 	0.3	1		
		24.0	262,000		0.8	 			 	 	 		0.6			
	Х	24,0	378,000	 	0.9		+	 	 	1	 -		0.6			
and the same of th	X	24.0	286,000 307,000	 	0.9		+	1	1				0.6			
- 13 - 14 - 14	X	24.0	307,000	 	U.7		+	1	1	T						
	L	24.0	305,500		0.8	+	1		7.6				0.4	1.5	1.5	
	X	24.0	308,000	 	0.9	1	1						0.5	1	 	
	- ` x	24.0	289,000	1	1.0	1							0.7	 	 	
4	X	24.0	321,000	 	0.9			14.		1	<u> </u>	ļ	0.6	 	 	
	- ^	24.0	281,000	1	0.8				1				0.5		 	
	x	24.0	296,000		1.0			1					0.7	 		
770		24.0	290;500				1		4			 	1 - 07 -	1.8	1,8	
7.7	X	24.0	290,500		1.0			1	7.6	4		 	0.7	1.0	1,0	
- Contract	×	24.0	336,000		0.8								0.0			

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

378,000



See Pages 4 for Instructions. 1. General Information for the Month/Year of: March. 2006 A. Public Water System (PWS) Information PWS Identification Number: PWS Name: Jasmine Lakes 6512070 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 3.311 1540 PWS Owner: Aqua Utilities Florida Contact Person's Title: Senior Facilities Operator Contact Person: Dennis Muldoon Contact Person's Mailing Address: City: Port Richey State: Florida Zip Code: 34668 7616 Arbordale Drive Port Richey, Fl. 34668 Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137 dmuldoon@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Plant Telephone Number: (352) 302-9713 Jasmine Lakes City: Port Richey State: Florida Plant Address: Zip Code: 34668 7612 Pineapple Lane Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: 600.000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699,310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Ancense Repetators | Same | Pricense Class | License Number | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(s) (Shirits I Work of Same | Day(5982 Days 1st Shift Dennis Muldoon 7519 Days 1st Shift ren longeration Steve Fuller 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. Dennis Muldoon C-5982 Printed or Typed Name License Number Signature and Date

Page 1

S Identification			6512070		Plant Name:	Jasmine La	kes								
Daily Data	for the A	onth/Year of:			March, 2006										
ans of Achievi	ing Four-Log	g Virus Inactivatio	n/Removal:	₩ Free Chl	orine F Ch	lorina Diovid		0	Combined				 		
Ultraviolet R		Other (De			, 0,,	or the Dioxid	· 1	Ozone j	Combined	Chlorine (Chloramine	s)			•
pe of Disinfe	ctant Resid	ual Maintained i	n Distributio	on System:	Free Chlorine		mbined C	This is a COL	loramines)	-					
THE SECOND	务常学 观	Per Carlotte Commence	Property Care	on System.	· rice Cinorine	Factorial representation	AUTOTICO C	niorine (Cr	iloramines)	I Ch	lorine Diox	ide			
	To provide		9 m 66 mm	24 carculations	Orași Velvose și c	Demostate	t our Log	Varus Inac	tivation of	Applicable	传统 护理		光学 。17世代	S. 18 18 18 18 18 18 18 18 18 18 18 18 18	
		1. 一、数			AND THE CL CAL	culations.				·. ···UV	0-03C	CHORONE A		100	Emergency or Absormatio
		人 中海藻			496 433 See 25 Disinfectant	Lowest CT	30 de 1	- Ser.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Section 1	10.27	Lowest Residual		Prop.	10000000000000000000000000000000000000
Days Plant				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E Disinfectant	Provided 3					4. 10. 1	1 3 3 4 3	POLY	POLY	
Staffed or				Lowest Residual Disurfectant Concentration (C) Before over Four Customer During Peak Flow, mg/L	Gontact Time.	Before or at	e Militaria				分替 :这	Lawest Residual	PHOSPHATE	PHOSPHATE	
Visited by			1 15 To 1	Disinfectant	THE PARTY OF	First,	17.11			1.00	1 TANKSTONIA (Dumfectant 	1.	REMOTE	
of Operator	Hours plant	Net Quantity of	i - j vi	Concentration (C)	Measurement	Gustomer :				Lowest	U.V. Dose	Concentration of		Sample	Conditions, Repair or Man
e (Place	in	Finished Water	Peak Flow	Customer During	Peak Flow	Flow mrs	Temp of	all of Ware	Minimum CT Required, mg	Operating UV Dose	Required	Remote Point in	F 380	Locations 14	Work that involves Taken
sth "X")	Operation	Producted, gal.	Rate, gpd	Peak Flow, mg/L	tomutes	min/L	Water or	if Applicable	wedmice ms	πW-sec/cm	iiw.	Distribution `			System Components ()
X X	24.0	286,000		0.8			 	**************************************	- santus	THE THE SECRETARY	soc/cm //	System, mg/L	<u> </u>	1924	Operation
X	24.0	295,000		1.0	t e e							0.5			
- ^-	24.0 24.0	341,000		0.8								0.5	 		. 107777
X	24.0	341,000 341,000													
X	24.0	260,000		0,9 0,8								0,6			1 17
X	24.0	350,000		1.0	 										
X	24.0	374,000		0.8		 		7.6			Property of	0.7	1.4	1.4	
Y X	24.0	311,000		0.9		 						0.4			
X	24.0	245,000		1.0	 	 			 -			0.7			· · · · · · · · · · · · · · · · · · ·
X	24.0	436,000		0.9	7 3 4 7	 						0.6			
X	24.0	310,000							 			0.6			
X	24.0 24.0	310,000		0.9				7.7		:	7	0.5	1.5		
x ·	24.0	308,000 341,000		1.3 0.7								0.9	1.3	1.5	
X	24.0	336,000		0.7	-	<u> </u>						0.3			
X	24.0	375,000		1.0	 	<u> </u>						0.4			
X	24.0	390,000		0.8	 	 -	 -					0.6			
2	24.0	306,000			 							0.4			
X	24.0	306,000		1.1	1-			7.7							· · · · · · · · · · · · · · · · · · ·
X	24.0	395,000		1,0		·			 			0.8	1.2	1.2	
X	24.0	256,000		1.0								0,7 0,7			
X	24.0	368,000]	1.0								0.7			
	24.0	321,000		1,5								1.0			
X	24.0	365,000 354,000		1.4								1.0			
X	24.0	354,000		0.9	-							i			
$\frac{\hat{x}}{\hat{x}}$	24.0	399,000		1.4	1			7.6				0.6	1.4	1.4	
X	24.0	302,000		1.3								1.1			
X	24.0	392,000		1.3			-					0.9			
X	24.0	358,000		1.4	<u> </u>							0.9			····
1.50	ara in the	10,426,000	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ئـــــــــــــــــــــــــــــــــــــ	1		<u> </u>			0.9			
$N \subseteq A_{n+1} \cap F_{\Sigma}$		336,323													
in States		436,000													

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



See Pages 4 for In:		W 11.			 	1		
General Informati	ion for the Month/Y	ear of: April, 2006	···					
Public Water Syst	iem (PWS) Informat	tion						
PWS Name:	Jasmine Lakes					PWS Identification Nu	imber: 65120	70
PWS Type:	✓ Community	Non-Transient Non-Commu	ınity	Transient Non-Co	mmunity	Consecutive		
Number of Service Con	nections at End of Month:	1540	···			Total Population Served at En	nd of Month: 3,311	
PWS Owner:	Aqua Utilities Florida	1		<u> </u>	·· ·			
Contact Person:	Dennis Muldoon					Contact Person's Title:	Senior Facilities Opera	tor
Contact Person's Mailin		7616 Arbordale Drive Port Richey, I	1, 34668		City: Port F		Zip Co	
Contact Person's Teleph		(352) 302-9713				Contact Person's Fax Number:	(727) 697-3137	
Contact Person's E-Mai		dmuldoon@aquaamerica.c	com					
	Plant Information							
lant Name:	Jasmine Lakes					Plant Telephone Numb	per: (352) 3	02-9713
lant Address:	7612 Pineapple Lane				City: Port F	ichey State: Florida	Zip Co	
ype of Water Treatme	nt by Plant:	✓ Raw Ground Water	Purchased	Finished Water				
	ay Operating Capacity of			600,000				
lant Category (per sub	section 62-699.310(4), F.	A.C.):	Company of Parks	Gradina Landavara	abelia de Alexandro	Plant Class (per subsection 62-6	699.310(4), F.A.C.);	
usicenkedsuperato)IS9	Name Falls		C METCERSE CIA	5982	unoer	Day(s))//Shiff(s)sWorke	detex describe
	Dennis Muldoon			В	7519			
align Changitura	24.56			- 	,319	Days 1st Shift		
								
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Daniel Land								
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n A								
				- 				
The second second								
								
St. Sand Sand St. Sand St. Sand St. Sand St. Sand St. Sand St. Sand St. Sand St. Sand St. Sand St. Sand St. Sa								
Certification by	Lead/Chief Operato	ır						
the undersigned	water treatment plan	t operator licensed in Florida,	am the lead	chief operator of	the water treat	ment plant identified in page	ct Infthic report I	
information provide	ded in this report is tr	rue and accurate to the best of	my knowled	ge and belief. I co	ertify that all d	rinking water treatment chi	amionic used as able.	my that the
Intornational Stan	dard 60 or other appl	licable standards referenced in	subsection 6	52-555.320(3). F./	A.C. Lalso cer	tify that the following add:	cimeats used at this plai	nt conform to NS
	the day that a licensed	operator staffed or visited this	s plant during	the month indica	ted above: (1	\ records of amounts of all	itional operations record	ds for this plant
vere prepared eac	a uay ulat a neenseu	operator staffed or visited this	Furtherno	e I sarae to provi	ida thara addit	records of aniounts of che	emicals used and chemi-	cal feed rates; an
(2) if applicable, a	appropriate treatment	, process periormance records	. Lettinicitiioi	e, I agree to brow	we mese addit	ional operations records to	the PWS owner so the	PWS owner can
retain them, togeth	her with copies of thi	s report, at a convenient locati	ion for at leas	st ten years.		,		
			Dennis I	Muldoon			0.505	
Circon and Date				or Typed Name			<u>C-5982</u>	
Signature and Date			,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·			License N	lumber

Daily Data of so of Achieving Jitraviolet Rade of Disinfects Days Plant Suffed of	Four-Log liation ant Residu	Virus Inactivation Other (Denal Maintained in	n/Removal: escribe): n Distributi	Free Chlor	ine [Chl	orine Dioxide	: T	Ozone I	- Cambinas	Chlorina (C	hloramine	e)			
Jitraviolet Rac	liation ant Residu	Other (De	escribe):	on System:		011110 2 10124	- ,		Comounice	CINOTINE (C		رد			
of Disinfect	ant Residu	nal Maintained in	n Distributi	on System:						•					
of Disinfect	ant Residu	al Maintained in	n Distributi	on System:			mhined C	hlorine (Ch	loramines)	Ch!	lorine Diox	ide			
		E Marin	はなる。 かんしゅつごうじゅうかい ハイ・アー	The second secon	Pree Chlorine			10.2	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	mplicable*	Manday Color	Section 1	经商业 证据		LINE TO STATE OF THE
		The second section of the second seco	W. S. Van C	T Calculations of	WW.Dose, to J	Jemostate i	our Log	vurusanaci	avanon, as-	170 1)oco				
		10 PM			CT Calo	ilations	1000	and the second	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	U Y 11	J030		Way a whole	A Section 1	
		100		1 17 17 17 17 18	AND THE STATE OF	Lowest City			St. fee St.			1	POLY	* . POLYSOL	
	3			A	Disinfectant	Provided	4	and the	SALES TO SALES				PHOSPHATE:	PHOSPHATE.	3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
1 Dave Plant				Lowest Residual	Contact Time	Before or at	1		3.00		Minimum	Lowest Kesidual	POE	REMOTE Sample Locations 14	Emergency or Abnormal Open
Staffed or	1	AXA CONTRACTOR OF		Disinfectant"	(T) at C	First	A. 100			Lowest	UV Dose	Concentration at	C. S. S.	Sample	Conditions, Repair of Mainten
Visited by				Concentration (5)	Measurement	Customer	11.	A meny in	ACCOUNTS OF	Operating	Required	Remote Point in		Locations 14	Work that lavolves Taking We
	Hours plant	Net Quantity of		Before or at First	Point During	During Peak	Temp of	aH of Water	Required mg	UV Dose,	mW-	Distribution			System Components Out of
(Place	un "	Finished Water	Peak Flow	Customer During	Peak Flow, minutes	r low, rag-	Water OC	if Apolicable	Minimum CT Required mg min/L	mW-sec/cm	sec/cm²	System, mg/L			Operation/
7	Operation'	Producted, gal	Rate, gpd.	Peak Flow, mg/L	minutes,	, mary C	37 (30) 275	- 1,4,7	1			0.9		Jane Barre	
X	24.0	288,000		1.3											
#	24.0	432,500 432,500		1.0				7,1				0.7	1.4	1.4	
X	24.0	316,000		1.2	i							0.9			
X	24.0	368,000	 	1.2								1.0			
x	24.0	340,000		1.3					1		ļ	0.9			
x	24.0	331-000		1.4			1	ļ	 	<u> </u>		0.8	 		
X X	24.0	322,000		1.2				-	 			- V.0			
	24.0	343,000				 	 	7,7	 	-	}	0,6	2.0	2.0	
X	24.0	343,000		1.1	ļ	 	-	 			 	0.7			
X	24.0	311,000		1.3	 	 		1	1			0.8			
X	24.0	350,000	 	1.5	 	 	1					1.0			
X	24.0 24.0	393,000 342,000	 	1,3		1						1.0		 	
X X	24.0	347,000	 	1.3						<u> </u>	 	0.9	ļ	 	<u> </u>
^	24.0	387,500	1	1				<u> </u>	 _			1.0		 	
X	24.0	387,500		1.5]		 	7.7	 	 	 	0.7	 		
X	24.0	352,000		1.0					+	 	 	0.6	 	1	
y x	24.0	408,000		1.1				 	+	 	 	0.9	 	1	ļ
X X	24.0	303,000		1.2		+	 -	+		 	 	1.0	1		
X X	24.0	435,000		1.4		+	+	 		1	1 .	0.9			
X	24,0	350,000	 	1.3		+	 	1					T:		
7 0 0 V	24.0	348,000		1.3	 	-	1	7.7	1	I		0.8	1.4	1.4	
X	24.0	348,000		1.3			1					0.8		1	
X	24.0	386,000 406,000		1,3	 							0.9	<u> </u>		
X	24.0	363,000	+	1.0	1					<u> </u>		0.7		 	
X	24.0	350,000	+	0.9								0.6	 	 	
X X	24.0	418,000		0.9							 	0.7	 	+	
	24.0	332,500	1												<u> </u>
		361,117	7												

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



PWS Name:	Jasmine Lakes					PWS Identification Num	ber: 6	512070	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity		Consecutive			
Number of Service Con	nections at End of Month:	1540			Total	Population Served at End	of Month: 3	3,311	
PWS Owner:	Aqua Utilities Florida	1							
Contact Person:	Dennis Muldoon				Conta	ct Person's Title:	Senior Facilities	Operator	
Contact Person's Mailin	g Address:	7616 Arbordale Drive Port Richey, Fl. 34668		City: Por	t Richey	State: Florida		Zip Code:	34668
Contact Person's Teleph		(352) 302-9713			Conta	ct Person's Fax Number:	(727) 697-3137		
Contact Person's E-Mai		dmuldoon@aquaamerica.com				· · · · · · · · · · · · · · · · · · ·			
Water Treatment	Plant Information								
Plant Name:	Jasmine Lakes					Plant Telephone Number		352) 302-9	7
Plant Address:	7612 Pineapple Lane			City: Por	t Richey	State: Florida		Zip Code:	34668
Type of Water Treatmen			ed Finished Water						
	y Operating Capacity of		600,000			1 . (2 (2 (2	0.010(1) 5 1 0 1		· .
Plant Category (per sub	section 62-699.310(4), F	A.C.):				lass (per subsection 62-69			
		Name					ay(s) oas mucismo	MOTKERE	
Part Chief Chief			C B		982 519	Days 1st Shift Days 1st Shift			
Olic Olicania			B	//3	719	Days 1st Sinti			
				 -		}			
Erone V				+		· 			
e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co				 					
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E. Materia				 					
and a substitute of the state of the state of the state of the state of the state of the state of the state of						<u> </u>			· · · · · · · · · · · · · · · · · · ·
Cartification	ead/Chief Operato								
Certification by t	read/Cinci Operato	t operator licensed in Florida, am the lea	dishinf amountar of th		notes ant	Jont identified in nort	Cofthio man and	T and if	
		ue and accurate to the best of my knowle							
		icable standards referenced in subsection							
		operator staffed or visited this plant duri							
(2) if applicable, a	ppropriate treatment	process performance records. Furtherm	ore, I agree to provid	le these ad	ditional	operations records to t	the PWS owner	so the PV	VS owner
retain them, togeth	er with copies of this	report, at a convenient location for at le	east ten years.						
,,	•	•	-						
		Denni	is Muldoon				<	C-5982	

	ntification			6512070		Plant Name:	Jasmine Lak	es								
Da	ily Data	for the M	outh/Year o	of:		May, 2006										
ans o	f Achievir	g Four-Log	Virus Inactiv	vation/Remov	val: Free C	hlorine [Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chlorar	nines)			
Ultr	aviolet Ra	diation	(Other	(Describe):	:	·	•			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	io (Omora	1121037			
pe of	Disinfec	tant Resid	ual Maintain	ied in Distri	ibution System:	Free Chlo	orine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide			
124	7 23	AM ASIA	"一""	de la company	r Galculations to	NV Dose to	Demostate 1	our-l'oc	Winising.	fivation if	nniicable	Marie of the		Complete States	CONTRACTOR OF THE PARTY OF THE	Contract Con
				Andrew Control		~~~~~	HEYAY I TO TO	1 (14, 27%)	Transfer Labor	(Package)		lose **	Bart San San San San San San San San San San		POLY	
	1			14 A Y		Million Park	Lowest CT	4.000.00				A HOLE BEAUTIFUL COLOR	Lowest Residual Disinfectant Concentration at Remote Point in	322,44	AND HELD	1.00
		344 19 3					Lowest CT			A COLUMN TO A COLU				POLY!	POLY	
1	4.0				Lowest Residual	Disintectant	Provided Before or at	r :		one - in				PHOSPHATE	PHOSPHATE	AND THE STATE OF T
- [Staffed or		Net Quantity		Disinfectant	Section (T) at C	First	3			\$	Minimum	Disinfectant	P.O.E.	REMOTE	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at		Sample	Emergency or Abnormal Ope Conditions, Repair or Mainle
y of		Hours plant	Water	4	Before or at First	**Point During	During Peak	Temp of	1	Minimum CT	Operating	Required	Remote Point in		Locations 14	Work that Involves Taking A
he i	(Place	in .	Producted,	a se E con tou	Customer During	Peak Flow,	Liow, mg &	*** 61014	ibu of water,	vedanser ung	0 1 0000,		Distribution		To the Property	System Components Out
onth	``"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L.	°C		min/L	mW-sec/cm	sec/cm				Operation
	×	24.0	665,000 365,000		1.1				7.7				1.0	1.7	1.7	
		24.0	370,000		1.2		 						0.9			
	×	24.0	331,000		1.3		 		1				0.7			
	X.	24.0	357,000		1.1								0.7			
4.2	×	24.0	468,000		1.0								0.6			
		24.0	342,000				<u> </u>	<u> </u>								
	×	24.0	342,000		1.4		 	 -	7.6		·	·	1.0	1.8	1.8	
	- X	24.0	380,000 294,000		1.4		 	 		<u> </u>			1.0			
	<u>x</u>	24.0	342,000		1.5		1						1.1			
	×	24.0	298,000		1.4		 		 				1.1			
	×	24.0	294,000		.1,4								1.0			
1		24.0	357,500													
	x	24.0	357,500		1.1			<u> </u>	7.7			·	0.8	16.0	1.6	
100	x	24 0 24 0	273,000		1.2		 		 				0.9			
	×	24.0	359,000		1.0	 	 	 	 				0,7		L	
1000 1000 1000 1000 1000 1000 1000 100	×	24.0	396,000		1.4		 	 					1.0			
疆	×	24.0	2.57,000		1.3								1.0		·	
		240	356,500													
	х	24.0	356,500		, 1.2				7.6			l	. 0.8	1.8	, 1.8	
	· x	24.0	380,000		1.3		 	ļ					1.0			
Gen	x	24.0	316,000	<u> </u>	1,0		 	 	 _			<u> </u>	0.7			
	x	24.0	345,000 322,000	 	0.8	}	┪───	 	 			 -	0.4			
8.1	x	24.0	322,000		1.2	 	 -		 	 	<u> </u>		0.6			7-1
		24.0	361,000	 	 		 	 	 							
	×	24.0	361,000		1.3	1	1		7.6		l		0.9	1.8	1.8	
1	<u>x</u>	24.0	345,000		1.2								0.9	- 1.5		
	х_	24.0	308,000		1,4								1,1			
		7.0	10,918,000	1												

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



See Pages 4 for In	structions.							
General Informat	ion for the Month/Y	Year of: June, 2006	5					
Public Water Sys	tem (PWS) Informa	tion						
PWS Name:	Jasmine Lakes					PWS Identification Num	ber: 65120	070
PWS Type:	∠ Community	Non-Transient Non-Commu	ınity 🔲 🤈	ransient Non-Com	nunity	Consecutive	9362	0.10
	nnections at End of Month	1540			Total	Population Served at End	of Month: 3,311	
PWS Owner:	Aqua Utilities Florid						<u> </u>	
Contact Person:	Dennis Muldoon				Сопта	ct Person's Title:	Senior Facilities Oper	ator
Contact Person's Maili	ng Address:	7616 Arbordale Drive Port Richey, I	FI. 34668		City: Port Richey	State: Florida	Zip C	
Contact Person's Telep	hone Number:	(352) 302-9713			Conta	ct Person's Fax Number:	(727) 697-3137	
Contact Person's E-Ma	iil Address:	dmuldoon@aquaamerica.d	com					
Water Treatment	t Plant Information							
Plant Name:	Jasmine Lakes					Plant Telephone Number	(352)	302-9713
Plant Address	7612 Pincapple Lan				City: Port Richey	State: Florida	Zip C	
Type of Water Treatme		Raw Ground Water	Purchased Fir					
Permitted Maximum I	Day Operating Capacity of	Plant, gallons per day:		600,000				
Plant Category (per su	bsection 62-699,310(4), P	.A.C.):	and microscopic services and the second		Plant C	lass (per subsection 62-699).310(4), F.A.C.);	
Licensed Operat	OS A CONTRACTOR OF THE PARTY OF	Name Name		a Cheense Chass.	sisicense number	D.	ay(s)//Shift(s)kWork	edament several
te dicourse comme	Dennis Muldoon	·		IC B	3982	Days 1st Shift		
Other Consequences.	Steve Fuller			- (B	7519	Days 1st Shift		
								
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ing a state of the						 		
and the same				- 		<u> </u>		
			, - , , - , - , - , - , - , - , - , - , 			 		
		<u></u>						
And the Land of the Land						 		
						<u> </u>		
Cortification by	Lead/Chief Operat	or						
I the understance	water treatment nla	nt operator licensed in Florida	am the lead/chi	ef operator of the	water treatment n	lant identified in next	of this report	
f' the migersigned	ided in this report is:	true and accurate to the best of	my knowledge	and belief. Loert	ify that all drinking	water treatment chen	i or uns report. I cer	Tity that the
information prov	iden in mis tehorers	licable standards referenced in	subsection 62-	555 320(3) F A (I also certify the	st the following additi	icais used at this pla	ant conform to NSF
International Star	ndard ou or other app	plicable standards referenced in	is plant during th	e month indicate	d phono: (1) room	de et emener i C. I	onal operations reco	rds for this plant
were prepared ea	ich day that a license	d operator staffed or visited thi	Spient during in	le momir giureare.	danove. (1) recon	us of artiounts of chem	ncals used and chem	iical feed rates; and
(2) if applicable.	appropriate treatmen	it process bettormatice records	. ruitiemore, i	i agree to provide	these additional o	perations records to the	e PWS owner so the	PWS owner can
retain them, toge	ther with copies of th	nis report, at a convenient locat	non for at least to	en years.				
			Dennis Mule	doon				
			Printed or T				C-5982	
Signature and Date			Fillied Of 1	Jeco Ivanie			License	Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING PAW GROUND WATER OR PURCHAS ASED FINISHED WATER

Daily Data	for the M	onth/Year o	of:		June, 2006										
		Virus Inactiv		al: Free C	hlorine [Chlorine Di	ovide	Ozone	Comb	ined Chlorie	- (Chlorat	nines)			
Jitraviolet R	-		r (Describe):		•	0	vauc	02011	Come	aica Cinorn	ie (Cinoral	itues)			
			•	bution System:	Free Chlo	rine	Combine	d Chlorine	(Chloramine	s) [Chlorine I	Dioxide			
Clare State	Park Nesko	uai iviailitaii	Tour III Disure	oution System.	THE CHICAGO	NEW CONTRACTOR	20000000	ANTENERS IN	A resignation makes	TORRESTA	******	Towest Residual to a Concept prior in the concept p	SECTION AND THE SEC	d section of the section	Versassian de la companya del companya del companya de la companya
	3. 44	A CONTRACTOR OF	1. W. W. T. T. W. S. C.	e Calculations, of	no vapose no	Demostates	rour-izog	virus anac	nvanon; u	rppiicaoie:	44/201		第	N. A.	
4			Control of Southern		Calc	ulations	1	ORT ALPKANIA	And the state of the state of	7 4 CO-V.1	JOSE		400	建设设置。	
		S - 47 - 1	1.50	19 (A)	And the same of	Lowest CT	1		1 3 7 . 7				Dorw	Done	
3.4					Distingeriant	Provided .				7.75	don't		POLICE	POLY	
Days Plan	1.1	pakat ki ki ki atau	2 2 3 1	Lowest Residual ?	Contact.Time	Before or at		A STATE OF THE STA		Fig. 42	5.00	Lowest Residual Ind	POR	REMOTE	
Staffed or		Net Quantity		Disinfectant 5	(T) at C	First	1		135		Minimum	Distrifectant to t	9	Sample	Emergency or Abnormation
Visited by		of Finished		Concentration (C)	Measurement	Customer During Peak	Tempore		Minimum CT	Operating	D. DOSE	Remote Point 1 tin		Locations 14	Conditions, Repair or Main
vel obsessor	Tarvers product	*******		Before or at First Customer During	Point During Peak Flow	Flow, mg-	Water	all of Water	Required, mg	UV Dose,	mW		gress of the		Work that Involves Taking
(Place	in Operation	Producted,	Peak Flow Rate, gpd	Peak Flow, mg/L	minutes	min/L	oc ·	if Applicable	mip/L	mW-sec/cm²	sec/cm	System, mg/LI	all the state of the state of	and the same	System Components Or
<u>u⊾ ''''(X?')</u> ⊽ 388. X	24.0	346,000	Nate, glat.	1.4	, man occa	10.00		II 7 (Ppitotoro	1002	D2 17 :500 0411 :	- Secretary	1.0	f		Operation
x	24.0	342,000		1.1								0.7	l		
X	24.0	292,000		1.1		1						0.8		 	
	24.0	380,000	1												
X	24.0	380,000		1.0				7,7				0.7	1.8	1.8	
X X	24.0	411,000		1.0								0.7			
X	24.0	364,000		1.0								0.7			
X	24.0	433,000		1,0		<u> </u>						0.7			
X	24.0	394,000		1.1			<u> </u>		 -			0.8			
X	24.0	337,000		1.0		ļ	 -		<u> </u>			0.7			
	24.0	294,000 294,000	 	1,3	 		 	7.6		 	<u> </u>	0.9	1.6		
X	24.0	249,000	 -	1.0		 	 		 			0.7		1.6	
$\frac{\hat{\mathbf{x}}}{\hat{\mathbf{x}}}$	24.0	288,000	 	1.1		1	 		 			0.8			
x.	24.0	327,000		1.3	77							0.9			
X	24.0	299,000		1.3		T						0.9		<u> </u>	
X	24.0	328,000		1.3								0.9		<u> </u>	
	24.0	280,500											L		
X	24.0	280,500		1.3				7.6				0.9	1.7	1.7	
Х	24.0	316,000		1.2		 						0.8			
X	24.0	386,000		1.3	1	 	 	ļ	 			0.9	l		
X	24.0	351,000		1.3		<u> </u>	1		<u> </u>			0.8			
X	24.0	307,000	<u> </u>	1.2		 	 	 		<u> </u>		0.8			
×	24.0	378,000		1.3		 	 			 		0.9	 		
	24.0	309,000		1,0	 	 		7.7			 	0.7			
X .	24.0	309,000		1.2		 	 	 - ' · '	 	 	 -	0.8	1.8	1.8	
X	24.0		 	1.7	 	 	+		 		 		 	 	
X	24.0	291,000	+	1.4	†	 		 	 	 		1.0	 	 	
X X	24.0	310,000		1.3	 	 	+	 	 	 		1.0	 		
A A	24.0	9,876,000	+				<u> </u>					1,0		لــــــــــــــا	
-	and the same of the same	329,200													

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

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: July, 2006 A. Public Water System (PWS) Information PWS Identification Number: PWS Name: Jasmine Lakes 6512070 Non-Transient Non-Community Transient Non-Community ✓ Community Consecutive PWS Type: Number of Service Connections at End of Month: 1540 Total Population Served at End of Month: 3,311 Agua Utilities Florida PWS Owner: Dennis Muldoon Contact Person's Title: Contact Person: Senior Facilities Operator City: Port Richey State: Florida 7616 Arbordale Drive Port Richey, Fl. 34668 Contact Person's Mailing Address: Zip Code: 34668 (352) 302-9713 Contact Person's Telephone Number: Contact Person's Fax Number: (727) 697-3137 dmuldoon@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number: Plant Name: Jasmine Lakes (352) 302-9713 City: Port Richey 7612 Pineapple Lane State: Florida Plant Address: Zip Code: 34668 Purchased Finished Water ✓ Raw Ground Water Type of Water Treatment by Plant: 600,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699,310(4), F.A.C.) License Class | License Number: Day(s)//Shift(\$) Worked Paricensed Operators | 12 Dennis Muldoon 5982 Days 1st Shift Steve Fuller 7519 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. Dennis Muldoon C-5982 Printed or Typed Name Signature and Date License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER

l. Daily Data															
	for the M	onth/Year c	ıf:		July, 2006										
cans of Achievir	ng Four-Log	Virus Inactiv	vation/Remov	al: V Free C	hlorine [Chlorine Die	oxide	C Ozone	Comb	ined Chlorir	ne (Chlorar	nines)		·····	
Ultraviolet Ra	adiation	C Other	r (Describe):		•				,		(0	,			
rpe of Disinfer	tant Resid			bution System:	▼ Free Chic	rine	Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Diovide			
													The seal arrivance of the seal	Pagarage Vision Science	Belleville Station State Constant
	并争先专	The Classic Action	# 437.00 37.10	T Calculations, or	O.V. DOSE, IO.	Elinosiate il	ourseg	vurus anac	nvation, 1k/	Applicable.		A-04004-CA	建筑的模		
		Teva sa ta	200			niations (* 'e)	4月/10世紀	Yakani (1997) Isan	2 . <u>6</u> .34	UVI	Jose				
1 1 4 4 4					773.	Lowest CT	SE 162 5-1,7								Emerorativos Alpannologo
			·		Disinfectant 3	Provided 2							DUOCDU AND	# POLY	And the second s
Days Plant		\$		Lowest Residual	Contact Time	Before or at			10 Sec. 11 1	×	and the second of	Lowest Residual	POF	PHOSPHATE REMOTE Sample	
Staffed or		Net Quantity	4	Disinfectant	(T) at C	* First	4.4				Minimum	Disinfectant		Sample	
Visited by		of Finished		Concentration (C)	Measurement	Customer During Peak	Tempof		Minimum CT	Lowest Operating	UV Dose Réquired,			Locations 14	Conditions, Repair or Mainten
ay of Operator the (Place	Hours plant	Water Producted	Peak Flow	Before or at First Customer During	Point During Peak Flow	Flow mg	Water	nLi of Water	Required, ing	UV Dose:	nW-	Remote Point in		Locations 14	Work that involves Taking W
lonth X")	Operation	gal,	Rate, gpd	Peak Flow, mg/L	minutes	min/U	∘ 9c d	if Applicable	min/L	mW-sec/cm²	sec/cm²	System mg/L		\$ 10 to 10	System Components Out o
sister X	24.0	370,000	suno, gpa.	1.0			 	1201-4-15-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-			pooren,	0.7		<u> </u>	System Components Out o Operation
	24.0	295,500							 			1			
X	24.0	295,500		1.2				7.6				0.8	2.2	2,2	
X X	24.0	360,000		1.2								0.8			
X	24.0	330,000		1.3								8.0			
X X	24.0	259,000		1.3								0.9			
X X	24.0	324,000	 _	1.3		 						0.8			
X	24.0	262,000	 	1.2	<u> </u>							0.7			
X X	24.0	345,500 345,500		1,3		 		7.7				0.8	2.0		
	24.0	315,000	 	1.2		 		 				0.7	2.0	2.0	
X	24.0	215,000		1.3						<u> </u>		0.8			
X	24.0	307,000	 	1.2					1			0.8			
X X	24.0	262,000	ļ — — — — — — — — — — — — — — — — — — —	1.1								0.7			
X	24.0	273,000		1.2			7					0.8			·
C	24.0	320,500													
X	24.0	320,500		1.1				7.6				0.8	3.0	3.0	
X	24.0	262,000	<u> </u>	1.2		<u> </u>		<u> </u>				8.0			
X	24.0	349,000		1.2		 			 			0.8			
X	24.0	228,000	 	1.2		 		<u> </u>	 		<u> </u>	0.8			
数数 X	24.0	337,000 280,000	 	1.3	 	 		 				0.8			
	24.0	334,000	 	1.4	 	 		 	 						
X X	24.0	334,000	 	1.3	 	 		7.6	 		L——	0.8	2.5	2.5	
	24.0	264,000	 	1.2	 	1		 				0.8		4.3	
X X	24.0	376,000		1.3								0.8			
X	24.0	381,000		1.3	1							0.8			
Х	24.0	296,000		1.2								0.9			
X X	24.0	242,000		1.3	L							0,8			
	24.0	318,000													
X X	24.0	318,000	ļ	1.1	<u> </u>	l		7.6	L	ليبيا		0.7	1.5	1.5	
	S Control	9,519,000													
		307,065 381,000													

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

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



See Pages 4 for Instructions. General Information for the Month/Year of: August, 2006 A. Public Water System (PWS) Information PWS Name: Jasmine Lakes PWS Identification Number: 6512070 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 1540 Total Population Served at End of Month: 3.311 PWS Owner: Aqua Utilities Florida Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668 City: Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137 Contact Person's E-Mail Address: dmuldcon@aguaamerica.com B. Water Treatment Plant Information Plant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 Plant Address: 7612 Pineapple Lane City: Port Richey State: Florida Zip Code: 34668 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Phidenset Licenset Class | Licenset Number | Spring | Day(5) | Shift(5) Worked | Licenset Class | Licenset Number | Spring | Day(5) | Shift(5) Worked | Licenset Class | Licenset Number | Spring | Day(5) | Shift(5) Worked | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Licenset Class | Lice Dennis Muldoon 5982 Days 1st Shift Steve Fuller 7519 Days 1st-Shift 11. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Dennis Muldoon C-5982 Signature and Date Printed or Typed Name License Number

Page 1

MONTHLY OPERATION REPORT FOR PW"Ss TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER

11.	Daily Dar	on Number	Month/Year	6512070		Plant Name:	Jasmine L	akes				·					
Means	of Autori	u sos tise i	vionth/Year	of:		August, 2006											
-1car2	of Achiev	ang Four-Lo	og Virus Inact	ivation/Remo	Val: GZ E												
_		COCHECTOR		/15 " .		Chlorine	Chlorine D	Dioxide	Ozone				 ,				==
[ype (of Disinfe	ctant Reci	dual Maines	- 1' -	<u></u>				, OLUM	Con	nbined Chlor	rine (Chlora	mines)				
3 7.3.5	1 Sec. 19 19	N. Strategic Strategic	GOAL MARINIA	ned in Distr	ibution System:	Free Chi	orine	Comb	2 Cl 1								
\$ 11 L				**************************************	T Calculations ?	Since Name	See transferance	COIIIO	inea Chiorin	e (Chloramii	nes) 🖺	Chlorine	Diovide				
	:			Tring and	OF FRANKLING NA ANALY	LO V. DUSE, IIO	Demostate	Bour-Lo	g Virus Ina	ctivation if	Applicable	# Section Section 1	Alexander				
$\bar{\tau}$			A 5	\$17.77 3 07	I Calculations, c	CALCAL Transfer	culations		建设设置	SA - GOLDAN	E STATE	1	100000	马克克沙沙 德	1. 177 / 2 Managar		15 1000
					1		Lowest CT	15.15						L. V. P. T. T.	1.01 A 1.00 A 1.	Entergency of Abrigornal, Conditions Repair of Ma Work that Jayobees Calco System Components	2
(A)	Days Plant	,			Trans.	Disinfectant	Provided			100		4. 经	12 Sec. 450.			e of the following to the	
	Staffed or		Net Quantity	建 电子		Contact Time	Before or at		4			1 3.3		POLY	POLY		1. 16 v
	Visited by		of Finished	And the second	Disinfectant Concentration (C)	(I) at C	First	1		Lenis		7-46-7462	Howest Residual	PHOSPHATE	PHOSPHATE		ira a
ay of			Water		Concentration (C)	&Measurement	Chistomer] 30 · - /	4			Minimum	Disinfectant	P.O.E.	REMOTE	Carlo Carlo	300
the	(Place	to	Producted	19 C. C. C. C. C. C. C. C.	Before or at Fire	Point During	J. M		\mathbf{J}_{n} , \mathbf{v}		TAMEN CSI	:In≧U V Dose	Concentration at	j , , , , ,	Sample	Emergency on Abnormal	MA
(onth	_ "X")	Operation	Zal -	Peak Flow	Customer During	Peak Flow	Flow, mg-	Tenn of	Are Same	Minimum CI	COperating	Required	Remote Point in		Locations 14	Conditions? Repair or M	光 图
	X	24.0	295,000	Rate gpd.	Peak Flow, mg/L	minutes	mun/L	Water Or	pri-or water	Required mg	TUV Dose	mW-	Distribution	1.	Control of the contro	Work that Livel yes Tal-	no W
4.	X	24.0	305,000		1.2			20, 2020 1	1 tr. Applicable	E Sum (1)	COperating CUV Dose mW-sec/cm	sec/cm ²	System, mg/L			System Components (Out
	X	24.0	276,000		1.0				 				0.9			Operation	
	<u> </u>	24.0	323,000		I.2				 	1			0.7				-
200		24.0	303,000		1.3								0.8				
200		24.0	332,000		1.4						7.35		0.9				
	X	24.0	332,000	-									0.9				
	X	24.0	270,000	77 77	1.4				7.6				_				
	X	24.0	343,000		1.3								0.9	1.6			-
	X	24.0	306,000		1.1						[0.9	1,0	1.6	to the state of th	
	_ X	24.0	302,000		0.9	I							0.9				
	_ X	24.0	334,000		0.9								0,6				
		24.0	360,500		0.9						 		0.7				
	X	24.0	360,500		1.0								0.6				
	X	24.0	223,000		1,0				7.6								
10 Marie	_ X	24.0	305,000		1.2								0.7	1.8	0.2		
20 YZ	X	24.0	6,000		1.2			I					0.7				
29-24 24-24 24-24	X	24.0	493,000		1.0								0.9				
	х	24.0	233,000		1.2								0.9				
		24.0	745,500			 -		T					0.7		-		
	X	24.0	745,500		1.0	 -							0.8				
90/45 1000	X	24.0	328,000		1.0				7.6								
	X	24.0	316,000		1.1								0.7	1.6	1.6		
		24.0	248,000		1.2			T					0.7			*W-II 7D	
	X	24,0	307,000		1.1								0.8			*Well 7D was hit by lightn	ing.
	-^- -	24.0	256,000		11								0.9			Pump burned up. Removed	1&
	${x}$	24.0	279,000										0.8			Replaced Like for Like	
**	ŵ 	24.0	279,000		1,1								0.8			Pulled 2 days consecutive B	act's
	\$	24.0	316,000		1.1				7.6								
474	\$ -	24.0	191,000	T	1.1								0.9	1.8	1.8		
7.451		24.0	259,000		1.1								0.8		-		
10.5	77-78		9,972,000				<u>_</u>						0.8				
			321,677										0.7				
T. (2)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	745,500												<u>-</u>		

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



WS Type:	WS Name:	stem (PWS) Infor	HANY				PWS Identification Num	ber: 6512070	
umber of Service Connections at End of Month: Source	WS Type:		y Non-Transient Non-	Community	Transient Non-Cor	nmunity		0022070	
ontact Person: Dennis Mulidoon Ontact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668 City: Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: (352) 302-9713 Contact Person's Famil Address: dmuldoon@aquaamerica.com Vater Treatment Plant Information lant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 lant Address: 7612 Pineapple Lane City: Port Richey State: Florida Zip Code: 34668 Zip Code: 346							Population Served at End	of Month: 3,311	
ontact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668 ontact Person's Telephone Number: (352) 302-9713 ontact Person's Elephone Number: (727) 697-3137 Contact Person's Fax Number: (727) 697-3137	WS Owner:	Aqua Utilities F	lorida						
ontact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137 ontact Person's E-Mail Address: dmuldoon@aquaamerica.com Vater Treatment Plant Information lant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 lant Address: 7612 Pineapple Lane Purchased Finished Water Purchased Finished Water Person's Plant (2000) lant Address: 7612 Pineapple Lane Purchased Finished Water Purchased Finished Water Person's Plant (2000) lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): lant Category (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): Plant C	ontact Person:	Dennis Muldoor	n			Conta	ct Person's Title:	Senior Facilities Operator	
Ontact Person's E-Mail Address: druidoon@aquaamerica.com Vater Treatment Plant Information ant Name: Jasmine Lakes Ant Address: 7612 Pineapple Lane City: Port Richey State: Florida Zip Code: 34668 ype of Water Treatment by Plant: Ye Raw Ground Water ermitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 Int Category (per subsection 62-699 310(4), F.A.C.): Florida Zip Code: 34668 Plant Class (per subsection 62-699 310(4), F.A.C.): Florida Category (per subsection 62-699 310(4), F.A.C.): Florida Categ	Contact Person's Mail	ing Address:	7616 Arbordale Drive Port R	ichey, Fl. 34668		City: Port Richey	State: Florida	Zip Code:	34668
Vater Treatment Plant Information lant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 lant Address: 7612 Pineapple Lane City: Port Richey State: Florida Zip Code: 34668 yee of Water Treatment by Plant: Paw Ground Water Purchased Finished Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 lant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):	Contact Person's Tele	phone Number:				Conta	ct Person's Fax Number:	(727) 697-3137	
lant Name: Jasmine Lakes Ant Address				rica.com					
lant Address: 7612 Pineapple Lane ype of Water Treatment by Plant: Park Ground Water Purchased Finished Water	Water Treatmen	t Plant Informat	ion						
ype of Water Treatment by Plant:	lant Name:						Plant Telephone Number	(352) 302-	9713
ermitted Maximum Day Operating Capacity of Plant, gallons per day: Construction Constructio	lant Address:	7612 Pincapple				City: Port Richey	State: Florida	Zip Code:	34668
Int Category (per subsection 62-699.310(4), F.A.C.): Excepsed Operators: Dennis Muldoon C 5982 Days 1st Shift Steve Fuller B 7519 Days 1st Shift				Purchas					
Sicens Operators Dennis Muldoon C 5982 Days 1st Shift Steve Fuller B 7519 Days 1st Shift And the state of the state					600,000				
The state of the s				The state of Comments of the C		Plant (lass (per subsection 62-69	9.310(4), F.A.C.):	
Steve Fuller B 7519 Days 1st Shift				and a series				ay(s):VSHift(s);Worked	
			<u>n</u>						
	office (More refer	Steve Fuller	·		B	7519	Days 1st Shift		
			· · · · · · · · · · · · · · · · · · ·				<u> </u>		
	- Lot in Authoris and Service			<u> </u>					
Lertification by Lead/Chief Operator	Season and the season and the		<u></u>				<u> </u>		
Lertification by Lead/Chief Operator							1		
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Certification by Lead/Chief Operator									
Certification by Lead/Chief Operator						1	<u> </u>		
Certification by Lead/Chief Operator									
Certification by Lead/Chief Operator									
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the 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 Not the plant of the	international Stat	ndard oo or outer a	applicable standards referen	ad this alone day	in a the areath is diseas	i.c. I also certify u	at the following about	nonal operations records	for this plant
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 N 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									
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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 Ninternational 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; as (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, toge	ther with copies of	f this report, at a convenient	location for at le	east ten years.				
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 Notice the conformational 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; as	•								
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 Ninternational 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; as (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				Denni	is Muldoon			C-5082	
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 Ninternational 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; as (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							· · · · · · · · · · · · · · · · · · ·		

MONTHLY OPERATION REPORT FOR PW"Ss TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Id	entificatio	n Number:		6512070		Plant Name:	Jasmine Lak	es								
III. D	aily Data	for the M	onth/Year o	of:		September, 20:	06									
Меалѕ	of Achievi	ing Four-Log	Virus Inactiv	vation/Remov	val: Free C	hlorine	Chlorine Die	oxide	Ozone	Comb	ined Chlorii	ne (Chlorar	nines)			
[T U	raviolet R	ladiation	Other	r (Describe):		•			,	, 55,,,,						
Type o	f Disinfe	ctant Resid				Free Chlo	rine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide		······································	
15 W 15 15			A Property of the	STATE OF THE PARTY	er vertantaria	THE PERSON NAMED IN	Table Seconds	18.75	ARLEMAN	713707501sc	ANTE CALLERY	EN DATE OF	BENEVEZ PERMISE	Securit descrip		
100				4 1 14 16 18 18 18 18 18 18 18 18 18 18 18 18 18	Lowest Residual & Disinfectant	CTC	alations	ng i si	of the Attention	gen a seguina de segui	Trv	Dose Car	3.6.	" 是是一个"。	POLY	
		1	region in project	gran, mark	100	completely a pro-	11949,4513		<u> </u>	er er sin seine	F	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2014		第一种人员	
utr.		1		1700			Lowest CT			1 N. 1.	1000年 - 10000年 - 10000年 - 10000年 - 10000年 - 10000年 - 10000年 - 10000年 - 100000			POLY	POLY	
	Days Plant	1				Disinfectant of	Provided					13.74	The second	PHOSPHATE	FRUSERATE	
	Staffed or		Net Quantity		Disinfection 3	Tige 6	First	7.				Minimum	Contintectant	POE.	REMOTE	
	Visited by		of Funshed				Customer				Lowest	UV Dose	Concentration at	∮	Sample	Conditions, Repair of Maintenance
Day of	Operator	Hours plant	Water		Before or audjust	Point During	During Peak	Temp of		Minimum CT	Operating	Required,	Concentration at Remote Point in Distribution	1	Locations/ % 14.	Work that Involves Taking Water
the	(Place		Producted,	Peak Flow	Before or and using Customer During Peak Flow mg/L	Peak Flow	Flow, mg-	Water,	pH of Water,	Required, ring	UV Dose	mW.	Distribution		1 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	System Components Our of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow mg/L	munutes"	Laien	• oc	if Applicable	min/L >	mW-sec/cm	r sec/cm*	System mg/L			Operation
300		24.0	311,000		1,0		 					}	0.8	 	ļ	ragarat
E Z.	X	24.0	212,000 329,000	<u> </u>	1.1	[0.8	 	 	
	x	24.0	329,000		1.0			<u> </u>				 	0.8	}	 	
	×	24.0	199,000		1.0		 		7.6			<u> </u>	0.8	1,8	1.8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
V/278	X_	24.0	262,000		1,0								0.7			7.7
	X	24.0	253,000		0.7								0.8			
	X	24.0	245,000		1.1	<u> </u>						ļ	0.9			
	X	24.0 24.0	219,000 314,000		1.3	 	 		<u> </u>		} _	}	1.0	<u> </u>		
55 (10 S)	×	24.0		}	1.1		 		7.7			 	0.8	1,8	1.8	
	Î	24.0		 	1.2	 	 	 -	 			 	0.8	}	1.0	
	$\frac{\hat{x}}{\hat{x}}$	24.0		 	1.2	 	 		 	·	<u> </u>		0.8			
	x	24.0			1.2								0,8		<u> </u>	
	X	24.0			1.1								0.8			
	X	24.0			1.0	<u> </u>	 _						0.7			
1		24.0		 	ļ	 	 		7.7	}	}	<u> </u>	ļ	 	ļ	
9 9 9 4	X	24.0		 	1.0	 	 	 	1.1	}	 	 	0.7	1.9	1.9	
33	- ^	24.0		 	1.5	 	 	 	 	 	 	 	0,9	 -	 	
62.2.2	X	24.0		 	1.4	 	 	 	 	 	 	 	1.0	1	 	
	Х	24.0	230,000		1.4	L :							1.0			
	Х	24.0			1.4	l .							1.1			
		24.0			ļ											
	X	24.0		 _	1.4			<u> </u>	7.6				1,1	2.0	2,0	
d	Х	24.0		[1.4		+		}	 	 	 	0.9	 		
727	X	24.0		 	1.3		 	 	 -	 	 	}	0.9	 		
	-	24.0		 	1.2		 		 	 	 	 	0.8	 	 	
فالعظام ومناه	<u> </u>	24.0		 	1	 	1	t	 	 -	 	 	 	 	 	
				1		/				******					,	
			220 240	7												

360,000

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

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



See Pages 4 for Instructions.

. General Informatio		(ear of: October, 2006						, , , , , , , , , , , , , , , , , , ,
A. Public Water Syste								··-
PWS Name:	Jasmine Lakes	tion			PWS Identification Num	har: 651	2070	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	imunity	Consecutive	Del. 651	2070	
Number of Service Conne			LI CONSIGNATION CON		Population Served at End	of Month: 3,3	1.1	
PWS Owner:	Aqua Utilities Florida			11000	operation derived at 2010 (01 141011da. 3,3,	**	
Contact Person:	Dennis Muldoon			Conta	ct Person's Title:	Senior Facilities Op	erator	
Contact Person's Mailing		7616 Arbordale Drive Port Richey, Fl. 34668		City: Port Richey	State: Florida			4668
Contact Person's Telephor	ne Number:	(352) 302-9713			ct Person's Fax Number:	(727) 697-3137		
Contact Person's E-Mail A	Address:	dmuldoon@aguaamerica.com						
3. Water Treatment P	lant Information							
Plant Name:	Jasmine Lakes				Plant Telephone Number	: (35	2) 302-9713	
Plant Address:	7612 Pineapple Lane			City: Port Richey	State: Florida	Zip	Code: 3	4668
Type of Water Treatment			ed Finished Water					
Permitted Maximum Day			600,000					
Plant Category (per subse				Plant C	lass (per subsection 62-69	9.310(4), F.A.C.):		
		Name	esci. Licensei@lass	License Number	PROPERTY OF THE	ay(a)/Shift(s)Wk	yike (y	
MANAGEMENT OF STREET		·	С	5982	Days 1st Shift			
medica Onto a tribate	Donald Hostetler		С	14147	Days 1st Shift			
				<u> </u>	<u> }</u> -		 	
				<u> </u>	 			
***	M			<u> </u>				
March Heat North	/			}				
for the second		·		 	 		*	··
2 M				 	 			
				 				
residence of				 				
				<u> </u>	1			
II Certification by Le	ad/Chief Operator							
		operator licensed in Florida, am the lead	i/chief operator of th	e water treatment n	lant identified in part	Lof this report	certify the	at the
information provides	d in this report is tr	ue and accurate to the best of my knowle	dge and belief. I cer	tify that all drinking	water treatment che	micale used at this	plant so-	at uic
International Standar	rd 60 or other apoli	cable standards referenced in subsection	62-555 320(3) F A	C Laiso certify the	st the following addit	ional operations	Plant Con	norm to NSF
were prepared each	day that a licensed o	operator staffed or visited this plant during	oz-550.520(5), 1 .A.	d shove: (1) recor	de of amounts of char	minal operations re	corus tor	this plant
(2) if annies his she say	uay ulat a ricciiscu (process performance records. Furthermo	ng the month moleate	a above. (1) tecor	as of amounts of cites	meas used and ch	emical fe	ed rates; and
(2) it applicable, app	oropriate (reaument)	process performance records. Furthering	re, t agree to provid	e mese additional o	perations records to t	ne PW5 owner so	the PWS	owner can
recain mem, together	with copies of this	report, at a convenient location for at lea	ast ten years.					
		Donald	Hostetler					
Signature and Date							4147	
Signature and Date		Printed	or Typed Name			Lice	ense Numbe	τ

MONTHLY OPERATION REPORT FOR PW"Ss TREATING " W GROUND WATER OR PURCHASED FINISHED WATER

Da	ly Data t	or the Me	nth/Year o	1:		October, 2006										
				ation/Remova	Free Cl	alorine	Chlorine Dio	xide	Ozone	Comb	ined Chlorin	e (Chloran	iines)			
	aviolet Ra			(Describe):		,										
			, Other	(Describe):	· · · · · · · · · · · · · · · · · · ·	Free Chlo	rine	Combin	ed Chlorine (Chloramine	s) T	Chlorine D	ioxide			
pe of	Disinfect	ant Residu	al Maintain	ed in Distrib	ution System:	Harden Service	NAMES TO SERVE	e the second	A7:-561:-64	wation sit A	policáble.	100	2007-01/2013 Tel	2.10次次。15分	在3月1日 李明	Emergency or Almontial Opera Conditions, Repair or Manieta Wing Challegolver Taking W System Components Out of Operation
(3)		100		And C	Galculations, or	UV 190se, tox	Demostate r	Out-1508	A A STATE OF THE S	Lvalion	IIVI	ose.	A Committee of the Comm			
	1.1			10 AN AS		CI Calo	olations -	Care with a second	Commence of the comment of the comme	W. C. W. T. A. C.		7004		3.3		
	- 1 - 1						Lowest CT	\$T) 4:	1	Agrama)	8 8 9 9 9			PODY	POLY	Karley Street Control
	}		250	X 8 18 (1)		Disinfectant	Provided	4	100		age of the rest			PHOSPHATE	PHOSPHATE:	4.4.2.2.2.2.3.4.02.3.
],	Days Plant		134,85	St. 15	Lowest Residual	Contact Time	Before or at	AND SOME	10 miles 20 10			A diministra	Lowest Residual	P.O.E.	REMOTE	emergency or Abnormal Open
- 1	Smffed or I		Net Quantity		Disinfectant	(T) at C	Fuşt				N. Lauran	AIV/Dose	Co-compension at	\$ X	Samples	Conditions Repair of Mainten
	Visited by		of Finished	2	Concentration (C)	Measurement	Customer	as			Operating	Required	Remote Point in	. · · · · · · A	Locations 14s	Work that involves Taking W
	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Water		Denimed me	UV Dose.	ъW-	Distribution		1000000	System Components Out o
he	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow.	Flow, mg-	o o	if Anolicable	7	mW-sec/cm	sec/cm	System, mg/L		19.45 1 19. 5	Operation
onth				Rate, gpd.	Peak Flow, mg/L	minutes	Hull-	126 Y 27	7.6	- Chestal Control	the Attendant		0.7	1.8	1.8	
1000	X	24.0	561,000		1.1			ļ	1				0.8			
	Х	24.0	250,000 317,000		1.2			ļ .	1	er in the			0.7	 		
	X	24.0 24.0	250,000		1.2		-						0.8			
200	X	24.0	312,000		1.2								0.7	 		
Y.C	×	24.0	275,000	-	1.3						<u> </u>	<u> </u>	0.8			
	- x	24.0	307,000		1.2			 	<u> </u>			 	 			
100		24.0	322,000	P			ļ	 	7,5				0.6	1.5	1,5	
	×	24.0	322,000		1,2			 	/.2		 		0.5		P	
	X	24.0	285,000		1.3		}		 				0.7			
	X	24.0	286,000		2.0		 	 	 		1		0.8			
銀體	X	24.0	237,000		1.9		 	-	 	1			0.5			
	Х	24.0	334,000		2.0		 	1	1				0.7		ļ	
	X	24.0	256,000 296,500	 			-	1					<u> </u>	 		
		24.0		 	2.0			T	7.6			<u> </u>	0.5		1.5	
	X	24.0		 	2.2						Ļ		0.7			
	X	24.0		1	2.2			1			 	 	0.5			
	- x	24.0			2.0							1	0.4		 	1,2
	X	24.0			1.5					 	+	+	0.5		1	
	X	24.0	351,000		1.5	1				+	+	 	1	1,		
	1	24.0			ļ	<u> </u>			- 7 .	5	 	1	0.4	1.4	1.4	
	Х	24.0			1.4					1	1		0.4			
200	X	24.0			1.4		+	1-	1				0.4		1	
100	X	24.1					 	1					0.5		ļ	
3/1/2	X	24.0			 		1						0.6		 	1
A.	X	24.			100								0.5	1	 	
-012		24.			 									1.5	1.5	
		24.			1.4	4			7.	5	<u> </u>	-	0.4		[
	W V	74	298 000		2.0							<u> </u>	1 0.3	<u> </u>		
	A A		9,378,000													
100																

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

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



See Pages 4 for									
. General Informa	ation for the Month/	Year of: November	, 2006	<u> </u>					
. Public Water Sv	ystem (PWS) Informa	ation							
PWS Name:	Jasmine Lakes			· · · · · · · · · · · · · · · · · · ·		PWS Identification Numb	ner:	6512070	
PWS Type:	✓ Community	Non-Transient Non-Commi	unity	ransient Non-Com	nunity	Consecutive	JCI.	0312070	
	Connections at End of Mont		<u> </u>	· carone reon · com		Population Served at End of	of Month:	3,311	
PWS Owner:	Aqua Utilities Flori				Total	· opulation solved at End	// tviolidi.	2,311	
Contact Person:	Don Hostetler				Conta	ct Person's Title:	Senior Facilitie	Operator	
Contact Person's Mai		7616 Arbordale Drive Port Richey,	Fl 34668		City: Port Richey	State: Florida		Zip Code:	34668
Contact Person's Tele		727-919-0674				ct Person's Fax Number:	(727) 697-3137		
Contact Person's E-M		dmuldoon@aquaamerica.	com		·		(127)0570151		
	nt Plant Information								
Plant Name:	Jasmine Lakes					Plant Telephone Number		(352) 302-9	713
Plant Address:	7612 Pineapple Lar	ne			City: Port Richey	State: Florida		Zip Code:	34668
Type of Water Treatm		✓ Raw Ground Water	Purchased Fini		0.001 _0.000 0.000			cop cour.	3 1000
	Day Operating Capacity of			600,000			 		
	subsection 62-699.310(4), I				Plant C	lass (per subsection 62-69)	9.310(4), F.A.C.):		
Licensed Onera	(0)50	Name (Table)	V/VV/4 =12.2.4X	Uncense Class	Eicense Number	D - 3.5 (May 2.5)	av(s)/Shift(s)	Worked &	
	dion Don Hostetler		TO SEE SUID SERVICE CONTROL OF THE SECOND CO	c	11417	Days 1st Shift		Aller and the second second	SAN CHARLES TO SERVICE
Distance below these						Days 1st Shift		····	
				 					
					:				
				 				74 T	
VIVE VI									
ALC: Y									
									·
						 			
					 	 			
				 		}			
	COM (28)				ľ	L			
. Certification by	Lead/Chief Operate	or							
		nt operator licensed in Florida,	am the lead/chie	ef operator of the	water treatment r	lant identified in part	Lof this report	Lettify	that the
		rue and accurate to the best of							
International Sta	vided iii iiis repett is t	licable standards referenced in	my katowicage a	55 220/2) E A /	Tales soutifies the	s + the faller wing addit	inicais uscu at	uns plant (contoun to NSI
international Sta	indard of or other app	meable standards referenced in	subsection 62-3	33.320(3), F.A.(o. raiso centry in	at the tollowing addit	ional operation	is records i	for this plant
were prepared ea	ach day that a licensed	l operator staffed or visited this	s plant during the	e month indicate	d above: (1) recor	ds of amounts of chei	nicals used and	d chemical	feed rates; and
		t process performance records			these additional o	perations records to t	he PWS owner	r so the PV	VS owner can
retain them, toge	ether with copies of th	is report, at a convenient locati	ion for at least te	n years.					
			Don Hostetle	т				C-14147	
Signature and Date			Printed or Ty				-		
Signature and Date			rimed of Ty	hea tastile				License Nur	nber

MONTHLY OPERATION REPORT FOR PW"Ss TREATING " "W GROUND WATER OR PURCHASED FINISHED WATER

и. р	aily Dat	a for the	donth/Year			Plant Name:	Jasmine La	kes						····		
Means	of Achiev	ing Four L	og Virus Inac	7/1		November, 20	006									
יט –	traviolet i	Radiation	og virus inac	tivation/Rem	oval: 🔽 Free	Chlorine	Chlorine D									
·	ersisise.	CHATALION	Oth	er (Describe		,	Cinorine D	loxide	C Ozone	Con	nbined Chlor	rine (Chlora	amines)			
Abe c	t Disinte	ctant Resi	dual Mainta	ined in Dist	ribution System:	Free Chi										
(9)	Service State			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CT Calavia Sales	Tree Cm	orine i	Combi	ned Chlorin	e (Chlorami)	nes) [Chlorine	Dioxide			
	,			11-27-276	Or Garculations, c	or Overbose, to	Demostate:	Four-Fo	g-Virus Ini	etivation	Applicable	*1.78/03/37	Territoria de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición	91-2016		····
1		1 %		La version of	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	്രവ	culations	Commence of the Commence of th			ZIZ YIM	Dogo			27.50	g.v.
	16) 10)			1.5% 養烈		j	Lowest CT			TO THE CAN		ALZUSE .			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Days Plant		N 4 12 4 3		The second secon	Disinfectant	Provided v						· · · · · · · · · · · · · · · · · · ·			
	Staffed or	34	Net Quantity	3. 2.	Lowest Residual	Contact Time	Before or at	2				100 Aug (100		POLY	POLY	
	Visited by		of Finished		i Jisinfectant	(T) at C	First	* 2.5			V. 7	100	Lowest Residual	PHOSPHATE P.O.E.	PHOSPHATE.	
ay of	Operator	LIVER DIENT	Water	10000000000000000000000000000000000000	Refore or as C	Measurement	Customer			1.75	Lowest	TTV TO	Disinfectant	LOE	REMOTE	Francisco - A. T A.
the fonth	(Place	10	Producted,	Peak Flow	Customer During	Point During	During Peak	Temp of	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Minimum C	Operating	Required	Concentration at			
	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	Minutes	rlow, mg-	Water,	pH of Water	Required, in	UV Dose,	mW-	Remote Point in			Work that Involves Taking an
		24.0 24.0	226,000		1.8	and the Co	min/L	ري ا	u Applicable	min/L	mW-sec/cm	sec/cm2	System, mg/L			System Components Out a
		24.0			2.0		<u> </u>						0,7			Work that Involves Asking W System Components Out o Operation
		24.0	309,000		1.9								0.5			
		24.0	298,500		1.8								0.5			
		24.0	298,500										0.5			
400		24.0	296,000		1.5 1.0				7.8		ļ					
200 S		24.0	252,000		1.0							<u> </u>	0.5	1.4	1.4	
25/2		24.0	335,000		1.0			[0.4			
	 	24.0 24.0	369,000		1.0								0.4			
		24.0	282,000 338,500		1.4								0,5			
建 模		24.0	338,500										0,4			and the second second
32.0		24.0	311,000		1.0				8					·		
		24.0	331,000		1.2								0.4	1.5	1,5	
el-e		24.0	273,000		1.0								0,4			
<i>J</i>		24.0	304,000		1.4								0.5			
		24.0	282,000		1,3								0.7			
		24.0	306,000	I						I			0.7			
		24.0	306,000 276,000		1.4				7.9							
		24.0	289,000		1.2				7.9				0.8	1.4		
		24.0	293,000		1.0								0.7		. [.4.	
		24.0	313,000		1.2								0.7			
		24.0	268,000		1.2		I					↓	0.7			
		24.0	319,500		1.0			$-\Box$					0.7			
		24.0	319,500		1.2							 -	0.7			
20		24.0	310,000		1.2				8							
		24.0	258,000	I	1.2		 -						0.7	1.5	1.5	
		24.0	240,000 8,967,000		1.0								0.7			
			298,900										0.7			·
	\$ 77.5°		369,000													

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



Polymer Page 3 Due in December

See Pages 4 for Ins	tructions.	1 olymer 1 age 5 Due in Detember							
I. General Information	on for the Month/	Year of: December, 2006							
A. Public Water Syste	em (PWS) Informa	tion							
PWS Name:	Jasmine Lakes		· · · · · · · · · · · · · · · · · · ·			PWS Identification Numb	er:	6512070	
PWS Type:	✓ Community	Non-Transient Non-Community	☐ Transient Non-Com	munity		Consecutive			
Number of Service Conn	ections at End of Month	: 1540			Total 1	Population Served at End of	of Month:	3,311	
PWS Owner:	Aqua Utilities Florid	a							
Contact Person:	Don Hostetler				Conta	ct Person's Title:	Senior Facilitie	s Operator	
Contact Person's Mailing		7616 Arbordale Drive Port Richey, FI. 34668		City:	Port Richey	State: Florida		Zip Code:	34668
Contact Person's Telepho		727-919-0674			Conta	ct Person's Fax Number:	(727) 697-3137	7	
Contact Person's E-Mail									
B. Water Treatment I	Plant Information								
Plant Name:	Jasmine Lakes					Plant Telephone Number:		727-919-06	74
Plant Address:	7612 Pincapple Lane			City:	Port Richey	State: Florida		Zip Code:	34668
Type of Water Treatment			sed Finished Water						
Permitted Maximum Day			600,000						
Plant Category (per subse	ection 62-699.310(4), F.	A.C.):			Plant C	lass (per subsection 62-699).310(4), F.A.C.):		
		Name (Name)	License Class	Lice	nse Number	HARLING THE PROPERTY OF	áy(s)† Shift(s)	Worked	THURSDAY.
			<u> c</u>	<u> </u>	5982	Days 1st Shift			
Other Olderhold St.	Don Hostetler		c		14147	Days 1st Shift			
				<u> </u>					
	*								
	§								
apple the									
						<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Charles of the second				<u> </u>					
Secretary and the second second second				ļ			<u> </u>		
				 		<u> </u>			
				<u> </u>		<u> </u>			,
II. Certification by Le	ad/Chief Operato	r		<u> </u>					
		t operator licensed in Florida, am the lea	d/chief operator of the	e moto	r treatment n	Inntidentified in next	Lofthianone	A T 2.0	
information marida	d in this manner is to	to operator receised in Frontia, and the tea	des and halfer I am	i wate	r deadheir p	nam ruenumeu m part	i or dits repor	i. I certify	that the
Information provide	a in this report is it	ue and accurate to the best of my knowledges to the best of my knowledges	euge and belief. I cen	nry tna	at all orinkinį	g water treatment cher	nicals used at	this plant of	conform to NSF
international Standa	ro 60 or other appli	icable standards referenced in subsection	1 02-333.320(3), F.A.	C. I a	iso certify the	at the following additi	onal operation	is records f	for this plant
were prepared each	day that a licensed	operator staffed or visited this plant duri	ing the month indicate	d abo	ve: (1) recor	ds of amounts of cher	nicals used and	d chemical	feed rates; and
(2) if applicable, app	propriate treatment	process performance records. Furtherm	ore, I agree to provide	these	additional o	perations records to the	he PWS owner	r so the PW	VS owner can
retain them, together	r with copies of this	report, at a convenient location for at le	east ten years.						
		Don H	Iostetler					C-14147	
Signature and Date		Printe	d or Typed Name				-	License Nun	nher
-			-						NOF1

MONTHLY OPERATION REPORT FOR PW"Ss TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER

Column C		entification			6512070			Jasmine Lak									
	_													····			
Dear Play Sufficiency Supplementary Su							hlorine [Chlorine Die	oxide	C Ozone	Comb	ined Chlorin	e (Chloran	nines)			
Devi Page Concept Devi Page Concept Page P	e of	f Disinfec	tant Resid	ual Maintair	ned in Distri	bution System:											
Day's Figs	7.7			100 100 100 100 100 100 100 100 100 100	CONTRACTOR C	T Galculations, or	UV-Dose; to	Demostate I	จับเ-โร้อย	vVorus inac	ivation; if ?	pplicable*	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			24-2477	
David Part	1	29	3.3		#201 TOOL	M. A. S. W. S. S.	CT Cale	ulations	F. 17. 27	The state of	PANT 13	UVI	ose				
aby Y. Operations pall Seed Rise, ppd. Peak Flow, regf. minU. % Weakers rankers peakers years years<		Days Plant Staffed or Visited by		Net Quantity of Finished		Lowest Residual Disinfectant Concentration (C)	Disinfectant Contact Time (T) at G Measurement	Lowest CT Provided Before or at First Customer				rei / .	Minimum UV Dose Required,	Disinfectant Concentration at Remote Point in	DUOSPUATE	PHOSPHATE REMOTE Sample Locations 14	Emergency of Abnormal Oper Conditions, Repair or Mainter
X 240 275-20 12 0.7	he			Producted,		179° () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Peak Flow,	Flow, mg-	Water.	pH of Water	Required, mg	UV Dose,				Surviva C	System Components Out of
X 240 294,135 1.2 7.8 0.7 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	onth	"X")			Rate, gpd		minutes	mm/L	YC.	if Applicable	mm/L	mW-sec/cm;	sec/cm		<u> </u>	and the state of the state of the	у порединия
X 240 294,135 1.2 7.8 9.7 1.4 1.4 X 240 294,135 1.2 7.8 9.7 1.4 1.4 X 240 299,760 1.0 0.5 X 240 299,760 1.10 0.7 X 240 299,470 1.2 0.3 X 240 242,890 0.7 0.3 X 240 242,890 0.7 0.3 X 240 242,890 0.7 0.3 X 240 243,960 0.10 0.4 X 240 243,960 0.10 0.4 X 240 253,320 1.2 0.4 0.4 X 240 344,970 1.2 8 0.7 1.5 1.5 X 240 344,970 1.2 8 0.7 1.5 1.5 X 240 296,130 1.0 0.5 0.5 X 240 296,130 1.0 0.7 0.5 X 240 296,130 1.0 0.5 0.5 X 240 313,980 1.0 0.5 0.5 X 240 306,475 1.4 0.5 0.5 X 240 306,475 1.4 0.7 X 240 306,475 1.4 0.5 X 240 273,640 1.2 0.5 X 240 273,640 1.0 0.5 X 240 273,640 1.0 0.5 X 240 273,640 0.1 0.5 X 240 273,640 0.1 0.5 X 240 273,640 0.1 0.5	**											 					
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X	T				 					7.7							
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

MO"THLY OPERATION REPORT FOR PWSs TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER



	Instructions.						
General Informa	ation for the Month/Year	Off January, 2006		<u> </u>			
. Public Water Sy	stem (PWS) Information						
PWS Name:	Jasmine Lakes				PWS Identification Number:	6512070	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com		Consecutive		
Number of Service C	onnections at End of Month:	1540		Total	Population Served at End of M	ionth: 3,311	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Dennis Muldoon					enior Facilities Operator	<u> </u>
Contact Person's Mai	ling Address: 7616	Arbordale Drive Port Richey, Fl. 34	568	City: Port Richey	State: Florida	Zip Code:	34668
Contact Person's Tele		302-9713		Cont		727) 697-3137	
Contact Person's E-M		uldoon@aquaamerica.com					
. Water Treatmen	nt Plant Information						
Plant Name:	Jasmine Lakes			4,000	Plant Telephone Number:	(352) 302-	A STATE OF THE STA
Plant Address:	7612 Pineapple Lane			City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatn			urchased Finished Water		· · · · · · · · · · · · · · · · · · ·		
Permitted Maximum	Day Operating Capacity of Plant,	, gallons per day:	600,000				
Plant Category (per s	ubsection 62-699,310(4), F.A.C.)	11		Plant (Class (per subsection 62-699.3	10(4), F.A.C.):	
emicensed to nera	(ops)	Name and Sam			Day	e)n Smt(a)n worked	
	iteris Dennis Muldoon		C	5982	Days 1st Shift		
Citing Circlesions	Steve Fuller		В	7519	Days 1st Shift		
	3.24						
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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		<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2.2				<u> </u>		<u> </u>	
	Lead/Chief Operator				1	C.1	
I, the undersigne	d water treatment plant ope	erator licensed in Florida, am	the lead/chief operator of the	e water treatment	plant identified in part 1	of this report. I certif	y that the
information prov	ided in this report is true a	nd accurate to the best of my l	mowledge and belief. I cer	tify that all drinki	ng water treatment chemi	cals used at this plant	conform to NS
International Star	ndard 60 or other applicabl	le standards referenced in sub-	section 62-555.320(3), F.A.	C. I also certify t	hat the following addition	nal operations records	for this plant
were prepared ea	ich day that a licensed oper	rator staffed or visited this pla	nt during the month indicate	ed above: (1) reco	ords of amounts of chemi-	cals used and chemic	al feed rates; ar
(2) if applicable.	appropriate treatment proc	cess performance records. Fu	thermore, I agree to provid	e these additional	operations records to the	PWS owner so the P	WS owner can
		ort, at a convenient location for			•		
	wie Free or and tob						
						C 4000	•
			Dennis Muldoon			C-5982	

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

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Page!

MONTHLY OPERATION REPORT FOR PW"Ss TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER

Days Plans Staffed or Net Quantity Dissification Control Time: Before or at Time: Before or at Time: Before or at Time: Dissification Control Ti	WS Identification			6512070			Jasmine Lak	es									
	. Daily Data	for the M	onth/Year o	ni:		January, 2006											
Combined Chairmannes Combined Chairmannes Combined Chairmannes Combined Chairmannes Chairmannes		-	•			hlorine [Chlorine Die	xide	Г Оzопе	[Comb	ined Chlorin	e (Chloran	nines)				
						Free Chic	rine 🔽	Combin	ed Chlorine	(Chloramine	s) [Chlorine D	Dioxide				
Companies Comp		3 P. S. S. S. S. S. S. S. S. S. S. S. S. S.	301 / 30 04 (25		la Calculations of			SOUT-LOS	Virusilnac	tivation it?	oplicable:	CONTRACTOR OF THE PARTY OF THE	A Contract of the	9 TAN 18-30			
Companies Comp		12-14-0			200000000000000000000000000000000000000	VOT Fale	ulations "	35 F25	CANCEL PROPERTY OF A	5.87 C. P.	UVI	oset a set					
Control Cont	1		6 64 13	ge and	907.200			11.5	W	**************************************	4. 3 W. C.	12.00				2 m 3 km 2	457
Control Cont		***			W. X. A	E. Se	Lowest CT							POLY	POLY X		e o
Control Cont				4/4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disinfectant *	(Provided	J., 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			· MARK	Thousant Decidual	PHOSPHATE	PHOSPHATE		
Control Cont					Lowest Residual	Contact Line	Before or at					Minimum	Divintectant	P.O.E.	REMOTE	Emergency of Abnormal	Open
Company Comp			Net Quantity		Disintectant ((1) at t	Customer	3		124 8	Lowest	WV Dose.	Concentration at		Sample 14	Conditions Repair of Ma	邮告
Company Comp			or runsued				Demine Peak	Temp of	1	Minimum CT	Operating	Required.	Remote Point in		Locadons	Work that day of ves Take	心型
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X 340 334,000 1.0								°C	if Applicable	min/L	mW-sec/cm2	sec.cm.	System; mg/L		7.0	A NAME OF CONTROL OF THE PARTY	4.35
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			10,551,000	1													

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

440,000

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: February, 2006 A. Public Water System (PWS) Information PWS Name: Jasmine Lakes PWS Identification Number: 6512070 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 1540 Total Population Served at End of Month: 3,311 PWS Owner: Aqua Utilities Florida Contact Person: Dennis Muldoon Contact Person's Title: Senior Facilities Operator Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668 City: Port Richey State: Florida Zip Code: 34668 Contact Person's Telephone Number: (352) 302-9713 Contact Person's Fax Number: (727) 697-3137 Contact Person's E-Mail Address: dmuldoon@aquaamerica.com B. Water Treatment Plant Information Plant Name: Jasmine Lakes Plant Telephone Number: (352) 302-9713 Plant Address: 7612 Pincapple Lane City: Port Richey Florida State: Zip Code: 34668 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Philedisco Operators | Personal State | Committee | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Personal State | Perso Dennis Muidoon 5982 Days 1st Shift Title I Water Street Steve Fuller 7519 Days 1st Shift IL Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years, Dennis Muldoon C-5982 Signature and Date Printed or Typed Name License Number

Page 1

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



Southwest Florida Water Management District

Bartow Service Office 170 Century Boulevard Bartow, Florida 33830-7700

(863) 534-1448 or 800-492-7862 (FL only) SUNCOM 572-6200

Lecento Service Office Suite 226 3600 West Sovereign Path Lecanto, Florida 34461-8070

(352) 527-8131

2379 Broad Street, Brooksville, Florida 34604-6899 (352) 796-7211 or 1-800-423-1476 (FL only) SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only) On the Internet at: WaterMatters.org

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

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

edge G. "Jerry" Rice Chair, Pasco Judith C. Whitehood

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Jannifer E. Closchey Treasurer, Hillsborough

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> Hillsborough Sallio Parks

Pinellas

ovira-Forina Hillsborough

Patav C. Symons

DeSoto

David L. Moore **Executive Director** William S. Biletiky General Counsel November 27, 2006

Jack Lihvarcik Aqua Utilities Florida, Inc. Post Office Box 490310 Leesburg, FL 34749-0310

Subject:

Final Agency Action Transmittal Letter - Approval

Modification of Permit by Letter

Water Use Permit No.: 20000279.007

Project Name:

Jasmine Lakes Utility Pasco

County: Sec/Twp/Rge:

14,15/25/16

Reference:

Rule 40D-2.331(2)(b), Florida Administrative Code

Dear Mr. Lihvarcik:

This letter constitutes Final Agency Action (FAA) on the request received by the District on August 11, 2006, to modify Water Use Permit (WUP) No. 20000279.006 by letter. The specific modifications are listed in Attachment A and are considered a part of your WUP.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes, (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120 569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filling of a request for hearing.

Enclosed is a "Noticing Packet" that provides information regarding the District Rule 40D-1.4910. F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

If you have questions regarding this permit modification, please contact Angel Martin at the Brooksville Service Office, extension 4324. If you have any questions regarding the Noticing Packet, please contact Debra Webster, at extension 4360, in the Regulation Performance Management Department at the Brooksville office.

Sincerely,

Henry Robert Lue, P.E., Director Brooksville Regulation Department

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HRL:AM:MEJ

Enclosure:

Attachment A

Noticing Packet (42.00-039)

Sections 28-106.201 and 28-106.301, F.A.C.

CC:

File of Record 20000279.007 Data Room, Records & Data

LETTER MODIFICATION WUP NO. 20000279.007 ATTACHMENT A

MODIFICATIONS

Effective November 27, 2006, the following constitutes modifications to the terms and conditions of Water Use Permit No. 20000279.006. The modification is to increase the annual average by 30,000 gallons per day (gpd) (from 300,000 to 330,000 gpd) and the peak month by 60,000 gpd (from 634,000 to 694,000 gpd). The additional quantities are for use in flushing water lines. Additional line flushing is necessary at this time due to Trihalomethane issues in the water-distribution system.

1. Total quantities authorized under this permit (in gpd) are:

Annual Average:

330,000

Peak Month:

694,000

Crop Protection:

NA

Water Use:

Public Supply

3. The status/permitted quantities for the following withdrawal points are changed:

I.D. NO.			Τυ		GALLONS PER	DAY
PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH (FT.) TOTAL/CASED	S	ANNUAL AVERAGE	PEAK MONTH	CROP PROTECTION
6				82,500	173,500	N/A
7				82,500	173,500	N/A
13				82,500	173,500	N/A
14				82,500	173,500	N/A

All other terms and conditions of this permit shall remain as stated on WUP No. 20000279.006, unless specifically modified by this Letter Modification, and this permit will expire on November 10, 2013.



An Equal Opportunity Employer Southwest Florida Water Management District

6960 Professional Parkway East, Suite 400

Tampa Service Office 7601 Highway 301 North Tampa, Florida 33637-6759 (813) 985-7481 or 1-800-836-0797 (FL only) SUNCOM 578-2070 November 10, 2003

Jim Dreher, President

Sarasota, FL 34240

Aqua Source Utility, Inc.

Bartow Service Office 170 Century Boulevard Bartow, Florida 33830-7700 (863) 534-1448 or 1-800-492-7862 (FL only) SUNCOM 572-6200 2379 Broad Street, Brooksville, Florida 34604-6899 (352) 796-7211 or 1-800-423-1476 (FL only) SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)

On the Internet at: WaterMatters.org

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

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

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Watson L. Haynes, II Vice Chair, Pinelles Janet D. Kovach

Secretary, Hillsborough Maggle N. Domingwaz Treasurer, Hillsborough

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T. G. "Jerry" Rice Pasco

Judith C. Whitehead Hernando

Dayld L. Moore
Executive Director
Gone A. Heath
Assistant Executive Director

William S. Blienky General Counsel COPY

1 2003

Subject:

Final Agency Action Transmittal Letter General Water Use Permit No. 20000279.005

Your Water Use Permit has been approved. Final approval is contingent upon no objection to the District's action being received by the District within the time frames described below.

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

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

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

The ID tags for your withdrawals shall be installed by a District representative. This representative will attempt to contact you within 30 days to discuss placement of your tags. If you have any questions or concerns regarding your tags, please contact Sandy Semegen at extension 4349 in the Brooksville Regulation Department. If you have any questions or concerns regarding your permit or any other information, please contact this office at extension 4338.

Sincerely,

BJ Jakris, Director

Records and Data Department

arurs

BJJ:daw

Enclosures: Approved Permit, Rules 28-106.201 and 28-106.301, F.A.C., and Noticing Packet cc: Corey Kramer

Protecting Your

Water Resources

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT **WATER USE GENERAL** PERMIT NO. 20000279.005

EXPIRATION DATE:

November 10, 2013

PERMIT ISSUE DATE: November 10, 2003

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

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit does not convey to the permittee any property rights or privileges other than those specified herein, nor relieve the permittee from complying with any applicable local government, state, or federal law, rule, or ordinance. This permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO:

Aqua Source Utility, Inc.

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

COUNTY:

Pasco

PROJECT NAME:

Jasmine Lakes Utility

WATER USE CAUTION AREA:

Northern Tampa Bay

TYPE OF APPLICATION:

Renewal

APPLICATION FILED: August 5, 2002

APPLICATION AMENDED:

N/A

ACRES:

1 Owned

534 Serviced 535 Total

PROPERTY LOCATION:

Pasco County, directly in Port Richev on the east side of US 19,

1.5 miles south of State Road 52.

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

ANNUAL AVERAGE:

300,000

PEAK MONTH:

634,000

Use

Annual Average (gpd)

Peak Month (and)

Public Supply:

300,000

634,000

See Withdrawal Table for quantities permitted for each withdrawal point.

Permittee: Aqua Source Utility, Inc.

Page :

SERVICE AREA NAME

Jasmine Lakes Utility

	POPULATION	PER CAPITA
<u>USE TYPE</u>	SERVED	RATE

Residential Single Family
Unaccounted Use
Commercial/Industrial Non-Process
Residential Multi-Family
Fire Fighting/Testing

Total	Public	Supply
-------	--------	--------

3,300

Gross 90 gpd/person

Standby Standby

LD. NO.		DEPTH		GALLONS	PER DAY	
DISTRICT/ PERMITTEE	DIAM. (IN.)	TTL/CSD. (FL)	<u>use</u>	AVERAGE	PEAK <u>MONTH</u>	
6/7	8	225 / UNK	В	150,000	317,000	
7 / 7C	8	185 / 155	В	150,000	317,000	
13 / 7D	10	130 / 71	В	150,000	317,000	
14 / 7E	10	127 / 70	B	150,000	317,000	

B = Public Supply

DISTRICT

<u>I.D. NO.</u>	LOCATION LATILONG.	<u>SECTION/TOWNSHIP/RANGE</u>
6	281823.82/824111.57	15/25/16
7	281825.69/824113.19	15/25/16
13	281823.02/824111.88	15/25/16
14	281826.30/824112.88	15/25/16

SPECIAL CONDITIONS:

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

PUMPING FLEXIBILITY

1. The average day, peak monthly, and maximum daily, if applicable, quantities for District ID Nos. 6, 7, 13 and 14, Permittee ID Nos. 7, 7C, 7D and 7E, shown above in the production withdrawal table are estimates based on historic and/or projected distribution of pumpage, and are for water use inventory and impact analysis purposes. The quantities listed in the table for these individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary up to 300,000 gallons per day on an average basis, up to 634,000 gallons per day on a peak monthly basis, for the individual wells, so long as adverse environmental impacts do not result and other conditions of this Permit are complied with. In all cases, the total average annual daily withdrawal, the total peak monthly daily withdrawal, and the total crop protection daily withdrawal are limited to the quantities set forth above.

Permittee: Aqua Source Utility, Inc.

Page 3

REPORTING

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

Permit Data Section, Records and Data Department Southwest Florida Water Management District 2379 Broad Street Brooksville, Florida 34604-6899

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

PUMPING REPORTS

3. The Permittee shall meter withdrawals from surface waters and/or the ground water resources, and meter readings from each withdrawal shall be recorded on a monthly basis within the last week of the month. The meter readings shall be reported to the Permit Data Section, Records and Data Department (using District scanning forms, unless the District has approved another arrangement for submission of this data) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, the meter report shall be submitted to the District indicating the same meter reading as was submitted the previous month. The following withdrawals shall be metered as applicable:

Permittees with existing permitted withdrawal facilities shall continue to maintain and operate existing, non-resettable, totalizing flow meters or other flow measuring devices as approved by the Regulation Department Director on District ID Nos. 6, 7, 13 and 14, Permittee ID Nos. 7, 7C, 7D and 7E.

The meters shall adhere to the following descriptions and shall be installed or maintained as follows:

- A. The meters shall be non-resettable, totalizing flow meters. If other measuring devices are proposed, prior to installation, approval shall be obtained in writing from the Regulation Department Director.
- B. Meters shall be installed on all stand by withdrawal facilities prior to activation.
- C. The flow meters or other approved devices shall have and maintain an accuracy within five percent of the actual flow as installed.
- D. The meter shall be tested for accuracy on-site, as installed, every five years beginning from the date of issuance unless the Permittee demonstrates to the satisfaction of the District that a longer period of time for testing is warranted. The test shall be performed by a person certified in the equipment used. If the actual flow is found to be greater than 5% different from the measured flow, the Permittee shall have the meter re-calibrated or replaced, whichever is necessary. Documentation of the test and a certificate of re-calibration, if applicable, shall be submitted within 30 days of each test or re-calibration.
- E. The meter shall be installed in a straight length of pipe where there is at least an upstream length equal to ten (10) times the outside pipe diameter and a downstream length equal to two (2) times the outside pipe diameter. Where there is not at least a length of ten diameters upstream available, flow straightening vanes shall be used in the line.
- F. If the meter or other flow measuring device malfunctions or has to be removed from the withdrawal for maintenance or repair, the Permittee shall notify the District within 30 days of discovering the necessity to replace or repair the meter and replace it with a repaired or new meter, subject to the same specifications given above, within 30 days of its removal from the withdrawal.
- G. While the meter is off the withdrawal, the Permittee shall request instruction on how to estimate use from the Permit Data Section. The estimate of the number of gallons used each month during that period shall be submitted according to the instructions received from the District.
- H. In the event a new meter is installed to replace a broken meter, it and its installation shall meet the specifications of this condition. The permittee shall notify the District of the replacement with the first submittal of meter readings from the new meter.

Permittee: Aqua Source Utility, Inc.

Page

WATER QUALITY SAMPLING

4. Water quality samples shall be collected and analyzed, for parameters, and frequencies specified below. Water quality samples from production wells shall be collected whether or not the well is being used. unless infeasible. If sampling is infeasible the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a laboratory certified by the Florida Department of Health utilizing the standards and methods applicable to the parameters analyzed and to the water use pursuant to Chapter 64E-1, Florida Administrative Code, "Certification of Environmental Testing Laboratories". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Regulation Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Regulation Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

District ID No.	Permittee ID No.	Minimum Pumping Time (minutes)	Parameter	Sampling Frequency
6 and 7	7 and 7C	15	Chlorides and Sulfates	February, May, August and November

Water quality samples shall be collected based on the following timetable:

Quarterly

Same week of months specified

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

MONITOR WELL MAINTENANCE

5. A water level and water quality monitor well maintenance program shall be initiated, and shall be ongoing for the life of the permit. This program shall be undertaken to insure the retrieval and reporting of accurate water level and water quality data. The Permittee shall also maintain the wellheads of the monitor wells. Where water level recorders are not in use, this maintenance shall include secure, lockable, sliding or screw caps on all monitor wells. All monitor wells shall be maintained with a minimum of eighteen inches of casing above grade or ground surface.

WATER LEVEL REPORTING

6. The Permittee shall monitor water levels in the monitor wells as specified in the table below. Reports of the data shall be submitted to the Permit Data Section, in a form acceptable to the District. All data shall be referenced to National Geodetic Vertical Datum, (NGVD). The time and date that the water level is measured shall be be provided with each report. The frequency of water-level recording may be modified by the Director, Brooksville Regulation Department, as necessary to ensure the protection of the resource.

District <u>ID No.</u>	Permittee ID No.	Latitude <u>Longitude</u>	<u>Aquiter</u>	Recording Frequency
15	WT	281825.29/824112.84	Floridan	Monthly

Permittee: Aqua Source Utility, Inc.

· Page

Recording Frequency

Monthly

Recording Time

Same week of each month

WATER AUDITS

- 7. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by the following dates: November 1, 2008; and November 1, 2010. Water audit reports shall include a schedule for remedial action if needed.
- 8. By April 1 of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
 - A. The number of single family dwelling units served and their total water use,
 - B. The number of multi-family dwelling units served and their total water use.
 - C. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

- The Permittee shall submit to the District within 30 days after each calendar quarter a record for each month within such quarter, showing:
 - A. Total water withdrawn from all withdrawal facilities permitted herein;
 - Total water supplied from all sources to users within the service area in which the withdrawals facilities
 permitted herein are located;
 - C. Total water supplied from external sources, if any;
 - D. Total water supplied to external users, if any.

In addition, as part of the first report each year, the Permittee shall state the total number of connections served at the end of the previous calendar year within the service area in which the withdrawal facilities permitted herein are located.

- 10. The Permittee shall, to the maximum extent feasible, use the permitted withdrawal facilities to meet their water supply needs up to the permitted quantities.
- 11. The total quantity distributed by the system, from the permitted withdrawal facilities and any external sources, shall not exceed 400,000 gallons per day on an average annual basis.

WATER CONSERVATION

12. The Permittee shall begin carrying out the provisions of its District approved conservation plan dated August 5, 2002, upon receipt of this permit. The Permittee shall submit progress reports to the Permit Data Section, Records and Data Department, concerning implementation of the plan on November 1, 2008.

Permittee: Aqua Source Utility, Inc.

Page

STANDARD CONDITIONS:

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

Authorized Signature SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Permittee: Aqua Source Utility, Inc.

Page

<u>400-2</u> Exhibit "A" WATER USE PERMIT CONDITIONS

STANDARD CONDITIONS

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

Permittee: Aqua Source Utility, Inc.

Page

- 12. The Permittee shall mitigate any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - A. A reduction in water levels which impairs the ability of the well to produce water;
 - B. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - C. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer water body.
- 13. The Permittee shall mitigate any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - A. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses;
 - B. Sinkholes or subsidence caused by reduction in water levels;
 - C. Damage to crops and other vegetation causing financial harm to the owner; and
 - D. Damage to the habitat of endangered or threatened species.
- 14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
- 15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
- 16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
- 17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.
- 18. The annual average daily withdrawal quantity is determined by calculating the total quantity of water to be withdrawn over a 1-year period, divided by 365 days, which results in a gallons per day (gpd) quantity pursuant to Basis of Review, Section 3.2, Permitted Withdrawal Quantities. This is a running 12-month average, whereby each month the annual average daily quantity is recalculated based on the previous 12-month pumpage.

R. 09/26/2002

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HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 5600 U.S. | North, Fort Plerce Fl. 34946 Phone 072 465-2400, Ext. 285 Fee: 072 467-584

Date issued: August 13, 2007

To:

Bill Dean

Aqua Utilities Florida, Inc. 7612 Pineapple Lane

Port Richey, FL 346682204

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Qtly Odor

(2028546)

Received:

8/07/07 13:30

Dear Bill Dean;

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 Brooksville, FL 34601 FDOH # E85370

16331 Cortez Blvd FDOH # E84418

Printed: 8/13/07

Page 1 of 4

1

HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 5600 U.S. | North, Fort Plance Ft. 34946 Phone: 0772) 465-2400, Ext. 285 | Feb. (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Qtly Odor

[2028546]

Received:

8/07/07 13:30

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

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID Analytical Method

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2028546]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Qtly Odor

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	· -F	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2028546001 POE grab				Sampled: 08/07/07 Matrix: Water		Received:	08/07/07 Wet Weight I		
Odor		1.0 U	T.O.N.	1.0	SM2150 B	WCGE27981		06/8/07 8:30		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.

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North, Fort Plerce, R. 34946 Phone: (772) 465-2400, Ext. 288 Feb. (772) 467-584

Company: Aqua Utilities of Florida

Chain-of-Custody

and

Agreement to Perform Services

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Method(s) of SELF Shipment:	LED IN ACCO

USE BALL POINT PEN PRESS HARD

COMPLETELY FILL OUT 5800 U.S. 1 North ALL NON GREYED AREAS PRINT LEGIBLY

Laboratory not responsible for omitted information FDOH # E96080

FDOH # E85370 307 Coolidge Avenue Fort Pierce, FL 34948 Lehigh Acres, FL 33936

FDOH # E83509 4155 St. Johns Pkwy.

FDOH # E84418 16331 Cortez Blvd.

Address	7613	· Pine	ائے۔	ملير	(4						S			1300 ord, FL	32771	sville, FL 34601	
Port Richer, FL. Zip: 34668 Phone: 727-849-1807 Fax: 727-849-1929 Standard Laborator Turn Around Time									a	For Lab Use Only Custody Seals Intact Y N PRESERVATIVE					LAB# <u>2060</u> # BAJ		
Client Contact: Dennis Muldoon						lu			<u> </u>	T		Preservation K	ion Key				
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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

SECONDARY CONTAMINANTS 62 - 550,320

Client: Sample Location: Sampling Date: Date Received:		Aqua Utilities POE grab 8/07/07 9:00 8/07/07 13:30		inc.		Workorder: Jasmine Lakes Qtiy Odor Sample Number: 2028546001 PWS ID (From Page 1):					
Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #		
				,							
1920	Odor	[3]	T.O.N.	1.0	U	SM2150 B	1.0	8/08/07 8:30	E96080		
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corting Format 62-550,730 active January 1995, Revised January 1995,

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

00 US 1 North 1 Pierce, FL 34946 OH # E96080

ited: 8/13/07

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



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

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

Date issued: July 27, 2007

To:

Bill Dean

Aqua Utilities Florida, Inc. 7612 Pineapple Lane

Port Richev, FL 346682204

Client:

Agua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes DW THM/HAA5

[2407602]

Received:

7/17/07 9:15

Dear Bill Dean:

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

FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Printed: 7/27/07

307 Coolidge Avenue Lehigh Acres, FL 33936

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes DW THM/HAA5

Received:

7/17/07 9:15

[2407602]

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

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce Ft. 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 465-5400

CERTIFICATE OF ANALYSIS [2407602]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes DW THM/HAA5

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2407602001	•	-	Sampled: 07/16/		Received			
Sample ID:	10702 Laburnum grab			Matrix: Water	Results	reported on	Wet Weight E	3asis	
Bromodichlorometh:	ane 9.2	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080
Bromoform	17	ug/L	0.41	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080
Chloroform	4.9	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080
Dibromochlorometha	ane 22	ug/L	0.30	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080
Total THMs	53	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080
Dibromoacetic Acid	7.1	υg/L	0.18	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080
Dichloroacetic Acid	3.1	ug/L	0.66	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080
Monobromoacetic A	cid 1.3	ug/L	0.28	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080
Monochloroacelic A	cid 0.88 U	ug/L	0.88	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080
Total HAAs	12	ug/L	0.18	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080
Trichloroacetic acid	0.49	ug/L	0.20	EPA 552,1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080
	2407602002	•		Sampled:		Received	: 07/17/07	9:15	
Sample ID:	Trip Blank			Matrix: Water	Results	reported on	Wet Weight B	Basis	
Bromodichlorometha	ene 0.25 U	ug/L	0.25	EPA 524.2	VOC2814	·	07/24/07 0:48	WR	E96080
Bromoform	0.41 U	ug/L	0.41	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080
Chloroform	0.25 U	υg/L	0.25	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080
Dibromochforometha	ene 0.30 U	ug/L	0.30	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080
Total THMs	0.25 U	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:48	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.

1

Company:

HARBOR BRANCH **ENVIRONMENTAL**

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

and

Agreement to Perform Services

Method(s) of	FedEx
Shipment:	

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

Laboratory not responsible for omitted information

____ FDOH # E98080 5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936



PRINT LEGIBLY

FDOH # E83509 4155 St. Johns Pkwy.

FDOH # E84418 16331 Cortez Blvd.

Address: 26(2 PIUE APPLE LA	Suite 1300 Brooksville, FL 34601 Sanford, FL 32771
Phone: 727-919-6674 Fax: 721-849-1929 Client Contact: Du HOTETCU Or Project Name: SASMILE LAKES Project Robert File Standard Laboratory Turn Around Time Or	For Lab Use Only Temperature Custody Seals pH Checked Intect Checked LAB # 2 40 76 02 Y N Y N Y N PRESERVATIVE Preservation Key H-Hydrochloric Acid P-Phosphoric Acid ANALYSES REQUESTED N-Alter Acid ST-Sodium
Sampled By: Requires Laboratory Approval	S-Sulfuric Acid Thioeuffate SH-Sodium Hydraxide U-Unpreserved
LABID COLLECTION LABID DATE TIME LABID DATE TI	COMMENTS
2-16-01 330P G- Pe 3 T- Prum. 2-16-01 330P G- Pe 1 HAA5	
OOK MB 3 TRIP BLANK MB	X
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10702 CABURMUN DR	
C16327PA7.7	
* Sample Type: G-Grab C-Compdaige ** Matrix: S-Solid SL-Sludge DW-	Orinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine
RELINQUISHED BY RELINQUISHED BY DATE/TIME	RELINQUISHED BY / Wornert
RECEIVED BY ABONOMETE DATE/TIME 2 17-2 DATE/TIME 7 17/07 09	RECEIVED FOR HBEL CUSTODY BY SULL
Dietribution: WHITE with REPORT: VELLOW for EILE. DINK to CLIENT. COLD to DA 401 CD	75 PORTELLIME 7.18-01 1010

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please horse or print legible)

System Type (check one) Commun	ity Nontransient Noncommunity Transient Noncommun
Address: 76/2 PThe	APPE IN
City: Pout RRE#4 Phone #: 727-919- 06	State: R ZIP Code: 3466
Phone #: 727-919- 06	74 Fax#: 727-849- 1929.
E-Mail Address:	, , , , , , , , , , , , , , , , , , ,
SAMPLE INFORMATION (to be completed b	y sampler)
Sample Number:	Location Code (if known):
Sample Date: 07/16/07	·
Sample Location (be specific): 10702 Lat	
Disinfectant Residual (Required when reporting	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Otr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence* Special (not for compliance with
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites** Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer *See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	al requirements attach a results page for each site.
Sampler's Name: Dow Acs	TETIRA
Sampler's Phone #: 172-919-	0674 Sampler's Fax#: 727-847-192
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by sampler)	
1, Ow Hosters	CG. St FACTORY OPERATE Print Title
AN UPDERV OFFITTIONS AND AND AND AND AND AND AND AND AND AND	c water system and sample collection information is

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

TYDOMION	RY CERTIFICAT	HUM IMPURIMATION	I (in he combistion	uy iau - riease type t	r print legibly	}	
ATTACH A CUR	RENT DOH ANAL	YTE SHEET					
Lab Name:	Harbor Branc	h Environmental Lab	oratories, Inc.	Florida Certifi	cation #:	E96080	
Address:	5600 US 1 No	orth	Ce	rtification Expirati	on Date:	06/30/200	7
	Fort Pierce, I	FL 34 946	Ph	one #:	(772) 465	-2400 Ext. 28	5
ANALYSIS IN	IFORMATION ((to be completed by lab)	Date San	ple(s) Received::		7/17/	07
PWS ID (Fron	n Page 1):		Sample N	lumber (From Page	1) :		
Lab Assigned	Report Number	r or Job ID:	240	7602001			
Group(s) Anal	lyzed and Resu	its attached for compl	liance with Cha	oter 62-550, F.A.C	Check all	i that apply):	
Inorga	anics	Synthetic Organics	1	/olatile Organics	Dis	sinfection Byp	roducts
All	17	All 30		All 21		Trihalometh	nanes
Pai	rtial	All Except Dioxin		Partial		C Haloacetic	
Niti	rate	Partial			,	Bromate	
Nitr	rite	Dioxin Only		Radionuclides		Chlorite	
Ast	bestos Only			Single Sample		Secondaries	.
				Otrly Composi	le**	All 14	•
Were any anal	lyses subcontra	cted? Yes	X No			Partial	
		ertification numbers: OR EACH SUBCONTRAC	ATER LAB				
AT FACH DON AF	NALTIE SHEELF						
,			RTIFICATION				
l,	Cindy Cromer (Print Name)	•			atory Direct Print Title)	or_	
do HEREBY C National Envir	ERTIFY that all	l attached analytical d atory Accreditation C	lata are correct onference (NEL	and unless noted		quirements of	the
Signature	\sim	anne		Date: 2	7ln1-07		
* Failura to provid		ent Florida DOH lab certific				ached analysis re	esults will re:
i billing to bigain			Lita			t in notification of	f the DOH
Bureau of Labora	report, possible en itory Services.			or failure to sample, a	na may resul		. 0.0 2 0,1
Bureau of Labora *** Please provide	report, possible en itory Services. radiological sampl	e dates locations for each	h quarter.	or failure to sample, a	nd may resul		
Bureau of Labora ** Please provide COMPLIANCE	report, possible en itory Services. radiological sampl	e dates locations for each	n quarter. DEP or DOH)	or failure to sample, a			es N
Bureau of Labora ** Please provide COMPLIANCE Sample Collec	report, possible en itory Services. radiological sampl DETERMINAT	re dates locations for each	n quarter. r DEP or DOH) No	or failure to sample, a	nfo Satisfa	ctory: Y	es h
rejection of the Bureau of Labora "Please provide COMPLIANCE Sample Collec Replaceme	report, possible en lory Services. radiological sample EDETERMINAT tion Info Satisfa ent Sample(s) Re	re dates locations for each FION (to be completed by actory: Yes equested (circle or highlig	h quarter. / DEP or DOH) No pht group(s) above)	or failure to sample, a	nfo Satisfa	ctory: Y	es h
rejection of the Bureau of Labora "Please provide COMPLIANCE Sample Collec Replaceme	report, possible en lory Services. radiological sample EDETERMINAT tion Info Satisfa ent Sample(s) Re	e dates locations for each FION (to be completed by actory: Yes equested (circle or highlight alired (circle or highlight group)	h quarter. / DEP or DOH) No pht group(s) above)	or failure to sample, a Sample Analysis Revised Repor	nfo Satisfa	ctory: Y d (circle or highlig)	es N
rejection of the Bureau of Labora "Please provide COMPLIANCE Sample Collec Replaceme Additional M	report, possible en itory Services. radiological sample DETERMINAT tion Info Satisfa ent Sample(s) R Monitoring Requ MCL(s) Exce Missing Ana	e dates locations for each FION (to be completed by actory: Yes equested (circle or highlight alired (circle or highlight group)	h quarter. y DEP or DOH) No pht group(s) above) up(s) above) Detect	or failure to sample, a Sample Analysis Revised Repor	nfo Satisfa	ctory: Y	'es N nt group(s) ab
rejection of the Bureau of Labora "Please provide COMPLIANCE Sample Collec Replaceme Additional M	report, possible entrory Services. radiological sample: DETERMINAT ction Info Satisfa ent Sample(s) R Monitoring Requ MCL(s) Exce Missing Ana Other:	re dates locations for each FION (to be completed by actory: Yes equested (circle or highlight groupeded)	h quarter. y DEP or DOH) No pht group(s) above) up(s) above) Detect	Sample Analysis Revised Repor	Info Satisfa t Requeste	clory: Y d (circle or highligh Incomplete F	'es N nt group(s) ab
rejection of the Bureau of Labora ** Please provide COMPLIANCE Sample Collec Replaceme Additional M Reason(s):	report, possible entrory Services. radiological sample: DETERMINAT ction Info Satisfa ent Sample(s) R Monitoring Requ MCL(s) Exce Missing Ana Other:	re dates locations for each FION (to be completed by actory: Yes equested (circle or highlight groupeded)	h quarter. y DEP or DOH) No pht group(s) above) up(s) above) Detect	Sample Analysis Revised Reportion(s) Unsatisfactory	Info Satisfa t Requeste	clory: Y d (circle or highligh Incomplete F	'es N nt group(s) ab

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce FL 34946 Phone: (772) 465-2400, Ext. 265 Fax: (772) 457-584

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client:

Aqua Utilities Florida, Inc.

Report Number/ Job ID

Jasmine Lakes DW THM/HAA5

Sample Location:

10702 Laburnum grab

Disinfectant Residual (mg/L

Sample Number:

2407602001

PWS ID

Sampling Date:

7/16/07 15:30

Date Received:

7/17/07 9:15

_											
	Conta ID	im Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
-									· · · · · · · · · · · · · · · · · · ·		
	2450	Monochloroacetic Acid	[N/A]	ug/L	0.88 U		EPA 552.1	0.88	7/25/07	7:53 PM	E96080
	2451	Dichloroacetic Acid	[N/A]	ug/L	3.1		EPA 552.1	0.66	7/25/07	7:53 PM	E96080
_	2452	Trichloroacetic acid	[N/A]	ug/L	0.49		EPA 552.1	0.20	7/25/07	7:53 PM	E96080
	2453	Monobromoacetic Acid	[N/A]	ug/L	1.3		EPA 552.1	0.28	7/25/07	7.53 PM	E96080
	2454	Dibromoacetic Acid	[N/A]	ug/L	7.1		EPA 552.1	0.18	7/25/07	7:53 PM	E96080
	2456	Total Haloacetic Acids (HAA5)	[60]	ug/L	11.99		EPA 552.1	0.18	7/25/07	7:53 PM	E96080
	2941	Chloroform	[N/A]	ug/L	4.9		EPA 524.2	0.25	7/24/07	12:13 AM	E96080
	2942	Bromoform	[N/A]	ug/L	17		EPA 524.2	0.41	7/24/07	12:13 AM	E96080
	2943	Bromodichloromethane	[N/A]	ug/L	9.2		EPA 524.2	0.25	7/24/07	12:13 AM	E96080
	2944	Dibromochloromethane	[N/A]	ug/L	22		EPA 524.2	0.30	7/24/07	12:13 AM	E96080
	2950	Total Trihalomethanes	[80]	ug/L	53.1		EPA 524.2	0.25	7/24/07	12:13 AM	E96080

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

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

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

rinted: 7/27/07



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

16331 Cortez Blvd. FDOH # E84418

Reporting Format 62-550.730 Effective January 1995, Revised January 2007

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by	y sampler	Please type or	print legi	bly)				
System Name: JASMITLE	LAKES		PWS I.D. #:	6	51	2	0	7	0
System Type (check one) Commun	ity Nontrai	nsient No	ncommunity		Transie	ent No	ncomr	nunil	.y
Address: 7612 Page A	PPLE LI	~							•
City: PORT RICHY	S	State:	pr.	ZIP (Code:	3	Y 6	6	8
Phone #: 727-919 - 06	74. F	ax #:	727.	84	9-	192	29		
E-Mail Address:									
SAMPLE INFORMATION (to be completed b	y sampler)								
Sample Number:		ocation (Code (if known)) :					
Sample Date: 7-16-07	S	ample T	ime: 33¢	Pr.					
Sample Location (be specific): Trip Blank									
Disinfectant Residual (Required when reporting	g results for trihalomet	hanes and	haloacetic acids): - L	5.7 ≈ mg	ı/L F	ield pl	H:	1.7
Sample Type (Check Only One)			for Sample (-			·	•	,
Distribution	Routine Comp		•		uarterly		Otr?		
Entry Point (to Distribution)	Confirmation	•	•		pecial (
Plant Tap not for compliance with 62-550)	Composite of	Multiple	Sites**		iolation				
Raw (at well or intake)	Clearance (pe	rmitting)		īR	leplacer	nent (of Invalid	dated :	Sample)
Max Residence Time	Other:		on a company with the graph way						
Ave Residence Time	Sampling Proced	dure Use	d or Other Co	mment	s : _				
Near First Customer *See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	al requirements		** See 62-550.5 attach a res	• /	•		nd		
Sampler's Name: Dow Hos7	et lece.								
Sampler's Phone #: 727-9/9		Sample	er's Fax #:	フと	7-84	19-	19	2	9
Sampler's E-Mail Address:									
CERTIFICATION (to be completed by sampler)									
1. Dow Hoster Co	an ,	٤	ir Fa	C <i>DCE</i> Print T	itle	0	PER	en	tou
do HEREBY CERTIFY that the above publi	c water system an	d sample	collection inf	ormatic	n is				
completed and correct				0	_				
Signature: W	~	D	ate:	8 –	6-0	7			

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

ATTACH A CUF	RRENT DOH AN	IALYTE SHEET					
Lab Name:	Harbor Bra	anch Environmental Laborato	ries, Inc.	Florida Certific	ation #:	E96080	
Address:	5600 US 1	North	Certific	cation Expiratio	n Date:	06/30/2007	
	Fort Piero	e, FL 34946	Phone	#:	(772) 465-	2400 Ext. 285	
ANALYSIS II	NFORMATIC	N (to be completed by lab)	Date Sample	(s) Received::		7/17/07	
PWS ID (Fro	m Page 1):		Sample Numl	ber (From Page	1):		
Lab Assigned	d Report Num	ber or Job ID:	2407602	2002			
Group(s) Ana	llyzed and Re	esults attached for compliance	with Chapter	62-550, F.A.C.	(Check all	that apply):	
inorg	janics	Synthetic Organics	Vola	tile Organics	Dis	sinfection Byprodu	cts
All	1 17	_All 30	· .	All 21	و	Trihalomethane	S
Pa	artial	All Except Dioxin	i	Partial	,	Haloacetic Acid	s
Ni	trate	Partial				Bromate	
Ni	trite	Dioxin Only	Rad	dionuclides		Chlorite	
As	bestos Only			Single Sample Otrly Composite	9 **	Secondaries	
Were any ana	alyses subco	ntracted? Yes X	No			All 14 Partial	
•	•	I certification numbers:	LAB			, and	
		CERTIF	FICATION				
l,	Cindy Cro				tory Direct	or	
AN HEDERY ((Print Name) t all attached analytical data :	ara comert and		rint Title) most all ro	outromonts of the	
		boratory Accreditation Confe			neet an re	quirements of the	
Signature		y ame	Dat	•	-Jul-07		
•		current Florida DOH lab certification				schort analysis results	e will rest
in rejection of the	e report, possib	e enforcement against the public w	ater system for fa	ilure to sample, a	nd may resul	It in notification of the	DOH
Bureau of Labor ** Please provide		ample dates locations for each qua	rter				
		NATION (to be completed by DEF					
Sample Colle	ction Info Sal	isfactory: Yes No	Sar	mple Analysis I	nfo Satisfa	actory: Yes	N
Replacem	ent Sample(s) Requested (circle or highlight gro		•		ad (circle or highlight gro	un(s) abo
		lequired (circle or highlight group(s)				- Charle of Managen 370	a f/a, aaa
Reason(s):	-	Exceeded	Detection	(s)		Incomplete Repo	ort
· \-/		Analyte Sheet(s)		Unsatisfactory		Analysis Unsatis	
	J. 11 10 1 .						
Person Notifie	ed:	-		Date No	tified:		

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

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

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client:

Agua Utilities Florida, Inc.

Report Number/ Job ID

Jasmine Lakes DW THM/HAA5

Sample Location:

Trip Blank

Disinfectant Residual (ma/L

Sample Number:

2407602002

PWS ID

Sampling Date:

Date Received:

7/17/07 9:15

MCL

Contam

ID

Contam Name

Units Result

Analysis

Qualifier Method

Analytical

Lab MDL Date

Analysis Analysis DOH La Time

Cert. #

2941	Chloroform	[N/A]	ug/L	0.25 U	EPA 524.2	0.25	7/24/07	12:48 AM	E96080
2942	Bromoform	(N/A)	υg/L	0.41 ป	EPA 524.2	0.41	7/24/07	12:48 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25 U	EPA 524.2	0.25	7/24/07	12:48 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30 U	EPA 524.2	0.30	7/24/07	12:48 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.25 U	EPA 524.2	0.25	7/24/07	12:48 AM	E96080

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

Reporting Formal 62-550.730 Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Flonda Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, Q, T, Z, 7, *, are unacceptable for compliance with 62-550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

Printed: 7/27/07

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

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd. Brooksville, FL 34601 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 9600 U.S. ! North, Fort Plercy Ft. 34946 Phone (772) 465-2400, Ext. 285 Fam (772) 467-1584

Date issued: August 24, 2007

To:

Bill Dean

Aqua Utilities Florida, Inc. 7612 Pineapple Lane Port Richey, FL 346682204

Client:

Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

[2407616]

Received:

8/07/07 9:15

Dear Bill Dean;

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: 8/24/07

Page 1 of 4

Quality Control Summary

Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

Received:

8/07/07 9:15

[2407616]

MB=Method Blank LCS=Laboratory Control Sample LCSO=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

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. SECULATION OF THE 34946 PROFESSION OF THE SECULATION OF

CERTIFICATE OF ANALYSIS [2407616]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2407616001 Well 7C grab			Sampled: 08/06/07 Matrix: Water		Received: s reported on \	08/07/07 Wet Weight E		
Chloride Sulfate	95 20	mg/L mg/L	5.0 1.4	EPA 300.0 EPA 300.0	IC7335 IC7335		08/20/07 13:43 08/20/07 13:43		E96080 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.

4	_		
-			
	_		
			В.
•			7
		•	

Company:

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC

5600 US I North, Fort Pierce, Ft. 34946 Phone: (772) 465-2400, Ext. 285 Fex: (772) 467-584

Chain-of-Custody

and

Agreement to Perform Services

USE BALL POINT PEN

PRESS HARD COMPLETELY FILL OUT ALL NON GREYED AREAS PRINT LEGIBLY Laboratory not responsible for omitted information

X_FDOH # E98080 5800 U.S. 1 North 307 Fort Pierce, FL 34946 Leh

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33938



FDOH # E83509 4155 St. Johns Pkwy. Sulte 1300 Sanford, FL 32771 FDOH # E84418 18331 Cortez Blvd. Brooksville, FL 34801

Address:	_26	12 1	2h	E	Al	PCE IN			<u>.</u>			Sanford, F	L 32771	
1	bot R	FCILL	F	2	_Zip:	34668	e-mail:	Tempe Che	cked	For Lab Custody S Intact	A Company	pH Checked	LAB# <u>ayo</u> *	1616
Phone:	727-9	19-06	74	_Fax:	<u> 22</u>	7-849-142	Standard Laboratory Turn Around Time	Q	N	Y		YN		
Client Co	ntact:	DW	#	9576	= 10	حد .	Tull Alound Fillie		<u> </u>	PRESE	PVATIVE	1 1	Preservat	ion Key
Project N	ame:					tes out	Or			ANAL VOEC	25011507		H-Hydrochlario Acid	P-Phosphoric Acid
· TOJOCETY							Rush in Business Days	Æ	7	ANALYSES	MEGUESI		N-Mitric Acid 8-Sutfuric Acid	ST-Sodium Thiosulisie
Sampled	By:			Requires Laboratory Approval	es Laboratory Approval					8H-Sodium Hydroxide	U-Unpreserved			
	COLLEC	CTION	Ł	Ł	E	SAMP	E DESCRIPTION	504	_ \	ļ				
LAB ID			1	MATRIX	Į Š	A - 14/1	I Annaer On Benert	N	0	- 1	}		COMMI	ENTS
	DATE	TIME	8		8	AS VVI	Appear On Report						1.4°	
- m\	86-57	12P	G	63	1	504		X						
	8-6-07	· -	G	B	1	CL.	war TEC		X					
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						DE 651	2070, Dw.							
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				<u> </u>										
	ļ													
	Sample Type		77.	77			** Matrix: S-Solid SL-Studge SW-L	Orinking	Water C					rine
1 ~ W	RELINQUISH	ED BY	7	7CC	文へ		ELINQUISHED BY		-	RELINC	UISHED BY	M. Bonor	the	
port F	DATE/TIME RECEIVED B	///-	2)_(五		ATE/TIME 4-2-07 ECEIVED BY MR. #.	409	115	DATE/I	ME 8/7/	07 to Fa	dex	
	DATE/TIME		, ,				ATEITIME 8/7/07 0915	, 		DATES		16-07	Ylmal	
				······			9777			L			AIN PAGE / of	

HARBOR BRANCH .ABORATORIES. INC.

Date issued: May 15, 2007

To:

Bill Dean

Aqua Utilities Florida, Inc. 7612 Pineapple Lane

Port Richey, FL 346682204

Client:

Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

[2407539]

Received:

5/08/07 10:00

Dear Bill Dean;

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

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

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

Respectfully submitted,

Cindy Cromer

Technical Director or Designee

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

5600 US 1 North Fort Pierce, FL 34946

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

307 Coolldge Avenue Lehigh Acres, FL 33938 FDOH # E85370

18331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

FDOH # E96080 Printed: 5/15/07

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. | North Fort Plano Ft. 34946 Phone: 0772) 465-2400, Ext 285 Feb (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

[2407539]

Received:

5/08/07 10:00

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

HBEL Sample

Method Narratives (if Applicable)

<u>Number</u>

Sample 1D **Analytical Method**

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

CERTIFICATE OF ANALYSIS [2407539]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	•	Analyzed Date/Time	Analysi	Lab ID
Laboratory ID: Sample ID:	2407539001 Well #7 grab	•			Sampled: 05/08/07 Matrix: Water		Received: reported on V	05/08/07 Vet Weight E		
Chloride		170	mg/L	5.0	EPA 300.0	IC7220	<u> </u>	05/9/07 15:53	J	E96080
Sulfate		34	mg/L	1.4	EPA 300.0	IC7220		05/9/07 15:53	JL.	E96080
Laboratory ID: Sample ID:	2407539002 Well #7C gra		· · · · · · · · · · · · · · · · · · ·		Sampled: 05/08/07 Matrix: Water		Received:	05/08/07 Vet Weight E		
Chloride		130	mg/L	5.0	EPA 300.0	IC7220		05/9/07 16:05	Д	E96080
Sulfate		30	rng/L	1.4	EPA 300.0	IC7220		05/9/07 16:05	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.

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1				,

Company:

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North, Fort Pierce, Fl. 34946 Phone: (772) 465-2400, Ext 285 Feb. (772) 467-584

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and

Agreement to Perform Services

Method(s) of Shipment:

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

Laboratory not responsible for amitted information,

XF00H # E96080 5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

_FDOH # E83508 4155 St. Johns Pkwy.

FDOH # E84418 16331 Cortez Blvd.

						= LN			e la la la la la la la la la la la la la				Suite	5 St. Joh 9 1300 lord, FL :	na Pkwy, 32771	16331 Cortez Blvd., Brooksville, FL 34601
Phone				_Fax	c <u>777</u>	e-mail: Standard Laboratory Turn Around Time	11.25	perature recked N	C	ustody Intar Y	2		pH Check Y	ed	LAB#_	2 <i>(</i> 0/8539
Project Sample	Name: ed By:	Dove		- (AK	5 747 C ° 1			ANAL	YSES	REQU	ESTEC			Pres H=Hydrachloric A N=Nitric Acid 8=Bulluric Acid 8H=Bodium Hydr	ST=Bodken Thiosuliste
LAB (C	DATE		Marie L	MATRIX.	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	23	285								MMENTS
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	Sample Type	a. G=Graib	6.7	- n "							-+		-			
Report Page	RELINQUISH DATE/TIME RECEIVED B DATE/TIME	(ED 8Y (XI 8- ≪	(C)	KO A A	DATE/TIME 5-8-07- RECEIVED BY Monometts	ut	Water C	F 0	RELINCI PATE/TII RECEIVE	JISHED VIE & D FOR	BY // /// // // // // HBEL CL	17 - ISTODY	world to F		-Maring
stribution	WHITE with				FILE;	PINK to CLIENT; GOLD for SAMPLER			0	ATE/TIM	Æ (3/9/	07_	ZC	00	

HARBOR BRANCH ENVIRONMENTAL LABORATORY

5600 U.S. 1 North, Fort Pierce, FL 34946 (772) 465-2400, Ext. 285



Bill Dean

Aqua Utilities Florida, Inc.

7612 Pineapple Lane

Port Richey

FL

346682204

Client:

Aqua Utilities Florida, Inc.

Workorder ID:

Jasmine Lakes Qtly Odor

[2027759]

Received:

5/8/07 1:30:00 PM

Dear Bill Dean

Analytical results presented in this report have been reviewed for compliance with the Harbor Branch Environmental Laboratory Comprehensive Quality Assurance Plan (FDEP CQAP #870174) and applicable quality control criteria. The quality control parameters evaluated have met all method and compliance criteria unless otherwise noted on a Quality Control Summary Page immediately following this coversheet.

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

E96080, E83509, E85370, E84418

Note: This report is not to be copied, except in full, without the expressed written consent of the Harbor Branch Environmental Laboratory.

Respectfully submitted.

Cindy Cromer

Laboratory Director

Southeast Florida

Fort Pierce, FL 34946 FDOH # E96080

Printed: 5/10/07

Central Florida

Sanford, 0FL 32771

FDOH # E83509

Fort Myers Area Lehigh Acres, FL 33936 FDOH # E85370 West Central Florida Brooksville, FL 34601 FDOH # E84418

PUBLIC WATER SYSTEM INFORMATION (to be	
System Name: Aut - JASME	LAKE PWS I.D.# 6512070
System Type (check one)Community	Nontransient Noncommunity Transient Noncommunity
Address: 76/2 STAT APPL	F (Aut
CHY POET RICHY Fr.	State: FC. ZIP Code: 3468
Phone #: 727-717-067-1	Fax#: 127-879-1929-
E-Mail Address:	
SAMPLE INFORMATION (to be completed by sample	r)
Sample Number:	Location Code (if toown):
Sample Date: 05/08/07	Sample Time: 8:45 AM
Sample Location (be specific): POE grab	
	and Galdali
	for trihalomethanes and haloacetic acids): $\underline{}$ mg/L Field pH: $\underline{}$
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution Ro	outline Compliance (with 62-550) Quarterly (Which Qir?
Entry Point (to Distribution)	onfirmation of MCL Exceedence* Special (not for compliance with 62-5)
Plant Tap not for compliance with 62-550)	omposite of Multiple Sites** [Vlotation Resolution
	earance (permitting) Replacement (of trivalidated Sample
	ther:
	pling Procedure Used or Other Comments:
Near First Customer *See 62-550.500(8) for requirements and restring Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrate MCL exceedences.	
Sampler's Name: HARRY STEWA	7
,	507 Sampler's Fax #: 772 567 / 564
Sampler's Phone # 116 467 2411 }	
Sampler's E-Mail Address:	
Sampler's E-Mail Address:	
•	·
Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) I,	Harry Print Title
Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler)	Harry Print Title

LABORATO	RY CERTIFICATION INFORMA	TION (to be completed b	y lab - Please type or pri	nt legibly)
ATTACH A CU	RRENT DOH ANALYTE SHEET			•
Lab Name: _	Harbor Branch Environmenta	Laboratories, Inc.	Florida Certificati	on #: <u>E96080</u>
Address: _	5600 US 1 North	Ce	rtification Expiration (Date: 06/30/2007
-	Fort Pierce, FL 34946	Ph	one #:(7	72) 465-2400 Ext. 285
ANALYSIS	INFORMATION (to be completed b	y lab) Date Sam	ple(s) Received::	5/8/07
PWS ID (Fr	om Page 1):	Sample N	umber (From Page 1):	
Lab Assigne	ed Report Number or Job ID:			
Group(s) An	alyzed and Results attached for	compliance with Chap	oter 62-550, F.A.C. ((Check all that apply):
Inor	ganics Synthetic Orga	nics \	/olatile Organics	Disinfection Byproducts
	NI 17 AN 30		□All 21	Trihalomethanes
□F	Partial All Except 1	Dioxin	Partial	Haloacetic Acids
	litrate Partial			Bromate
	Vitrite Dioxin Only	1	Radionuclides	Chlorite
	Asbestos Only		Single Sample	Secondaries
	·		Qtrly Composite*	All 14
Were any a	nalyses subcontracted?	Yes X No		L-u-J
If ves, pleas	e provide DOH certification num	hers:		S Partial
	I ANALYTE SHEET FOR EACH SUBC		,	
		CERTIFICATION		
1.	Cindy Cromer		Laborato	ry Director
	(Print Name)		(Prin	t Title)
	Y CERTIFY that all attached ana	•		eet all requirements of the
National En	vironmental Laboratory Accredit	-	•	
Signature	Ciny Com		Date: 09-N	flay-07
in rejection of Bureau of Lab	ovide a valid and current Florida DOH in the report, possible enforcement again ioratory Services. vide radiological sample dates Jocation	st the public water system		for the attached analysis results will result may result in notification of the DOH
COMPLIAN	ICE DETERMINATION (to be com	pleted by DEP or DOH)		
Sample Col	lection Info Satisfactory:	s No	Sample Analysis Inf	o Satisfactory: Yes No
Replace	ment Sample(s) Requested (orde	or highlight group(s) above)	Revised Report F	Requested (circle or highlight group(s) above)
Addition	al Monitoring Required (circle or his	hlight group(s) above)		
Reason(s):	MCL(s) ExceededMissing Analyte Sheet(s)Other:	Loca	ction(s) tion Unsatisfactory	☐ Incomplete Report ☐ Analysis Unsatisfactory
Person Noti	ified:		Date Noti	fied:
Comments:				
Date Review	**************************************	DEP/DOH Revie		
	December En	mat 62 550 796 - Ciliardan Inc	2 بمحسما أبسلين 1006 بحود	9 4 4

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

SECONDARY CONTAMINANTS 62 - 550.320

Client:

Aqua Utilities Florida, Inc.

Workorder:

Jasmine Lakes Qtiv Odor

Sample Location:

POE grab

Sample Number:

2027759001

Sampling Date:

5/08/07 8:45

Date Received:

5/08/07 13:30

Contam Contam ID

Name

MCL

Units

Analysis Result

Qual.

Analytical Method

Lab MDL

Analysis Date/Time DOH Lab Cert #

1920

Odor - Dechlorinated [3]

T.O.N. 1.0

SM2150 B

1.0

5/08/07 16:10

E96080

eporting Format 62-550.730 flective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Floride Admirástrative Code Ruie 82-160, Table 1. Results Qualified with A. F. H. N. O. T. Z. 7. *, are sacceptable for compliance with 62-550. Results qualified with a J. Q. R. or Y must be accompanied by written justification and will be evaluated on a case by case basis. To rold a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

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

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



307 Coolidge Avenue Lehigh Acres, FL 33938 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

rinted: 5/9/07

Field Data Sheet

Form 300 Revision 003

N tion: Ja: ab X None tions W	Comp. arm / Haz	GW kes Quarterl MW zy / Light Br	Bailer	[DI	Sludge	Sed.	Soil
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jinning							
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YES	Buffer	147	<u> </u>	1412	1409	12900	1.44.74
YES	Buffer	1.0	1.01	10	9.99	20	
NO -	Buffer	Air Cal	Adjust	100.00%	From	100.50%	
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Harbor Branch Environmental Laboratory Ft. Pierce

ANALYTICAL FIELD DATA

Project Na Date 05/0	me <i>(AUF)</i> . 8/07	Jasmine La	kes Qtly O	DOR		F	°age <u>2</u>	_ of <u>2</u>
LOCATION	Time	рН	Temperature	Specific Conductivity	D.O.	Turbidity	Residual Chlorine	Comments
P.O.E.	8:45	7.16	23.70	682.00	4.86	2.07	3.10	
					·			
								
		<u> </u>						
Notes:								
								

Date issued: February 21, 2007

To:

Bill Dean

Aqua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204

RECEIVED

APR N 9 2007

Aqua Utilities

Florida to

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes NO3-NO2/SO4/CL

[2407465]

Received:

2/13/07 9:15

Dear Bill Dean:

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

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

3600 US 1 North Fort Pierce, FL 34946 4155 St. Johns Pkwy Sulte 1300 Sanford, FL 32771 FDOH # E83509 307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brooksville, FL 34601 FDOH # EB4418

*DOH # E96080 rinted: 2/21/07 ABA

Page 1 of 4

Quality Control Summary

Client:

Agua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes NO3-NO2/SO4/CL

Received:

2/13/07 9:15

[2407465]

MB=Method Blank LCS=Leboratory Control Sample LCSD=Leboratory Control Sample Duplicate MS=Methy Spike MSD=Metry Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (if Applicable)

Number

Sample ID Analytical Method

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

CERTIFICATE OF ANALYSIS [2407465]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes NO3-NO2/SO4/CL

Parameter	Qualifier	f Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab iD
Laboratory ID: Sample ID:	2407465001 POE grab				Sampled: 02/12/0 Matrix: Water		Received:	02/13/07 Net Weight F		
Nitrate as N Nitrite as N		0.41 0.0022 U	mg/L mg/L	0.0030 0.0022	EPA 300.0 EPA 300.0	IC7119 IC7119		02/14/07 14:10 02/14/07 14:10	JL.	E96080 E96080
Laboratory ID: Sample ID:	2407465002 Well 7C grat)			Sampled: 02/12/0 Matrix: Water		Received:	02/13/07 Not Weight F		
Chloride Sulfate		160 37	mg/L mg/L	5.0 1.4	EPA 300.0 EPA 300.0	IC7124 IC7124		02/16/07 21:38 02/16/07 21:38	JL.	E96080 E96080
Laboratory ID: Sample ID:	2407465003 Well 7 grab				Sampled: 02/12/0 Matrix: Water	· · · · · ·	Received: reported on V			
Chloride Sulfate		83 16	mg/L mg/L	5.0 1.4	EPA 300.0 EPA 300.0	IC7124 IC7124		02/18/07 22:35 02/16/07 72:35	JL	E96080 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.

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ENVIRONMENTAL

5600 US I North, Fort Plerce, PL 34946 Phone (772) 465-2400, Ext 265 Fex (772) 467-564

Chain-of-Custody

and Agreement to Perform Services

USE BALL POINT PEN PRESS HARD

COMPLETELY FILL OUT ALL NON GREYED AREAS PRINT LEGIBLY Laboratory not responsible for omitted information

FDOH # E98080 5600 U.S. 1 North Fort Pierce, FL 34946

_FOOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33938

Compar	no: A	UF					Method(s) of	red EL						'					
	: 76/	ar	bor	dal	سعا	De	Method(s) of Shipment:		•						Suf	_FDOH 6 St. Joi 19 1300 ford, FL	# E83509 hna Pkwy. 32771	1633	_FDOH # E84418 i1 Cortez Blvd. ksville, FL 34601
	727 9					: 34665	e-mail:	lard Laboratory		perature necked N		For La. Custody Inte	Seels of N		pl Chec	1		# <i>2</i> 4	7465
Client Co	ontact:	Jon	14	2	et.	ler-	- Runn	round Time	av	100		PRES	RVAT	IVE			7.		
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ARTHREPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

System Name:	PWS I.D. #:
System Type (check one) Communit	y Nontransient Noncommunity Transient Noncommunity
Address:	
	State: ZIP Code:
	Fax #:
SAMPLE INFORMATION (to be completed by	sampler)
Sample Number:	•
Sample Date: 02/12/07	
Sample Location (be specific): POE grab	
· · · · · · · · · · · · · · · · · · ·	results for trihalomethanes and haloacetic acids): mg/L Field pH;
•	,
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Otr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence* Special (not for compliance with 82-550)
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**   Violation Resolution
Raw (at welf or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer  *See 52-550.500(6) for requirements a  Note: See 62-550.512(3) for additional	al requirements attach a results page for each site.
for Nitrate or Nitrite MCL exceed	
	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by sampler)	
h	
Print Name	Print Title c water system and sample collection information is
do nekeby certility that the above publicompleted and correct.	·

ATTACH A CURRENT DOH ANALYTE SHEET		
Lab Name: Harbor Branch Environmental Laboratories	a lua - Marida Casticasta	- #. EDADO
* * * * * * * * * * * * * * * * * * * *		
		ate: 06/30/2007
Fort Pierce, FL 34946	Phone #:(77	2) 465-2400 Ext. 285
ANALYSIS INFORMATION (to be completed by lab)	ate Sample(s) Received::	2/13/07
PWS ID (From Page 1):	ample Number (From Page 1):	
Lab Assigned Report Number or Job ID:	2407465001	
Group(s) Analyzed and Results attached for compliance w	rith Chapter 62-550, F.A.C. (C	heck all that apply):
Inorganics Synthetic Organics	Volatile Organics	Disinfection Byproducts
Ali 17Ali 30	□All 21	Trihalomethanes
Partial All Except Dioxin	Partial	Haloacetic Acids
		Bromate
∏Nitrite	Radionuclides	Chlorite
Asbestos Only	Single Sample	Secondaries
	Qtrty Composite**	All 14
Vere any analyses subcontracted? Yes X N	lo	X Partial
yes, please provide DOH certification numbers:		
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LA	8	
CERTIFIC	ATION	
		Disposition
Cindy Cromer	Laboratory	Director
(Print Name)	(Print 1	Title)
(Print Name) To HEREBY CERTIFY that all attached analytical data are	Print? correct and unless noted mee	Title)
(Print Name) Io HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conferen	(Print) correct and unless noted mee note (NELAC).	Tite) It all requirements of the
(Print Name)  lo HEREBY CERTIFY that all attached analytical data are lational Environmental Laboratory Accreditation Conferences	correct and unless noted meence (NELAC).  Date: 21-Fe	Title) It all requirements of the b-07
(Print Name)  Io HEREBY CERTIFY that all attached analytical data are lational Environmental Laboratory Accreditation Conference Signature  Failure to provide a valid and current Florida DOH lab certification number rejection of the report, possible enforcement against the public water	correct and unless noted meetice (NELAC).  Date: 21-Fei	Title) It all requirements of the  b-07 If the attached analysis results will result
(Print Name) to HEREBY CERTIFY that all attached analytical data are lational Environmental Laboratory Accreditation Conference in the provide a valid and current Florida DOH lab certification nutral rejection of the report, possible enforcement against the public water large of Laboratory Services.	(Print correct and unless noted meeting (NELAC).  Date: 21-Feather and a current Analyte Sheet for system for failure to sample, and me	Title) It all requirements of the  b-07 If the attached analysis results will result
(Print Name)  Io HEREBY CERTIFY that all attached analytical data are lational Environmental Laboratory Accreditation Conference Signature  Failure to provide a valid and current Florida DOH lab certification number rejection of the report, possible enforcement against the public water large up the provide radiological sample dates. Jocations for each quarter	(Print correct and unless noted meeting (NELAC).  Date: 21-Feathber and a current Analyte Sheet for resistent for failure to sample, and meeting to sample.	Title) It all requirements of the  b-07 If the attached analysis results will result
(Print Name)  In HEREBY CERTIFY that all attached analytical data are lational Environmental Laboratory Accreditation Conference in the provide a valid and current Florida DOH lab certification nutral rejection of the report, possible enforcement against the public water large of Laboratory Services.  Please provide radiological sample dates locations for each quarter completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DEP or completed by DE	(Print correct and unless noted meeting (NELAC).  Date: 21-Feathber and a current Analyte Sheet for resistent for failure to sample, and meeting to sample.	Title) It all requirements of the  b-07 If the attached analysis results will result ay result in notification of the DOH
(Print Name)  o HEREBY CERTIFY that all attached analytical data are lational Environmental Laboratory Accreditation Conferencing attree of provide a valid and current Florida DOH lab certification nutrelection of the report, possible enforcement against the public water ureau of Laboratory Services.  Please provide radiological sample dates Jocations for each quarter COMPLIANCE DETERMINATION (to be completed by DEP or sample Collection Info Satisfactory:	(Print correct and unless noted meeting (NELAC).  Date: 21-Feather and a current Analyte Sheet for system for failure to sample, and meeting (DOH)  Sample Analysis Info	Title) It all requirements of the  b-07 If the attached analysis results will result ay result in notification of the DOH  Satisfactory: Yes No
(Print Name)  Io HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conference Signature  Failure to provide a valid and current Florida DOH lab certification number rejection of the report, possible enforcement against the public water Bureau of Laboratory Services.  Please provide radiological sample dates Jocations for each quarter COMPLIANCE DETERMINATION (to be completed by DEP or Sample Collection Info Satisfactory:     Yes   No	(Print correct and unless noted meeting (NELAC).  Date: 21-Fe imber and a current Analyte Sheet for system for failure to sample, and more deposition of the correct Analysis Info (s) above) Revised Report Re	Title) It all requirements of the  b-07 If the attached analysis results will result ay result in notification of the DOH  Satisfactory: Yes No
(Print Name)  Io HEREBY CERTIFY that all attached analytical data are National Environmental Laboratory Accreditation Conference National Environmental Laboratory Accreditation Conference National Environmental Laboratory Accreditation Conference National Environmental Laboratory Accreditation Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National Conference National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National Nati	(Print correct and unless noted meeting (NELAC).  Date: 21-Fe imber and a current Analyte Sheet for system for failure to sample, and more deposition of the correct Analysis Info (s) above) Revised Report Re	Title) It all requirements of the  b-07 If the attached analysis results will result ay result in notification of the DOH  Satisfactory: Yes No
(Print Name)  Io HEREBY CERTIFY that all attached analytical data are lational Environmental Laboratory Accreditation Conferent Signature  Failure to provide a valid and current Florida DOH lab certification number rejection of the report, possible enforcement against the public water kneau of Laboratory Services.  Please provide radiological sample dates Jocations for each quarter COMPLIANCE DETERMINATION (to be completed by DEP or Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Collection Info Satisfactory:  [Present Sample Coll	(Print) correct and unless noted meetice (NELAC).  Date:	Title) It all requirements of the  b-07 If the attached analysis results will result ay result in notification of the DOH  Satisfactory: Yes No quested (dirde or highlight group(s) above
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#### INORGANIC CONTAMINANTS 62 - 550.310 (1)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Jasmine Lakes NO3-NO2/SO4/CL

Sample Location:

POE grab

Sample Number:

2407465001

Sampling Date:

2/12/07 15:30

Date Received:

2/13/07 9:15

Contam	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.41	υ	EPA 300.0	0.0030	2/14/07 14:10	E96080
1041	Nitrite as N	[1]	mg/L	0.0022		EPA 300.0	0.0022	2/14/07 14:10	E96080

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

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-190, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-560. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

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



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Printed: 2/22/07

System Name:	PWS I.D. #;	
System Type (check one)Communi	ty Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	State:	ZIP Code:
Phone #:		
= Nail Addmas;		
SAMPLE INFORMATION (to be completed by		
Sample Number:	Location Code (if known):	
Sample Date: 02/12/07		3:40 PM
Sample Location (be specific): Well 7C gr		
Disinfectant Residual (Required when reporting		
	·	
Sample Type (Check Only One)	Reason(s) for Sample (C	
Distribution	Routine Compliance (with 62-550)	Quarterly (which Qtr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*  Composite of Multiple Sites**	Special (not for compliance with 62-550
Plant Tap not for compliance with 62-550)  Raw (at well or intake)	Clearance (permitting)	
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Con	nments:
Near First Customer		
*See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	al requirements attach a resu	50(4) for requirements and lits page for each site.
Sampler's Name:		·
Sampler's Phone #:		
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
l, Print Name		Print Title
do HEREBY CERTIFY that the above publi		
completed and correct.		

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #. E96080  Address: 5600 US 1 North	ATTACH A CURRENT DOH ANALYTE SHEET	be completed by lab - Please type or print legibly)
Address: 5600 US 1 North		Insign Inc. Elorida Cartification # E00000
Fort Pierce, FL 34946		
ANAL YSIS INFORMATION (to be completed by lab)  Date Sample (s) Received:: 2/13/07  PWS ID (From Page 1): Sample Number (From Page 1):  Lab Assigned Report Number or Job ID: 2407465002  Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apphy):  Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts    Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts   Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts   Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts   Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts   Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts   Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts   Inorganics Synthetic Organics Disinfection Byproducts   Inorganics Synthetic Organics Disinfection Byproducts   Inorganics Synthetic Organics Disinfection Byproducts   Inorganics Synthetic Organics Disinfection Byproducts   Inorganics Synthetic Organics Disinfection Byproducts   Inorganics Disinfection Bypro		
PWS ID (From Page 1): Sample Number (From Page 1):  Lab Assigned Report Number or Job ID: 2407465002  Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):    Inorganics		
Lab Assigned Report Number or Job ID: 2407465002  Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):    Inorganics	ANALYSIS INFORMATION (to be completed by lab)	
Lab Assigned Report Number or Job ID: 2407465002  Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):    Inorganics	PWS ID (From Page 1):	Sample Number (From Page 1):
Inorganics   Synthetic Organics   Volatile Organics   Disinfection Byproducts     All 17	Lab Assigned Report Number or Job ID:	
All 17	Group(s) Analyzed and Results attached for complian-	ce with Chapter 62-550, F.A.C. (Check all that apply):
Partial   All Except Dioxin   Partial   Haloscetic Acids   Nitrate   Partial   Bromate   Chlorite   Asbestos Cnly   Single Sample   Chlorite   Asbestos Cnly   Single Sample   Chlorite   Asbestos Cnly   Single Sample   Chlorite   Asbestos Cnly   Single Sample   Chlorite   Asbestos Cnly   Single Sample   Chlorite   Asbestos Cnly   Single Sample   Chlorite   Asbestos Cnly   Single Sample   Chlorite   Asbestos Cnly   Christ Composite**   All 14   Partial   Secondaries   All 14   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Asbestos Cnly   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partial   Partia	Inorganics Synthetic Organics	Volatile Organics Disinfection Byproducts
Nitrate	☐All 17 ☐All 30	All 21 Trihalomethanes
Nitrite	Partial All Except Dioxin	Partial Haloacetic Acids
Asbestos Only Single Sample	☐Nitrate ☐Partial	<del></del>
Were any analyses subcontracted?YesXNo	☐ Nitrite ☐ Dioxin Only	
Were any analyses subcontracted? Yes X No XiPartial  If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I. Cindy Cromer	Asbestos Only	Secondaries
If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I. Cindy Cromer	101	Citrly Composite**
If yes, please provide DOH certification numbers:  ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB  CERTIFICATION  I. Cindy Cromer	Were any analyses subcontracted? Yes X	( No :
CERTIFICATION  I. Cindy Cromer		
I, Cindy Cromer (Print Name) (Print Title)  do HEREBY CERT IFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature Date: 21-Feb-07  *Fallure to provide a valid and current Florida DCH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  **Please provide radiological sample dates—locations for each quarter.  **COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)  Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)  Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Reason(s): Incomplete Report Detection Unsatisfactory Analysis Unsatisfactory  Other: Date Notified:  DEP/DOH Reviewing Official:  DEP/DOH Reviewing Official:	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTE	ED LAB
do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature		
do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).  Signature	I, Cindy Cromer	Laboratory Director
National Environmental Laboratory Accreditation Conference (NELAC).  Signature	,	
* Fallure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  ***Please provide radiological sample dates locations for each quarter.  **COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)  Sample Collection Info Satisfactory:		
* Fallure to provide a valid and current Floride DOH lab certification number and a current Analyte Sheet for the attached analysis results will result to rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.  ***Please provide radiological sample dates locations for each quarter.  **COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)  Sample Collection Info Satisfactory:	Signature Cong Comp	Date: 21-Feb-07
Bureau of Laboratory Services.  ***Please provide radiological sample dates locations for each quarter.  **COMPLIANCE DETERMINATION* (to be completed by DEP or DOH)  Sample Collection Info Satisfactory:	* Fallure to provide a valid and current Florida DOH lab certification	on number and a current Analyte Sheet for the attached analysis results will result
"Please provide radiological sample dates. locations for each quarter.  COMPLIANCE DETERMINATION (to be completed by DEP or DOH)  Sample Collection Info Satisfactory:	in rejection of the report, possible enforcement against the public Runsau of Laboratory Sarvices	water system for failure to sample, and may result in notification of the DOH
Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)    Additional Monitoring Required (circle or highlight group(s) above)	· · · · · · · · · · · · · · · · · · ·	uarier.
Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments:  Dep/Doh Reviewing Official:	COMPLIANCE DETERMINATION (to be completed by DE	EP or DOH)
Additional Monitoring Required (circle or highlight group(s) above)  Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments:  Dep/Doh Reviewing Official:	Sample Collection Info Satisfactory:   Yes   N	o Sample Analysis Info Satisfactory: [Yes [No
Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments:  Date Reviewed: DEP/DOH Reviewing Official:	Replacement Sample(s) Requested (circle or highlight (	group(s) above) Revised Report Requested (circle or highlight group(s) above
Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other:  Person Notified: Date Notified:  Comments:  Date Reviewed: DEP/DOH Reviewing Official:	Additional Monitoring Required (circle or highlight group(s	s) above)
Person Notified:  Comments:  Date Notified:  Date Reviewed:  DEP/DOH Reviewing Official:		
Comments:  Date Notified:  Date Reviewed:  DEP/DOH Reviewing Official:		
Comments:DEP/DOH Reviewing Official:	Person Notified:	
	Date Reviewed:DEP	······································

#### SECONDARY CONTAMINANTS 62 - 550.320

Client:

Aqua Utilities Florida, Inc.

Workorder:

Jasmine Lakes NO3-NO2/SO4/CL

Sample Location:

Well 7C grab

Sample Number:

2407465002

Sampling Date:

2/12/07 15:40

Date Received:

2/13/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Resuit	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1017	Chloride	[250]	mg/L	160		EPA 300.0	5.0	2/16/07 21:38	E96080
1055	Suifate	[250]	mg/L	37		EPA 300.0	1.4	2/16/07 21:38	E96080

teporting Format 62-550.730 Stactive January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To not a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

600 US 1 North ort Pierce, FL 34946 DOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771

FDOH # E83509

Inted: 2/21/07



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # £85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

System Name:	PWS I.D. #:	
System Type (check one) []Communit		Transient Noncommunity
Address:		
City:	State:	
Phone #:		
E-Mail Address:		
SAMPLE INFORMATION (to be completed by		
Sample Number:	•	
Sample Date: 02/12/07		
Sample Location (be specific): Well 7 gral		
Disinfectant Residual (Required when reporting	<del></del>	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (c	fulnum total the sheet
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Otr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Cor	nments:
Near First Customer		
"See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceen	al requirements attach a res	50(4) for requirements and ults page for each site.
Sampler's Name:		
Sampler's Phone #:		
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
I, Print Name		
do HEREBY CERTIFY that the above publ	ic water system and sample collection inf	ormation is
completed and correct.		

.ab Name: Harb	or Branch Environmenta	Laboratories, Inc.	Florida Certification	on #:E96080
Address: 5600	US 1 North	Cer	tification Expiration C	Date: 06/30/2007
Fort				(2) 465-2400 Ext. 285
MALYSIS INFORM	IATION (to be completed by	y tab) Date Sam	ple(s) Received::	2/13/07
WSID (From Page 1	1):	Sample N	umber (From Page 1):	
ab Assigned Repor	t Number or Job ID:	2407	465003	•
	and Results attached for			Check all that apply):
Inorganics	Synthetic Orga	nics V	olatile Organics	Disinfection Byproducts
All 17	Ali 30		All 21	Trihalomethanes
Partial	Ali Except I	Dioxin	Partial	Haloacetic Acids
Nitrate	Partial			Bromate
Nitrite	Dioxin Only	•	Radionuclides	Chlorite
Asbestos	Only		Single Sample	Secondaries
	·		Qtrly Composite**	☐All 14
Vere any analyses :	subcontracted?	Yes X No		
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#### SECONDARY CONTAMINANTS

62 - 550.320

Client:

Aqua Utilities Florida, Inc.

Workorder:

Jasmine Lakes NO3-NO2/SO4/CL

Sample Location:

Well 7 grab

Sample Number:

2407465003

Sampling Date:

2/12/07 15:45

Date Received:

2/13/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1017	Chloride	[250]	mg/L	83		EPA 300.0	5.0	2/16/07 22:35	E96080
1055	Sulfate	[250]	mg/L	16		EPA 300.0	1.4	2/16/07 22:35	E96080

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

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Yable 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-569. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

5600 US 1 North Fort Pierce, FL 34946 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

Orinted: 2/22/07

Date issued: February 14, 2007

To:

Bill Dean

Aqua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204



Client:

Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Qtty Odor

[2027008]

Received:

2/13/07 13:30

Dear Bill Dean;

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

4165 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: 2/14/07

Page 1 of 4

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. | North, Fort Plance Ft. 34946 Phone (772) 465-2400, Ext. 285 Feet (772) 467-584

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Otty Odor

Received:

2/13/07 13:30

[2027008]

MIS=Method Blenk LCS=Leboratory Control Sample LCSD=Laboratory Control Sample Duplicate MIS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

**HBEL Sample** 

Method Narratives (If Applicable)

Number

Sample ID

Analytical Method

Description

**Quality Control Summary** 

Method HBEL Batch Analyte

Analytical Issue

## HARBOR BRANCH ENVIRONMENTAL ABORATORIES, INC. 5600 U.S. I North Fort Plerce Pl. 34946 Phone: (772) 465-2400, Ed. 285 Feb. (772) 467-584

### CERTIFICATE OF ANALYSIS [2027008]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Qtly Odor

Parameter	Qualifier	n Result	Units	Reporting Limit	Method	Laboratory Batch	_ * .	Analyzed Date/Time	Analyst	Lab ID
	2027008001 POE grab				Sampled: 02/13/07 Matrix: Water		Received; reported on V	02/13/07 Vet Weight I		
Odor - Dechlorinated	1	1.1	T.O.N.	1.0	SM2150 B	WCGE27072		02/13/07 15:10		E96080

Result Qualifiers: U = Not Detected

1 = 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.



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

# Chain-of-Custody

and

Agreement to Perform Services

ALL NON GREYED AREAS PRINT LEGIBLY Sale Method(s) of

USE BALL POINT PEN

PRESS HARD

COMPLETELY FILL OUT

Laboratory not responsible for omitted information

_FDOH # E96080 5800 U.S. 1 North

_FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

Fort Pierce, FL 34948

hone: 352-3	Den Den	113	Fax	(۲.	17-697	31377	e-mail: Standar	rd Laboratory und Time	Ten	peratu hecked	řě 1	Custoc Int	ab Us by Seek lact N SERVA	A	/ Che	H cked N	L 32771 LAB #	2027	800
	Jasni. Harr				944	740-	Or  Rush in But  Requires Laborate	siness Days			ANA	LYSE	SREC		ED		Pi Heltydrochlor NeMitrio Acid 8-Buthurio Aci	5	*=Phosphoric Acid T=Sodium
AB ID COLLEC	TIME	Semple Type*	MATRIX**	# Containers	ł	7	E DESCRIF Appear On Re	PTION	040-								SH-Sodium H		Thiosettate
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		1		1															
	BY		oosite 2/			RELIN	Matrix: S-Solid SL- QUISHED BY	Sludge DW-Dr	nking V	later (	W-Gro	ound W	ater St	V=Surf	ace Wat	er WW.	Wastewater A	/-Marine	
RELINQUISHED DATE/TIME ,2 RECEIVED BY DATE/TIME DATE/TIME	BY -/3-07		2/		3:30	RECEI	TIME VED BY	Sludge DW-Dr	inking V	/ater (	D R	ATE/TI	JISHED ME D FOR	HBEL C		/BY/	Wastewater A	A-Marine	

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

System Name:  System Type (check one) Community  Address:  City:  Phone #:  E-Mail Address:  SAMPLE INFORMATION (to be completed by s	Nontransient Noncommunity  State:	Transient Noncommunity
Address:  City:  Phone #:  E-Mail Address:  SAMPLE INFORMATION (to be completed by s	State:	
City:  Phone #:  E-Mail Address:  SAMPLE INFORMATION (to be completed by s	State:	
Phone #: E-Mail Address: SAMPLE INFORMATION (to be completed by s		ZIP Code:
Phone #: E-Mail Address: SAMPLE INFORMATION (to be completed by s		·
E-Mail Address:	rax#;	
SAMPLE INFORMATION (to be completed by s		
•	sampler)	-
Sample Number:	·	):
Sample Date: 02/13/07		
Sample Location (be specific): POE grab		
Disinfectant Residual (Required when reporting in		
Sample Type (Check Only One)	Reason(s) for Sample (	
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Qtr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	☐ Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	
Near First Customer		
*See 62-550,500(6) for requirements and Note: See 62-550,512(3) for additional for Nitrate or Nitrite MCL exceeded	requirements attach a res	550(4) for requirements and suits page for each site.
Sampler's Name:		
Sampler's Phone #:		
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
Print Name		Print Title
do HEREBY CERTIFY that the above public completed and correct.	water system and sample collection infi	ormation is
Signature:	Date:	

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

Lab Name: _	Harbor Bran	nch Environmental Laboratori	es, Inc. Florida Ce	rtification #:	E96080
Address:	5600 US 1	North	Certification Expi	ration Date:	06/30/2007
	Fort Pierce	, FL 34946	Phone #:	(772) 46	5-2400 Ext. 285
ANALYSIS I	NFORMATION	(to be completed by lab)	Date Sample(s) Receive	ed::	2/13/07
PWS ID (Fro	m Page 1):				
		per or Job ID:	2027008001		
Group(s) Ana	alyzed and Res	sults attached for compliance	with Chapter 62-550, F.	- A.C. (Check	ell that apply);
		Synthetic Organics	Volatile Organi	•	Disinfection Byproducts
~	1 17	All 30	[]All 21		Trihalomethanes
	artial	All Except Dioxin	Partial		Haloacetic Acids
	itrate	Partial	<u></u>		Bromate
N		Dioxin Only	Radionuclides	<u>.</u>	Chlorite
	sbestos Only	Spenier F	Single San	nple	Canandarian
	,		Qtrly Comp	osite**	Secondaries  All 14
Were any an	alyses subconf	tracted? Yes X	No		∑Partial
		CERTIF	ICATION		
		CERTIF	ICATION		
<b>š</b> ,	Cindy Cron			boratory Dire	ctor
	(Print Name)	ner	,La	boratory Dire (Print Title)	
do HEREBY	(Print Name) CERTIFY that	ner all attached analytical data a	re correct and unless no	(Print Title)	
do HEREBY National Env	(Print Name) CERTIFY that ironmental Lab	ner all attached analytical data a poratory Accreditation Confer	re correct and unless no ence (NELAC).	(Print Title) ited meet all	requirements of the
do HEREBY National Env Signature	(Print Name) CERTIFY that ironmental Lat	ner all attached analytical data a poratory Accreditation Confer	re correct and unless no ence (NELAC).  Date:	(Print Title) Ned meet all 14-Feb-07	requirements of the
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## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

#### **SECONDARY CONTAMINANTS**

62 - 550.320

Client:

Aqua Utilities Florida, inc.

Workorder:

Jasmine Lakes Qtly Odor

Sample Location:

POE grab

Sample Number:

2027008001

Sampling Date:

2/13/07 9:00

Date Received:

2/13/07 13:30

MCL

Contam ID

Contam

Name

Analysis Result Units

Qual.

Analytical

Method

Lab MOL

Analysis Date/Time DOH Lab Cert #

1920

Odor - Dechlorinated [3]

T.O.N. 1.1

SM2150 B

1.0

2/13/07 15:10

E96080

sporting Format 62-550.730 fective January 1995, Revised January 2004

teaults must be reported with appropriate qualifiers in accordance with Floride Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, *, are acceptable for compilance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be availabled on a case by case basis. To old a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

300 US 1 North vt Pierce, FL 34946 XOH # 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

nted: 2/14/07

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida Sarasota, Fl. 34240

PERMIT NUMBER:

CLASS SIZE:

FLA012768

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-100

Ponds, including Influent

1000 Holly Lane Port Richey, FL 34668

NO DISCHARGE FROM SITE:

MONITORING PERIOD-From:

01/01/2007

01/31/2007

COUNTY:	Pasco			MONITORING PERI	IQU—Prom;	01/01/2007	To:		01/31/2007	
Parameter		Quantity of Loading	g Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow to R-100	Sample Measurement	0.220						0	riidiyala	-
PARM Code 50050 Y Man. Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.205						0		
PARM Code 50050 1 Mon.Sile No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Recording floreters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	····-			0	77.881711	
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	2.8			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportions composite
Solids, Total Suspended	Sample Measurement			3.1				0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)			MG/L	•—	Monthly	Calculation
Solids, Total Suspended	Sample Measurement			6.75	10.0			0		
PARM Code 00530 A Mon. Site No. EFA-01 I certify under penalty of law that this do	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportions composite

w that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property 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 knowling violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Sugar	EATED!	RP OF PR	NCIPAL	EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMM/DD)
Don Hostetler / Senior Faciltiles Operator		#		117	111	727-919-0674	08/04/24
			<del>- /</del>	<u> </u>			

DOCUMENT NUMBER-CATE

PA File No. FLA012768-005-DW2P OEP Form 62-620.910(10), Effective November 29, 1994

04322 MAY 22 8

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Original	of Loading	Units	MONITORING PERI		01/01/200			01/31/2007	
· 		Greating	r or coauing	UnitS	Q	uality or Concentration	<b>-</b>	Units	No.	Frequency of	Sample Typ
-11				İ				İ	Ex.	Analysis	1
pH	Sample Measurement				7.4	7.5	,	1	0	Analysis	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	-	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0	(Max.)			0	J Daysvices	Grab
Parm Code 74055 Y Mon Site No.EFA-01	Permit Requirement				200			#/100ML	-	Monthly	
Coliform, Fecal	Sample Measurement				(An. Avg.)		1.0	- TOOINE	0	INTOITUITY	Calculation
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report		800	#/100ML		Every Two	
Total Chlorine Residual (For Disinfection)	Sample Measurement	-			(Mo.Geo.Mean)		(Max.)	- TOUIVIL		Weeks	Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5			MG/L	0	Z.D NV.	
Nitrogen, Nitrate, Total (as N)	Sample Measurement				(Min.)		7.30	MG/L	0	5 Days/Week	Grab
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.209	0.205				(		0	wWeeks	composite
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Ma.Avg.)	Report	MGD						5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				0004				0		totalizers
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				68% Report			Percent		Ma-u.	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				420			· Crociii	0	Monthly	Calculation
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				150				0		composite
PARM Code 00530 G Vion.Site No.INF-01	Permit Requirement				Report (Mo,Avg.)			MG/L		Monthly	8-hour flow proportioned

#### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

MONITOR	RING PERIO	01/01	/2007	To:	01/3	1/2007				
	CBOD5 (mg/L)		Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD total plant flow to ponds			Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	2 00530	<del>                                     </del>
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-0		<del> </del>
1				7.5		2.2	0.437			
2	2.800			7.5	10.0	2.2	0.204	420	150	
3		1u	4.4	7.4		2.0	0.189	1		1
4				7.5		2.2	0.182			<del>                                     </del>
5				7.5		2.0	0.194			<del> </del>
6							0.196			<del></del>
7							0.223			T
8				7.5		2.2	0.223	<del>                                     </del>		<del></del>
9				7.5		2.2	0.202			<u></u>
10				7.5		2.2	0.155		1	
11				7.5		2.2	0.201	<del> </del>		<del></del>
12				7.5		2.2	0.179		:	
13							0.195			
14		!		· · · · · · · · · · · · · · · · · · ·			0.209	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
15				7.5		2.2	0.209	···	<del>   </del>	
16				7.5		2.2	0.255	<del> </del>		
17				7.5		2.2	0.179	i		
18				7.5		2.2	0.185	<del> </del>	<del></del>	
19				7.5		2.2	0.199	-		
20							0.184	<u> </u>		
21							0.225		<del>   </del>	
22				7.5		2.2	0.225			
23		1u		7.5		2.2	0.216	<u> </u>		
24				7.5		2.2	0.179		++	
25				7.5		2.0	0.188			
26				7.5	<del>-                                    </del>	2.2	0.177			
27					•		0.243		- <del>  </del>	
28							0.198		<del>   </del>	
29	2.0u			7.5	3.5	2.2	0.198			
30	2.000	1u	7.3	7.5	3.5	2.2	0.155			
31				7.5		2.2	0.168			
PLANT ST	AFFING:		<del></del> _				550			
Lead Opera	tor (	Class:	В	Certifica	ition No.:	8035		Name:	Don Hostetle	er.
Day Shift O	•	Class:			ition No.:			Name:	20.1 Hostelle	
Day Shift O		Class:			ition No.:			Name:		
Say Ollik O	zo≀at∪i (	Class:		Certifica	tion No			Mama		

Certification No.:

Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME

1

Agua Utilities Florida

PERMIT NUMBER:

FI A012768

MAILING ADDRESS

6960 Professional Parkway East Sarasota, Fl. 34240

LIMIT

FACILITY:

Jasmine Lakes WWTP

CLASS SIZE: N/A MONITORING GROUP NUMBER: REPORT: GROUP:

Monthly Domestic

LOCATION:

1000 Holly Lane Port Richey, FL 34668 MONITORING GROUP DESC NO DISCHARGE FROM SITE:

Final

R-100

Ponds, including Influent

COUNTY

Pageo

MONITORING PERIOD-From:

02/01/2007

02/28/2007

Parameter		Quantity of Lo	ading U	nits	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample Ty
Flow to R-100	Sample Measurement	0.217		Í				· · · · · · · · · · · · · · · · · · ·	<b>Ех</b> .	Analysis	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	M	IGD				<del></del>		Monthly	Calculation
Flow to R-100	Sample Measurement	0.194						**************************************	0	······································	
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	М	GD						5 Days/Week	Recording flo meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2				0		totalizers
PARM Code 80082 Y Man.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)	· · · · · · · · · · · · · · · · · · ·		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	4.8			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				6.2				0		остроже
PARM Code 00530 Y Man.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				4.85	6.0			0	<u> </u>	
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Ma. Avg.)	60.0 (Max.)	) .	MG/L		Every two weeks	8-hour flow proportioned composite

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 lips and imprisoryment 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)
Don Hostetler / Senior Facilities Operator	111 2181111		
		727-919-0874	08/04/24

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

Facility Name: Jasmine Lakes WWTP

3 4 4

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter	<del></del>				MONITORING PER	RIOD: From:	02/22/200	<u>17</u> To	:	02/28/2007	
Parameter		Quantity	of Loading	Units		Quality or Concentration		Units	No.	Frequency of	Sample Ty
pH	Sample		1		<u> </u>	T	T		Ex.	Analysis	<del> </del>
	Measurement		<u>i</u>		7.4	7.6			0		}
PARM Code 00400 A Mon. Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		su		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.9			·	0		
Parm Code 74055 Y Mon.Ske No.EFA-01	Permit Requirement		<u>;</u>		200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement	,			1.0		1.0	-	0		Galogianosi
Parm Code 74055 A Mon. Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	<del> </del>	800 (Max.)	#/100ML		Every Two	Grab
Total Chlorine Residual (For DisInfection)	Sample Measurement		<del></del>		2.0		(IMBA.)		0	Weeks	-
PARM Code 50050 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)	<u> </u>		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.00		0		1
PARM Code 00620 A Mon.Site No.EFA-D1	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.200	0.194								composite
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				65%				0		totalizers
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	İ		*	350				0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				400				-	<u> </u>	composite
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

#### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

MONITORING PERIO 02/01/2007 To: 02/28/2007 CBOD5 Fecal Nitrogen, TRC (For | Flow (MGD) TSS CBOD5 TSS Notes (mg/L) Coliform Nitrate, (Std. (mg/L) Disinfect.) total plant (mg/L) (mg/L) Units) Bacteria Total (as (mg/L) flow to (#/100ml) N) (mg/L) ponds Code 80082 74055 00620 00400 00530 50060 50060 80082 00530 Mon.Site EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 FLW-01 INF-01 INF-01 7.5 2.2 170,098.0 2 7.5 2.2 170,294.0 3 7.5 2.2 170,499.0 4 5 7.5 2.2 170,957.0 6 7.5 2.2 171,123.0 7 7.4 2.0 171,291.0 8 2.0 7.5 171,511.0 9 7.5 2.2 171,695.0 10 7.5 2.2 171,899.0 11 12 2.000 7.4 3.7 2.0 172,343.0 350 400 13 1.0 1.0 7.5 2.2 172,531.0 14 7.5 2.2 172,730.0 15 7.4 2.0 172,907.0 16 7.5 2.2 173,099.0 17 7.4 2.2 173,334.0 18 #REF! 19 7.6 2.0 173,651.0 20 2.2 7.5 173,912.0 21 7.5 2.2 174,059.0 22 7.5 2.2 174,288.0 23 7.5 2.2 174,448.0 24 7.5 2.2 174,610.0 25 26 4.800 7.5 2.2 6.0 175,041.0 27 1.0 0.1 7.5 2.2 175,198.0 28 7.4 2.2 175,381.0 29

		··			
					<u> </u>
Class:	В	Certification No.:	8035	Name:	Don_Hostetler
Class:		Certification No.:		Name:	
Class:		Certification No.:		Name:	
Class:		Certification No.:	<del></del>	Name:	
			<del></del>		
	Class: Class:	Class: B Class: Class:	Class: B Certification No.: Class: Certification No.: Class: Certification No.:	Class: B Certification No.: 8035 Class: Certification No.: Class: Certification No.:	Class: B Certification No.: 8035 Name: Class: Certification No.: Name: Class: Certification No.: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

6960 Professional Parkway East Sarasota, Fl. 34240

LIMIT: CLASS SIZE: REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

Jasmine Lakes WWTP 1000 Holly Lane

N/A MONITORING GROUP NUMBER:

R-100

Port Richey, FL 34668

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Final

Ponds, including Influent

MONITORING PERIOD-From:

03/01/2007

03/31/2007

COUNTY:	Pasco			MONITORING PER	noo-rom.	<u>03/01/2007</u> To		03/31/2007	
Parameter	Quantity of Loading			Qua	ality or Concentration	Units	No. Ex.		Sample T
Flow to R-100	Sample Measurement	0.215					0	Analysis	
PARM Code 50050 Y Mon, Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD					Monthly	Calculation
Flow to R-100	Sample Measurement	0.199					0	·	
PARM Code 50050 1 Mon.9tle No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Recording flo
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3			0	<u> </u>	totalizers
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6	5.2		0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			6.3			0		composite
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			3.55	4.6		0		
PARIM Code 00530 A  Mon.Site No.EFA-01  certify under penalty of taw that this do  assed on my inquiry of the person or or	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite

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	and the same	Jane of	/		r —	
	Don Hostetler / Senior Facilities Operator	SIGNATUR	E ST PRINCIPACEX	FOUTIVE OFFICER O	R AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
į	DON 1 resteuer 7 Cernor Facilities Operator	100	14 J.K	reco	<b>⇒</b> .	727-919-0674	07/04/25

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Ougatit	of Loading	Units	MONITORING PER		<u>03/01/20</u> 0			03/31/2007	
- · · · · · ·		Quantity	y or Loading	Units		Quality or Concentration		Units	No.	Frequency of	Sample Ty
pH	Sample Measurement				7.4	7.5		<del> </del>	Ex.	Analysis	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement		<del> </del>		6.0 (Min.)	8.5		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.9	(Max.)			0	0 04/3/1668	Giau
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				(An, Avg.)		1.0		0	- Indiany	Celculation
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800	#/100ML		Every Two	Grab
Total Chiorine Residual (For Disinfection)	Sample Measurement				2.0		(Max.)		0	Weeks	
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L	-	5 Days/Week	Grab
Nitrogen, Nitrale, Total (as N)	Sample Measurement						4.90	ļ	0	-	
PARM Code 00520 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.199	0.199				··· <u>·</u> · · · · · · · · · · · · · · · · ·		0	·	composite
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308	Report	MGD					-	5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(3-Mo.Avg.)	(Mo.Avg.)	MGD			···		0		totalizers
PARM Code 00180 G Mon.Site No.INF	Permit Requirement	<u> </u>			65% Report		· · · · · · · · · · · · · · · · · · ·	Percent	_	Monthly	Ostovisti.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				220				0	THORIGHY	Calculation
PARM Code 80082 G Mon. Site No.INF-01	Permit Requirement				330 Report (Ma.Avg.)			MG/L		Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement	-			140		<del></del>		0		composite
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			<del></del>	Report (Mo.Avg.)		·	MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIO	03/01/2007	To:	03/31/2007
<del></del> -	· · · · · · · · · · · · · · · · · · ·		

	CBOD5 (mg/L)	Fecal Coliform Bacteria	Nitrogen, Nitrate,	pH (Std.	TSS (mg/L)	Disinfect.)		CBOD5 (mg/L)	TSS (mg/L)	Notes
		(#/100ml)	Total (as N) (mg/L)	Units)		(mg/L)	flow to ponds			
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.2			
2				7.5		2.2	0.2			
3							0.2			
4							0.2			
5				7.5		2.2	0.2			
6				7.5		2.2	0.2			
7				7.5		2.1	0.2			
8				7.4		2.2	0.2			
9				7.5		2.2	0.2			
10							0.2			
11							0.2			
12	2.000			7.4	2.5	2.1	0.2	330	140	-
13		1.0	4.7	7.5		2.2	0.2			
14				7.4		2.1	0.2			
15				7.5		2.2	0.2			
16				7.5		2.2	0.2			
17							0.2			
18							0.2			
19				7.5		2.2	0.2			
20				7.4		2.2	0.2			
21				7.4		2.0	0.2			
22				7.5		2.2	0.2			
23				7.5		2.2	0.2			
24							0.2			
25							0.2			
26	5.200	1.0	4.9	7.5	4.6	2.2	0.2			
27				7.5		2.2	0.2			
28				7.5		2.2	0.2			
29			-	7.4		2.1	0.2			
30			1	7.5		2.2	0.2			
31							0.2			

27			7.5	2.2	0.2			
28			7.5	2.2	0.2			
29			7.4	2.1	0.2			
30			7.5	2.2	0.2			
31					0.2			
PLANT STAFFING:		<u> </u>						
Lead Operator	Class:	В	Certification	No.: 8035		Name:	Don Hostetier	
•	Class:		Certification	No.:		Name:	· · · · · · · · · · · · · · · · · · ·	
Day Shift Operator Day Shift Operator	Class:		Certification Certification			Name: Name:		

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number: Monitoring Period:

FLA012768

January-07

April-07

Monitoring Well ID;

Well Type:

MWC-05 Compliance

Description:

Date Sample Obtained:

2/12/2007

Was the well purged before sampling?

_X_Yes__NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.2	Report	FEET	Single Sample	Quarterly		FIELD	P P	И
Nitrogen, Nitrate, Total (as N)	00620	0.060น	10	MG/L	Single Sample	Quarterty	0.06	EPA 300.0	EU	N
Solids, Total Dissolved (TDS)	00515	670	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	220	250	MG/L	Single Sample	Quarterly	7,5	EPA 300.0	1 P	N
Sodium, Dissolved	00929	120	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	s	N
Ammonia, as N	00610	0.65	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.96	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	7.3	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	58	1	טזע	Single Sample	Quarterly	0.090	FIELD	ı	N N
Specific Conductance	00094	848.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	23.00	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N
										<del></del>

I certify under penalty of law that this document and all attachments were perpared 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 Name/Title of Principle Executive Officer or Authorized Agent Signature of Principle Executive Officer or Authorized Agent Telephone No Date (yy/mm/dd) Don Hostetler - Senior Facilities Operator 727-919-0674 06/12/21

unty;	

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

FLA012768

Monitoring Period:

From: January-07

l'o: April-07

Monitoring Wel il ID:

Description:

MWB-01 Backround

JL-1BR

Date Sample Otalined:

2/12/2007 8.08

Was the well purged before sampling?

_X_Yes__NO

Time Sample Obtained:

			بالمستنافي والمستافات							
Parameter	PARM Code	Sampling Measurement	Permit Requirement	បរា៤	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.80	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	380	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	110	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	1 P	N
Sodium, Dissolved	00929	83	180	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.57	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0u	4	CFU/100MIL	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.53	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	24	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	1.2	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	617.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	21.30	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N
		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon								

I certify inder penalty of law that this document and all attachments were perpared under in	y direction or supervision in accordance with a system designed to assure that qualified personnel property	gather and evaluate the informati	on submitted. Based on
Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator	1 Jest	727-919-0674	07/02/12

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Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

FLA012768

Monitoring Well ID:

MWC-04 Compliance

Well Type:

Description:

Date Sample Obtained:

2/12/2007 10.49

Monitoring Period:

Was the well purged before sampling?

_X_Yes__NO

January-07

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.79	Report	FEET	Single Sample	Quarterly		FIELD	рр	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	0.0 <b>80</b> u	МОЛ	Single Sample	Quarterly	0.08	EPA 300.0	EU	N
Solids, Total Dissolved (TDS)	00515	790	790	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	250	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	160	160	MG/L	Single Sample	Quarterly	1.0	EPA 200,7	s	N
Ammonia, as N	00610	9.9	9.9	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	1.0u	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
ΡΉ	00406	7.03	6.5-8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N N
Sulfate, Total	00945	86	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	19	1	טדע	Single Sample	Quarterly	0.090	FELD	1	N
Specific Conductance	00094	1150.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	c	N N
Temperature (C), Water	00010	22.90	Report	DEG.C	Single Sample	Quarterly	1	FIELD	·	N
						***				

April-07

I certify under penalty of law that this document and all attachments were perpared 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 Name/Title of Principle Executive Officer or Authorized Agent Signature of Principle Executive Officer or Authorized Agent Telephone No Date (yy/mm/dd) Don Hostetler - Senior Facilities Operator 727-919-0674 06/12/21 Comments and Explanations (Reference all attachments here):

Co	បក	ty:	

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

FLA012768

Monitoring Well ID; Well Type:

MWC-03 Compliance

Description:

Monitoring Period:

From: January-07

April-07

Date Sample Obtained:

2/12/2007

Was the well purged before sampling?

X Yes NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.5	Report	FEET	Single Sample	Quarterly		FIELD	РР	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	ΕU	N
Solids, Total Dissolved (TDS)	00515	620	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	220	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	s	N
Ammonia, as N	00610	2.4	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
рН	00406	7.55	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	42	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	Т	N
Turbidity	82079	2.5	1	NTU	Single Sample	Quarterly	0.090	FIELD	1	N
Specific Conductance	00094	958.0	Report	<b>UMHO/CM</b>	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	20.60	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were perpered under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on Name/Title of Principle Executive Officer or Authorized Agent Signature of Principle Executive Officer or Authorized Agent Telephone No Date (yy/mm/dd) Don Hostetler - Senior Facilities Operator 727-919-0674 06/12/21

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Facility Name:

Jasmine Lakes WWTP

Permit Number:

Monitoring Period:

FLA012768

From: January-07

April-07

Monitoring Well ID:

MWC-02

Weli Type:

Compliance

Description:

Date Sample Obtained:

2/12/2007

Was the well purged before sampling?

_X_Yes__NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Prequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.18	Report	FEET	Single Sample	Quarterly		FIELD	РР	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.08	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	570	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	210	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	Į P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	3.7	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Ţ	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterty	1.0	SM 9222D	A	N
pH	00406	7.21	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	א
Sulfate, Total	00945	21	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	т	N
Turbidity	82079	0.57	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	997.0	Report	UMHO/CM	Single Sample	Quarterty	0.02	FIELD	С	N
Temperature (C), Water	00010	22.80	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were perpared under my	direction or supervision in accordance with a system designed to assure that qualified personnel	properly gather and evaluate the infor	nation submitted. Based on
Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator	Ill street	727-919-0674	06/12/21

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

MAILING ADDRESS:

6960 Professional Parkway East

FLA012768

Sarasota, Fl. 34240

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-100

Ponds, including Influent

1000 Holly Lane Port Richey, FL 34668

NO DISCHARGE FROM SITE:

MONITORING PERIOD_Emm

COUNTY:	Pasco				MONITORING PER	IOD-From:	04/01/2007	To:		04/30/2007	
Parameter		Quantity of I	oading (	Jnits	Qua	lity or Concentra	ition	Units	No.	Frequency of	Sample Ty
Flow to R-100	Sample Measurement	0.213							<b>Ex</b> .	Analysis	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	N	/IGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.207							0		
PARM Code 50050 1 Mon Sile No.FLW-01	Permit Requirement	Report (Ma. Avg.)	N	/IGD						5 Days/Week	Recording floo meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			,	2.9				0		lotalizers
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (Ап.Avg.)			MG/L		Monthly	Calculation
8OD, Carbonaceous 5 day, 20C	Sample Measurement			<del></del>	2.2	2.4			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				6.1				0		composite
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L	-	Monthly	Calculation
Solids, Total Suspended	Sample Measurement				2.15	3.2			0	·	
PARM Code 00530 A Mon.Site No.EFA-01 I certify under penalty of law that this de	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

submitted. Based on my inquiry of the 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 sware that there are significant penalties for submitting false information, including the possibility of the and impresonment for knowing violations.

		7		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	OCCUPATION OF			<del></del>
	SIGNAMINE	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator		11075		
		7-7-20-0	727-919-0674	07/05/21

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Orranti	ty of Loading	Units	MONITORING PERI		04/22/200		): 	04/30/2007	
	İ	Quanti	y or coaging	Units		uality or Concentration	1	Units	No.	Frequency of	Sample Ty
pH	<u> </u>		_	1						<b>!</b>	1
pH	Sample Measurement				7.4	7.7		<del></del>	<b>Ex</b> .	Analysis	<u> </u>
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0	8.5		SU	-		
Coliform, Fecal	Sample Measurement		·	<del>                                     </del>	(Min.)	(Max.)		30	-	5 Days/Week	Grab
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			-	200			ļ	0		<del></del>
Coliform, Fecal	Sample Measurement			<del>-  </del>	(An. Avg.)		4.0	#/100ML		Monthly	Calculation
Parm Code 74055 A Mon.Sto No.EFA-01	Permit Requirement			<del> </del>	Report	<del></del>	1.0 800	<del> </del>	0	F 7	
Total Chlorine Residual (For Disinfection)	Sample				(Mo.Geo.Mean)		(Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 50060 A Mon.Site No.EFA-01	Measurement Permit Requirement		<u> </u>	-	0.5				0		
Nitrogen, Nitrate, Total (as N)	Sample				(Min.)		· · · · · · · · · · · · · · · · · · ·	MG/L		5 Days/Week	Grab
	Measurement						8.00		0		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.200	0.207								composite
PARM Code 50050 P Morusha No.FLW-01	Permit Requirement	0.308	Report							5 Days/Week	Recording flow
Percent Capacity, (TMADF/Permitted		(3-Mo.Avg.)	(Mo.Avg.)	MGD				1	-		totalizers
Capacity) x 10	Sample Measurement								0		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				65% Report			D			
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u> </u>				Percent	-	Monthly	Calculation
PARM Code 80082 G					210				0		
Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				100				-		composite
ARM Code 00530 G Ion Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

MONITOR	RING PERIO	04/0	1/2007	. To	04/	30/2007				
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (Fo Disinfect (mg/L)	f Flow (MGI total plant flow to pends		1	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
11							T.			
2				7.5		2.2	181,982.0			
3				7.5		2.2	182,207.0			
4				7.7		2.2	182,391.0		<del>  </del>	·
5				7.6		2.0	182,577.0			
6				7.5		2.2	182,774.0			
7							182,942.0			
8										
9	2.400			7.5	3.2	2.2	183,386.0	210	100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10		1.0	8.0	7.5		2.2	183,554.0			
11				7.5		2.2	183,758.0			
12				7.5		2.2	183,938.0			
13				7.4		2.2	184,135.0			
14							184,287.0			
15										
16				7.5		2.2	184,786.0			
17				7.5		2.2	184,955.0			
18				7.5		2.2	185,132.0			
19				7.5		2.2	185,391.0			
20				7.5		2.2	185,586.0			
21							185,737.0			
22										
23				7.5		2.2	186,288.0			
24	2.000			7.5	1.1	2.2	186,445.0			
25		1.0	4.8	7.5		2.2	186,674.0			
26				7.5		2.2	186,896.0			
27				7.5		2.2	187,102.0			
28							187,293.0			
29										
30				7.5		2.2	187,750.0			
PLANT STA Lead Operat		N	-							
Lead Operat Day Shift Op		class: Lass:	<u> </u>	Certifica	_	8035			Don Hostetler	r
Day Shift Op		lass:		Certification		<del></del>		Name:		
Day Shift Op		lass:	<del></del>	Certificat				Name: Name:	<del></del>	
					***			Harrie.		

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

6960 Professional Parkway East

PERMIT NUMBER:

FLA012768

FACILITY:

Sarasota, Fl. 34240

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

Jasmine Lakes WWTP

MONITORING GROUP NUMBER:

R-100

LOCATION:

1000 Holly Lane

MONITORING GROUP DESC:

Ponds, including Influent

Port Richey, FL 34668

NO DISCHARGE FROM SITE: MONITORING PERIOD-From:

COUNTY: Parameter	Pasco									05/31/2007	
Farameter		Quantity	of Loading	Units	Qu	ality or Concentr	ation	Units	No.	Frequency of	Sample Ty
Flow to R-100	Sample Measurement	0.210						-	Ex. 0	Analysis	!
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.205	·						0	Monany	Calculation
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flo
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8				0		totalizers
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0			0		Calculator
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L	_	Every two weeks	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				4.4		<u> </u>		0		composite
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				1.75	2.0			0		Outomat(d)
PARM Code 00530 A Ann.Site No.EFA-01 certify under penalty of law that this do lased on my inquity of the person or pe	Permit Requirement				30.0 (Mo_Ayg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering the information, the information submitted is, to the best of my knowledge and belief, true, eccurate, and complete. I am aware

	or ?	the and imprisonment for knowing yellations	,	r, eccurate, and complete. I am aware
NAME/TITLE OF PI	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SUNATURE OFFICE EXPOLITIVE OFFICES OR	T	
Don Hostetler	/ Senior Facilities Operator		ALEHORIZED AGENT   TELEPHONE NO.	DATE (YY/MM/DD)
			727-919-0674	07/06/21
		•		

## **DISCHARGE MONITORING REPORT - PART A (Continued)**

Facility Name: Jasmine Lakes WWTP

1 1 1 1

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Ou south	of Loading	Units	MONITORING PER		<u>05/01/20</u> 0			<u>05/31/2007</u>	
, are note.		Quantity	of Loading	Units		Quality or Concentration		Units	No.	Frequency of	Sample Ty
Н	Sample Measurement				2.2	7.5	<del> </del>		Ex.	Analysis	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	<u> </u>	su		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9	()		<u> </u>	0		
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0		0	<u> </u>	
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.2		(man)		0	** <del>UU</del> AS	
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.20		0	-	
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.202	0.205			*			0	<del></del>	Composite
PARM Code 50050 P Man.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement		<u> </u>		66%				0		Coldingers
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				490				0		· · · · · · · · · · · · · · · · · · ·
PARM Code 80082 G Won.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				460		<u>-</u> -		0		ent-thouste
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

#### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

MONITORING PERIO 05/01/2007	To:	05/31/2007
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	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.3			
2				7.5		2.2	0.2			Ì
3				7.5		2.2	0.2			
4				7.5		2.2	0.2			
5							0.2			
6							0.2			
7	2.000			2.2	2.0	7.5	0.2	490	460	
8		1.0	0.7	2.2		7.5	0.2			<del></del>
9				2.2		7.4	0.2			<del> </del>
10				2.2		7.5	0.2			
11				2.2		7.5	0.2			·
12							0.2	` -		
13							0.2			
14				2.2	1	7.5	0.2			
15				2.2		7.5	0.2			<del></del>
16				2.2		7.5	0.2			
17				2.2		7.5	0.2			<del></del>
18				2.2		7.5	0.2			
19							0.2			
20							0.2			
21	2.000			2.2	1.5	7.5	0.2			
22		1.0	1.2	2.2		7.5	0.2			
23				2.2		7.5	0.2			
24				2.2		7.5	0.2	<del></del>		<del></del>
25				2.2		7.5	0.2			
26				2.2		7.4	0.1			
27							0.3			
28				2.2		7.4	0.3			- <del></del>
29				2.2		7.5	0.1	<del>-</del>		
30				2.2		7.5	0.1			
31				2.2		7.5	0.2			

26		·	2.2	7.4	0.1		<u> </u>
27					0.3		
28			2.2	7.4	0.3		
29			2.2	7.5	0.1		
30			2.2	7.5	0.2		
31			2.2	7.5	0.2		
PLANT STAFFING:							
Lead Operator	Class:	В	Certification N	lo.: 8035		Name:	Don Hostetler
Day Shift Operator	Class:		Certification N	lo.:		Name:	
Day Shift Operator	Class:		Certification N	lo.:		Name:	
Day Shift Operator	Class:		Certification N	lo.:		Name:	

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

6960 Professional Parkway East Sarasota, Fl. 34240

LIMIT Final CLASS SIZE: N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP 1000 Holly Lane

Pasco

MONITORING GROUP NUMBER:

R-100

Port Richey, FL 34668

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Ponds, including Influent

COUNTY:

MONITORING PERIOD-From:

06/01/2007

To: 06/30/2007

Parameter		Quantity of	of Loading	Units	Qua	lity or Concentra	ition Ur	iits No	Frequency of	Sample Typ
Flow to R-100	Sample	0.209				<del></del>	<del></del>	E	. Analysis	
	Measurement	0.208		[ l	_			0	1	
PARM Code \$0050 Y Mon.Sile No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD					Monthly	Calculation
Flow to R-100	Sample Measurement	0.198						0	·   · · · · · · · · · · · · · · · · · ·	
PARM Code 50050 1 Mon.Sile No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD	[				5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MC	i/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60,0 (Max.)	мо	i/L	Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				4,1			0	<del>                                     </del>	- Somposie
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An,Avg.)		MG	/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement				1.60	2.1		0		
PARM Code 00530 A Mon.Ste No.EFA-01 i certify under penalty of law that this d	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	МЭ	/L	Every two weeks	8-hour flow proportioned composite

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, if 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			
NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator		707 040 0074	
		727-919-0874	07/07/24

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Ougat	buofi ondina	11575	MONITORING PER		06/22/200	<u>)7</u> To	Го: <u>06/30/20</u> 07		
		Quant	ity of Loading	Units		Quality or Concentration		Units	No.	Frequency	Sample Typ
рН	Sample		T					<del> </del>	Ex.	Analysis	
PARM Code 00400 A	Measurement			-	7.4 6.0	7.5			0		
Mon.Site No.EFA-01 Coliform, Fecal	Permit Requirement	· .	-		(Min.)	8,5 (Max.)		su		5 Days/Week	Grab
	Measurement				1.0				0		+
Parm Code 74055 Y Mon.Sile No.EFA-01	Permit Requirement				200			#14.00.01		<u> </u>	
Coliform, Fecal	Sample Measurement		<del> </del>		(An. Avg.)		1.0	#/100ML	ļ	Monthly	Calculation
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report		800	<del> </del> -	0	F	<del> </del>
Total Chlorine Residual (For Disinfection)	Sample Measurement			<del>                                     </del>	(Mo.Geo.Mean)		(Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		<del> </del>	<del> </del>	0.5				0		
Nitrogen, Nitrate, Total (as N)	Sample Measurement				(Min.)			MG/L		5 Days/Week	Grab
PARM Code 00620 A	Permit Requirement						1,10		0		
Mon.Site No.EFA-01 Flow (Total Plant)							12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned
	Sample Measurement	0.203	0.198							-	composite
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308	Report	1100						5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample	(3-Mo.Avg.)	(Mo.Avg.)	MGD							totalizers
PARM Code 00180 G	Measurement				66%				0	ļ	
Mon.Site No.INF BOD, Carbonaceous 5 day, 20C	Permit Requirement				Report			Percent		Monthly	Calculation
500, ouromaceous 5 bay, 200	Sample Measurement				200				0		- Josephan
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L	_	Monthly	8-hour flow
Solids, Total Suspended	Sample Measurement				130			-	+	Monthly	proportioned composite
PARM Code 00530 G Mon.Site No.iNF-01	Permit Requirement			F	Report (Mo.Avg.)			MG/L	_	Manthly	8-hour flow
										Monthly	proportioned composite

#### **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

MONITOR	ING PERIC	06/01	/2007	. To:	06/3	0/2007	-			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)		Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.170		T	
2							0.196			
3							0.246			
4	2.0			7.5	2.1	2.2	0.246	200	130	
5		1.0	0.6	7.5		2.2	0.182	<u> </u>		
6				7.5		2.2	0.230			
7				7.5		2.2	0.196			
8				7.5		2.2	0.180			
9							0.162			
10							0.224			
11				7.5	-	2.2	0.224			
12				7.5		2.2	0.201			
13				7.5	-	2.2	0.156			
14				7.5		2.2	0.197		T	
15				7.5		2.2	0.218	1		
16							0.146			
17							0.223			
18	2.0			7.5	1.1	2.2	0.223			
19		1.0	1.1	7.5		2.2	0.192			
20				7.5		2.2	0.186	!		
21				7.5		2.2	0.160			
22				7.4		2.2	0.221		1	
23							0.162			
24							0.224	<del></del>	<del> </del>	
25				7.5		2.2	0.224	<u> </u>	<del> </del>	
26				7.5		2.2	0.207	<del></del>	<del>                                     </del>	
27				7.5		2.2	0.147			
28				7.5		2.2	0.203			
29				7.5		2.2	0.206			
30							0.193		<del>     </del>	
PLANT STA	FFING:	<u> </u>					0.100			
Lead Operat	tor (	Class:	В	Certificat	ion No.:	8035		Name:	Don Hostetie	ar.
Day Shift Op		Class:		Certificat	_			Name:	- OIT TOSIGNE	
Day Shift Op		Class:		Certificat	-			Name:		
Day Shift Op	perator (	Class:		Certificat	ion No.:			Nama		

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

Monitoring Period:

FLA012768

January-07

May-07

Monitoring Well ID: Well Type:

MWC-05 Compliance

Description:

Date Sample Obtained:

5/7/2007 11.26

Was the well purged before sampling?

_X_Yes__NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11,45	Report	FEET	Single Sample	Quarterly		FIELD	PP	N
Nitrogen, Nitrate, Total (as N)	00620	0,060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300,0	E U	N
Solids, Total Dissolved (TDS)	00515	590	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	190	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	110	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	s	N
Ammonia, as N	00610	0.56	5	UG/L	Single Sample	Quarterly	0.050	EPA 350,1	Т	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
рН	00406	6,90	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	4,0	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	Т	N
Turbidity	82079	1.19	11	NTU	Single Sample	Quarterly	0.090	FIELD	1	N
Specific Conductance	00094	586.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N N
Temperature (C), Water	00010	22.70	Report	DEG,C	Single Sample	Quarterly	1	FIELD		N N
				<u> </u>						

I certify under penalty of law that this document and all attachments were perpared 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

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

FLA012768

Monitoring Well ID:

MWC-04

Well Type:

Compliance

Description:

Monitoring Period:

January-07

May-07

Date Sample Obtained:

5/7/2007

Was the well purged before sampling?

_X_Yes___NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	800	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	230	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	ΙP	N
Sodium, Dissolved	00929	170	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	s	N
Ammonia, as N	00610	9.1	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	А	N
pH	00406	6.86	6.5 - 8.5	su	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	94	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	Т	N
Turbidity	82079	3.73	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	1156.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	22.80	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were perpared 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

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

Monitoring Period:

FLA012768

From: January-07

May-07 To:

Monitoring Well ID: Well Type:

MWC-03 Compliance

Description:

5/7/2007

Was the well purged before sampling?

_X_Yes__NO

Date Sample Obtained: Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.5	Report	FEET	Single Sample	Quarterly		FIELD	РР	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	660	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	230	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	170	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	1.2	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
рН	00406	7.38	6.5 - 8.5	su	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	42	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	Т	N
Turbidity	82079	0.64	11	NTU	Single Sample	Quarterly	0.090	FIELD	ı	N
Specific Conductance	00094	993.0	Report	имно/см	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	21.20	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N
									<del></del>	

I certify under penalty of law that this document and all attachments were perpared 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

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent		Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

County:

Pasco

Pa

Monitoring Well ID:

MWC-02

Facility Name: Permit Number:

FLA012768

Jasmine Lakes WWTP

Well Type: Description: Compliance

Monitoring Period:

From: January-07

May-07

Date Sample Obtained:

5/7/2007

Was the well purged before sampling?

X_Yes__NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	12	Report	FEET	Single Sample	Quarterly		FIELD	p p	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	600	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	200	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	J P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	s	N
Ammonia, as N	00610	3.5	5_	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0ນ	4	CFU/100MIL	Single Sample	Quarterly	1.0	SM 9222D	А	N
рН	00406	6.80	6.5 - 8.5	su	Single Sample	Quarterly	N/A	FŒLD	L	N
Sulfate, Total	00945	18	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	Т	N
Turbidity	82079	0.89	11	NTU	Single Sample	Quarterly	0.090	FIELD	<u>ī</u>	N
Specific Conductance	00094	975.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	23.60	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were perpared 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

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
D. W. and D. Charles Comments		727 010 0674	
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

Monitoring Period:

FLA012768

To: June-07 Monitoring Well ID; Well Type:

MWB-01 Backround

Description:

JL-1BR

Date Sample Obtained:

5/7/2007

Was the well purged before sampling?

X Yes NO

January-07

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	12.10	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	ΕU	N
Solids, Total Dissolved (TDS)	00515	450	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	120	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	97	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	s	N
Ammonia, as N	00610	0.27	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	_ 4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N N
рН	00406	6.14	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	35	250	мдл	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	2.86	1	NTU	Single Sample	Quarterly	0.090	FIELD	1	N
Specific Conductance	00094	673.0	Report	имно/см	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	21.90	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N
						· · · · · · · · · · · · · · · · · · ·				

I certify under penalty of law that this document and all attachments were perpared 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 Name/Title of Principle Executive Officer or Authorized Agent Signature of Principle Executive Officer or Authorized Agent Telephone No Date (yy/mm/dd) Don Hostetler - Senior Facilities Operator 727-919-0674

Comments and Explanations (Reference all attachments here):

17/07/07

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

PERMIT NUMBER:

FLA012768

FACILITY:

6960 Professional Parkway East Sarasota, Fl. 34240

LIMIT: Final CLASS SIZE: N/A

REPORT: GROUP:

Monthly Domestic

LOCATION:

Jasmine Lakes WWTP 1000 Holly Lane

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-100

Port Richey, FL 34668

NO DISCHARGE FROM SITE:

Ponds, including Influent

MONITORING PERIOD-From:

COUNTY:	Pasco		<u> </u>		MONITORING PE		07/01/	<u>2007</u> То	•	07/31/2007	
Parameter		Quantity of Loading U		Units	Quality or Concentration			Units	No.	Frequency of	Sample Typ
Flow to R-100	Sample Measurement	0.208							Ex.	Analysis	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD						Monthly	Calculatio
Flow to R-100	Sample Measurement	0.203							0	(Househally	Calculation
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD	, , , , , , , , , , , , , , , , , , , ,					5 Days/Week	Recording fit
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5				0		totalizers
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Onlandar
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0			0	ivioriully	Calculation
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				3,8				0		composite
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L	-	Monthly	Colonial
Solids, Total Suspended	Sample Measurement				1.80	2.3			0	Moduly	Calculation
YARM Code 00530 A fon.Site No.EFA-01 certify under penalty of law that this do ased on my inquiry of the person or pe	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

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.

	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CIDW-	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO. DATE COVALABOR
Don Hostetler / Senior Facilities Operator		TELEPHONE NO.   DATE (YY/MM/DD)
	_ un places	727-919-0674 07/08/22
		727-919-0674 07/08/22

## **DISCHARGE MONITORING REPORT - PART A (Continued)**

Facility Name: Jasmine Lakes WWTP

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MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter	Quantity of Loading			Units	MONITORING PERIO		07/01/2007		_	<u>07/31/2007</u>		
т ы андсы	4. 4.	Quantity	or Loading	Units	Q	uality or Concentration		Units	No.	Frequency of	Sample Typ	
									Ex.	Analysis		
pН	Sample Measurement				7.4	7.5			0			
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab	
Coliform, Fecal	Sample Measurement				1,0		<del></del>		0			
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		· · · · · · · · · · · · · · · · · · ·		200 (An. Avg.)	***************************************		#/100ML		Monthly	Calculation	
Coliform, Fecal	Sample Measurement				1.0		1.0		0			
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Every Two Weeks	Grab	
Total Chlorine Residual (For Disinfection)	Sample Measurement				1.8		· ,		0			
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.00		0			
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite	
Flow (Total Plant)	Sample Measurement	0.202	0.203						0			
PARM Code 50050 P Mon Site No.FLW-01	Permit Requirement	0.308 (3-Mo,Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers	
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	,			66%			-	0			
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				Report			Percent		Monthly	Calculation	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				480				Q.			
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite	
Solids, Total Suspended	Sample Measurement				190				0			
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mall this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, Ft. 32399-2400

PERMITTEE NAME:

Aqua Utilitles Florida

MAILING ADDRESS:

6960 Professional Parkway East

PERMIT NUMBER:

FLA012768

FACILITY:

Sarasota, Fl. 34240

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

LOCATION:

Jasmine Lakes WWTP 1000 Holly Lane

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-100

Ponds, including Influent

Port Richey, FL 34668

NO DISCHARGE FROM SITE:

COUNTY

Paeco

MONITORING PERIOD-From:

08/01/2007

To:

08/31/2007

COUNTY:	Pasco						<u> </u>	27	•	08/31/2007	
Parameter		Quantity o	of Loading	Units	Quality or Concentration			Units		Frequency of	Sample T
Flow to R-100	Sample Measurement	0.209	· L					+	<b>Ex</b> .	Analysis	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD				<del></del>		Monthly	Calculatio
Flow to R-100	Sample Measurement	0.221						-	0		
PARM Code 50050 1 Man.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD				<del> </del>		5 Days/Week	Recording flo meters and
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			+	0	<del></del>	totalizers
PARM Code 80082 Y Mon,Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.9			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				3.8	-		<del> </del>	0		composite
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		<del> </del>	MG/L	-	Monthly	Calculation
Solids, Total Suspended	Sample Measurement				5.00	7.9			0		
PARM Code 00530 A Mon, Site No.EFA-01  certify under penalty of law that this do	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and avaluate 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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEBUOYETTA	
Don Hostetier / Senior Facilities Operator	lu said	727-919-0674	DATE (YY/MM/DD)
		121-010-0014	07/09/21

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Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Quantity	of Loading	Units	MONITORING PER		MONITORING PERIOD: From: 08/01/200  Quality or Concentration				
						aveily or Concentration	1	Units	No.	1	Sample Ty
pH	Sample Measurement				7.5	7.7			<b>Ex</b> .	Analysis	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement	1			6.0 (Min.)	8.5 (Max.)		SU	+-	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0	(Max.)	-		0	- Cayarreek	Giau
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0		0		Odicuration
Parm Code 74055 A Mon. Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML	-	Every Two	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.2		(Max.)	<del> </del>	0	Weeks	
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.90		0		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.207	0.221						0		composite
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(0.00.000)	(Moi: Ngi)	11100	070				0		totalizers
PARM Code 00180 G Mon Site No.INF	Permit Requirement				67% Report			Percent		Monthly	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180				0	Montelly	Calculation
PARM Code 80082 G Mon. Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L	-	Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				62				0		composite
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facilty: Jasmine Lakes WWTP

MONITORING PER	Ю
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08/01/2007

To: 08/31/2007

						172007	•			
	CBOD5	Fecal	Nitrogen,	рH	TSS	TRC (For	Flow (MGD)	CBOD5	TSS	Notes
	(mg/L)	Coliform Bacteria	Nitrate, Total (as	(Std.	(mg/L)	Disinfect.)		(mg/L)	(mg/L)	
	H	(#/100ml)	N) (mg/L)	Units)		(mg/L)	flow to ponds			
			, , ,				polius			
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	<del> </del>
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.2			<del></del>
2				7.5		2.2	0.2			
3				7.5		2.2	0.2			
4							0.3			
5							0.3			
6				7.5		2.2	0.3			
7				7.5		2.2	0.2			
8				7.5		2.2	0.2			
9				7.5		2.2	0.2			
10				7.5		2.2	0.2			
11							0.2			
12							0.2			
13	2.000			7.5	7.9	2.2	0.2	180	62	
14		1.0	0.1	7.5		2.2	0.2			
15				7.5		2.2	0.2			
16				7.5		2.2	0.2			
17				7.7		2.2	0.2			
18							0.2			
19							0.3			
20				7.5		2.2	0.3			
21				7.5		2.2	0.2			
22_				7.5		2.2	0.2			
23				7.5		2.2	0.2			
24				7.5		2.2	0.2			
25							0.2			
26							0.2			
27	2.900			7.5	2.1	2.2	0.2			
28		1.0	5.9	7.5		2.2	0.2			
29				7.5		2.2	0.2			
30				7.5		2.2	0.2			
31				7.5		2.2	0.2			

30			7.5		2.2	0.2			
31			7.5		2.2	0.2			
PLANT STAFFING:							············		
Lead Operator	Class:	В	Certific	cation No.:	8035		Name:	Don Hostetler	
Day Shift Operator	Class:		Certific	ation No.:			Name:		
Day Shift Operator	Class:		Certific	ation No.:			Name:		
Day Shift Operator	Class:		Certific	ation No.:			Name:		
				_					

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

6960 Professional Parkway East

PERMIT NUMBER:

FLA012768

Sarasota, Fl. 34240

LIMIT: CLASS SIZE: Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP 1000 Holly Lane

N/A MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-100

Ponds, including Influent

Port Richey, FL 34668

NO DISCHARGE FROM SITE:

COUNTY:	Pasco				MONITORING PER		09/01/2	<u>907</u> To		09/30/2007	
Parameter		Quantity of Loading Ur			S Quality or Concentration			Units	No.	1	Sample Ty
Flow to R-100	Sample Measurement	0.261						_	<b>E</b> x.	Analysis	<del> </del>
PARM Code 50050 Y Mon Site No.FLW-01	Permit Requirement	0,308 (An. Avg.)		MGD			<del>-</del>			Monthly	Calculation
Flow to R-100	Sample Measurement	0.222							0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording fic meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5		<del> </del>		0		IOIalizers
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	<del> </del>	<del></del>	0	<del></del>	
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				6.5				0	<del></del>	composite
PARM Code 00530 Y Mon.Site No.EFA-01	Pennit Requirement				20.0 (An,Avg.)		<del> </del>	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				1.45	1.9		_	0		
PARM Code 00530 A Mon.Site No.EFA-01 I certify under penalty of law that this d	Permit Requirement				30.0 (Mo, Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow propartioned composite

der my direction or supervision in accordance with a system designed to essure that qualified personnel properly gather and evaluate the information contry under pensity or law that has occurrent and as accountent and as accountent and as accountent and as accountent and as accountent and as accountent and as accountent and as accountent and asserting 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 pensities for submitting talse information, including the possibility of and amprisonment for knowing violations.

Ī	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	Loon works	CUTIVE OFFICER OR AUTHOR		·	
Ì	Don Hostetler / Senior Facilities Operator		1-12	OTIVE OFFICER OR AUTHOR			DATE (YY/MM/DD)
ì					72	7-919-0674	07/10/23

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter	i	Ougoti	ty of Loading	Units	MONITORING PER	<u>7 To</u>	<u> </u>	09/30/2007			
рН		Qualit		Junes		Quality or Concentration	<del></del>	Units		Frequency of	/ Sample Ty
рп	Sample Measurement				7.5	7.7		<del> </del>	Ex.	Anatysis	_
PARM Code 00400 A Mon.Ske No.EFA-01	Permit Requirement				6.0 (Min.)	8.5		SU	<u> </u>		<u> </u>
Coliform, Fecal	Sample Measurement				1,0	(Max.)	···	- 30		5 Days/Week	Grab
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200			<del> </del>	0		
Coliform, Fecal	Sample			<del> </del>	(An. Avg.)			#/100ML		Monthly	Calculation
Parm Code 74055 A Mon.São No.EFA-01	Measurement Permit Requirement			<del></del>	Report		800	<u> </u>	0		
Total Chlorine Residual (For Disinfection)	Sample		ļ-	<del> </del>	(Mo.Geo.Mean)		(Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 50060 A	Measurement			ļ	2.2				0		
Mon.Site No.EFA-01 Nitrogen, Nitrate, Total (as N)	Permit Requirement Sample		ļ		0.5 (Min.)			MG/L		5 Days/Week	Grab
	Measurement		ļ				4.10		0		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.215	0.222						_	***************************************	composite
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(0.000,000)	(WO.AVg.)	MOD							totalizers
PARM Code 00180 G					70%				0		
Mon.Site No.INF	Permit Requirement				Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190				0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L	-	Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				70					,	composite
PARM Code 00530 G fon.Site No.INF-01	Permit Requirement			F	Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Nu	mber, FLA(	12768					Facilty:	Jasmine I	Lakes WWTF	•
MONITOR	ING PERIO	09/0	/2007	To:	09/3	0/2007	_			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
11							213,251.0		<del>                                     </del>	<del></del>
2										
33				7.5		2.2	213,701.0			
4				7.5		2.2	213,946.0			
5				7.5		2.2	214,149.0			
6				7.5		2.2	214,355.0			
7				7.5		2.2	214,565.0			
8						_	214,751.0			
9										
10	2.000			7.5	1.0	2.2	215,208.0	190	70	
11		1.0	2.1	7.5		2.2	215,448.0			
12				7.5		2.2	215,663.0			
13				7.7		2.2	215,899.0			
14				7.5		2.2	216,187.0			
15							216,305.0			
16										
17				7.5		2.2	216,796.0			
18				7.5		2.2	217,017.0			
19	· ·			7.5		2.2	217,217.0			
20				7.5			217,412.0			
21				7.5		2.2	217,638.0			
22							217,794.0			
23	2.000									
24	2.000			7.5	1.9		218,355.0			
25		1.0	4.1	7.5			218,578.0			
26				7.5			218,805.0			
27				7.5			219,039.0			
28				7.5			219,258.0			
30							219,454.0			
PLANT STA	ECINC:									<u></u>
Lead Operat		Class:	В	Certifica	ition No.:	BU3E		lome:	Da= 14c=+-#	_
Day Shift Op		Class:			ition No.:	8035		Name: _	Don Hostetle	<u> </u>

30	<del> </del>
PLANT STAFFING:  Lead Operator Class: B Certification No.: 8035 Name: Don Host Day Shift Operator Class: Certification No.: Name: Day Shift Operator Class: Certification No.: Name: Day Shift Operator Class: Certification No.: Name:	etler

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

Monitoring Period:

FLA012768

012/00

From: January-07

To: August-07

Monitoring Weil ID:

MWC-05

Compliance

Well Type: Description:

Date Sample Obtained:

8/6/2007

10.31

Was the well purged before sampling?

X_Yes__NO

Time Sample Obtained:

	<del></del>		_=					Time Sample Obtained:	<del></del>	•
Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.05	Report	FEET	Single Sample	Quarterly		FIELD		·
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06		P P	И
Solids, Total Dissolved (TDS)	00515	630	500	MG/L	Single Sample	Quarterly	20	EPA 300.0	E U	Ŋ
Chloride as (Cl)	00940	220	250	MG/L	Single Sample	Quarterly	7.5	SM2540 C	R M	N
Sodium, Dissolved	00929	110	160	MG/L	Single Sample	Quarterly	1.0	EPA 300.0	I P	N
Ammonia, as N	00610	0.50	5	UG/L	Single Sample	Quarterly	0.050	EPA 200.7	<u> </u>	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	EPA 350.1	T	N
рН	00406	8.33	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 9222D	A	N
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly	2.5	FIELD	L _	<u>N</u>
Turbidity	82079	25.00	1	NTU	Single Sample	Quarterly	0.090	EPA 300.0	T	<u> </u>
Specific Conductance	00094	743.0	Report	<b>ИМНО/СМ</b>	Single Sample	Quarterly	0.02		1	N
Temperature (C), Water	00010	25.00	Report	DEG.C	Single Sample	Quarterly	1	FIELD	<u>c</u>	N
								FIELD	<del> </del>	N
									<del> </del>	
<del></del>						1			1 1	li li

I certify under penalty of law that this document and all attachments were perpared 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 Name/Title of Principle Executive Officer or Authorized Agent

Telephone No Date (yy/mm/dd)

Don Hostetler - Senior Facilities Operator

Comments and Explanations (Reference all attachments here):

August-07

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number: Monitoring Period:

FLA012768

Monitoring Well ID: Well Type:

MWC-04 Compliance

Description:

8-602007

Date Sample Obtained:

Was the well purged before sampling?

_X_Yes___NO

January-07

Time Sample Obtained:

		S!}		T			7			· /
Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.8	Report	FEET	Single Sample	Quarterly		FIELD	P P	† <del></del> -
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	EU	N
Solids, Total Dissolved (TDS)	00515	730	500	MG/L	Single Sample	Quarterly	20	SM2540 C		N
Chloride as (CI)	00940	<b>24</b> 0	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	R M	N
Sodium, Dissolved	00929	160	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	I P	N
Ammonia, as N	00610	12	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	S	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1,0	SM 9222D		N
рН	00406	8.33	6.5 - 8.5	su	Single Sample	Quarterly	N/A	FIELD	A	N
Suifate, Total	00945	30	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	2,41	11	NTU	Single Sample	Quarterly	0.090	FIELD	,	N
Specific Conductance	00094	998.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	24.70	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N
										N

I certify under penalty of law that this document and all attachments were perpared 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 Name/Title of Principle Executive Officer or Authorized Agent Signature of Principle Executive Officer or Authorized Agent Telephone No Date (yy/mm/dd) Don Hostetler - Senior Facilities Operator 727-919-0674 18/07/10 Comments and Explanations (Reference all attachments here);

August-07

To:

County:

Pasco

Facility Name: Jasmine Lakes WWTP

Permit Number: Monitoring Period:

FLA012768

January-07

MWC-03

Compliance

Well Type: Description:

8/6/2007

Was the well purged before sampling?

_X_Yes__NO

Date Sample Obtained: Time Sample Obtained:

Monitoring Well ID:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.4	Report	FEET	Single Sample	Quarterly		FIELD	РР	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.08	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	600	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	
Chloride as (CI)	00940	210	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.69	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0ບ	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D		N
рН	00406	8.86	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L A	<u>N</u>
Sulfate, Total	00945	40	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0,72	1	NTU	Single Sample	Quarterly	0.090	FIELD	1	N N
Specific Conductance	00094	864.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	c	N
Temperature (C), Water	00010	28.10	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N N

I certify under penalty of law that this document and all attachments were perpared under n	y direction or supervision in accordance with a system designed to assure that qualified personnel prop	erly onther and evaluate the i-fo-	matica culticated to
Name/Title of Principle Executive Officer or Authorized Agent		77-1	
i e	1/11/1 (10)	1 elebilotte 140	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator	CO STOCK	727-919-0674	1 D /0 m / n
Comments and Explanations (Reference all attachments here):		127 313-007-4	18/07/10

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

Monitoring Period:

FLA012768

From: January-07

To: August-07 Monitoring Well ID: Well Type:

Description:

MWC-02

Compliance

Date Sample Obtained: 8/6/2007

Was the well purged before sampling?

_X_Yes___NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.6	Report	FEET	Single Sample	Quarterly		FIELD	РΡ	N
Nitrogen, Nitrate, Total (as N)	00620	0.0 <b>6</b> 0u	10	MG/L,	Single Sample	Quarterly	0.06	EPA 300.0	ΕU	Ŋ
Solids, Total Dissolved (TDS)	00515	630	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	240	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	170	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	И
Ammonia, as N	00610	2.9	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
рН	00406	9.05	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	39	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.74	1	NTU	Single Sample	Quarterly	0.090	FTELD	I	N
Specific Conductance	00094	960.0	Report	UMHO/CM	Single Sample	Quarterly	0,02	FIELD	С	N
Temperature (C), Water	00010	25,10	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were perpared under my	direction or supervision in as	ordance with a system designed to assume that qualifie	ed personnel properly eather and evaluate the in-	ormation submitted. Based on
		editive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator	ÜÜ	Hear	727-919-0674	18/07/10

Comments and Explanations (Reference all attachments here):

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

FLA012768

August-07

Monitoring Well ID: Well Type:

MWB-01 Backround

Description:

JL-1BR

Monitoring Period:

January-07

Date Sample Obtained:

8/6/2007 7.33

Was the well purged before sampling?

_X_Yes__NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11,00	Report	FEET	Single Sample	Quarterly		FIELD	РР	N
Nitrogen, Nitrate, Total (as N)	00620	0.36	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	600	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	210	250	MG/L	Single Sample	Quarterly	7,5	EPA 300.0	I P	N
Sodium, Dissolved	00929	140	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.44	5	UG/L	Single Sample	Quarterly	0,050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0u	4	CFU/100MIL	Single Sample	Quarterly	1.0	SM 9222D	A	N
рН	00406	7.59	6.5 - 8.5	\$U	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	58	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	Т	N
Turbidity	82079	2.20	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	865,0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	26.70	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N
										<u> </u>

I certify under penalty of law that this document and all attachments were perpared 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 Signature of Principle Executive Officer or Authorized Agent, Name/Title of Principle Executive Officer or Authorized Agent Telephone No Date (yy/mm/dd) Don Hostetler - Senior Facilities Operator 727-919-0674 07/10/18

Comments and Explanations (Reference all attachments here):

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP 1000 Holly Lane

MONITORING GROUP NUMBER:

R-100

To:

Port Richey, FL 34668

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Ponds, including Influent

MONITORING PERIOD-From:

10/01/2007

10/31/2007

COUNTY:

Pasco

OOUNTI.	rasco										
Parameter		Quantity of Loading Units Quality or Concentration				ntion	Units	No.	Frequency of	Sample Typ	
									Ex.	Anatysis	
Flow to R-100	Sample Measurement	0.205							0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.209							0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3				0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				3.0				0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				1.70	2.2			0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

t 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 property 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 submitting violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF PRINCIPAL EXCOUNTY OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator	1 Chr	Wille	727-919-0674	07/11/26

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Oziantih	of Loading	Unite	MONITORING PER							
		Security	or conding	J.1810	1	Quality or Concentration		Units	No.	Frequency	Sample Ty	
		<u> </u>		j		İ	Ex.	Analysis				
рН	Sample Measurement				7.5	7.6			0	ruigijala		
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab	
Coliform, Fecal	Sample Measurement				1.0	(1104.)		<del> </del>	0			
Parm Code 74055 Y Men. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation	
Coliform, Fecal	Sample Measurement				1.0		1,0		0			
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Every Two	Grab	
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.0		(max.)		0	Weeks		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement			<del> </del>	0.5 (Min.)			MG/L		5 Days/Week	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.70	<del> </del>	0			
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned	
Flow (Total Plant)	Sample Measurement	0.217	0.209				· · · · · · · · · · · · · · · · · · ·		0	· · · · · · · · · · · · · · · · · · ·	composite	
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and	
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(o mo.riig.)	(mo.Avg.)	I WIGD					0		totalizers	
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				71% Report			Percent		Monthly	Calculation	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u> </u>	180		<del> </del>		0	······································		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned	
Solids, Total Suspended	Sample Measurement				82		<del></del>		0		composite	
PARM Code 00530 G Non.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite	

### **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA012768

Facilty: Jasmine Lakes WWTP

MONITORING PERIO 10/01/2007 To: 10/31/2007

	CBOD5	Fecal	Nitrogen,	pН	TSS	TRC (For	Flow (MGD)	CBOD5	TSS	7 77
	(mg/L)	Coliform	Nitrate,	(Std.	(mg/L)	Disinfect.)	total plant	(mg/L)	(mg/L)	Notes
	·	Bacteria	Total (as	Units)		(mg/L)	flow to	(5-2)	(''' <del>'</del> 3''-'	
		(#/100ml)	N) (mg/L)				ponds			
Code	80000	7.055				<u> </u>				ļ
Mon.Site	80082 EEA 04	74055	00620	00400	00530	50060	50060	80082	00530	
	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1	ļ			7.5		2.2	0.5			ļ <u> </u>
3				7.5		2.2	0.2			
Ji	<u> </u>			7.5		2.2	0.2			
4				7.5		2.2	0.2			! 
5				7.5		2.2	0.2			
6				7.5		2.2	0.2			
7							0.2		· · · · · · · · · · · · · · · · · · ·	
8	2.000			7.5	2.2	2.2	0.2	180	82	
9		1.0	4.7	7.5		2.2	0.2			· · ·
10				7.5		2.2	0.2			
11				7.6		2.0	0.2			
12				7.6		2.0	0.2	-		
13							0.2			
14					-		0.2			
15				7.5		2.2	0.2			
16				7.5		#REF!	0.2			
17				7.5		2.2	0.2			
18		_		7.5		2.2	0.2			
19				7.5		2.2	0.2			
20							0.2			
21							0.2		-	
22	2.000	-		7.5	1.2	2.2	0.2		+	
23		1.0	4.7	7.5		2.2	0.2			
24				7.5		2.2	0.2			
25				7.5		2.2	0.2			
26				7.5		2.2	0.2			
27		<del>-</del>			<del>- +</del>	2.4				
28			-				0.2			
29				7.5						
30				7.5		2.2	0.2	<del>-</del>		
31				7.5	—— <del>—</del>	2.2	0.2	-  -		
PLANT STA	FEINO		<u> </u>	7.0	<u></u>	۷.۷	0.2			

31			7.5	2.2	0.2			
PLANT STAFFING:	<u>-</u>							
Lead Operator	Class:	В	Certification N	lo.: 8035		Name:	Don Hostetler	
Day Shift Operator	Class:		Certification N			Name:	Don Hostetlei	
Day Shift Operator	Class:		Certification N	lo.:		Name:		
Day Shift Operator	Class:		Certification N	fo.;		Name:		

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilitles Florida

PERMIT NUMBER: FLA012768

MAILING ADDRESS:

6960 Professional Parkway East

Sarasota, Fl. 34240

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly

FACILITY:

Jasmine Lakes WWTP

MONITORING GROUP NUMBER:

R-100

Domestic

LOCATION: 1000 Holly Lane Port Richey, FL 34668

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Ponds, including Influent

MONITORING PERIOD-From:

11/01/2007

11/30/2007

COUNTY:	Pasco			MONITORING PER	₹IODFrom:	11/01/2007	To:		11/30/2007	
Parameter		Quantity of Loading		Qua	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow to R-100	Sample Measurement	0.205					<del>-</del> ··	0	74 (B) Side	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	мдр						Monthly	Calculation
Flow to R-100	Sample Measurement	0.198						0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Recording flo meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4				0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (Arı.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	3.0			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			3.3				0		<u> </u>
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			5.10	5.7			0	<u> </u>	
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60,0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

I certify under pensity of lew 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. Besed on my inquiry of the person or persons who manage the system, or those persons directly responsedly for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penelties for submitting false information, including the possibility of fige agd imprisopyrient for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT S	IGN/ITU	up <b>y//g</b> l	PRI	NAME OF THE OFFICER	OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator	Z		8			727-919-0674	
			7/7				

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter				1 11-6	MONITORING PERI		11/22/200				
		Quantity	y of Loading	Units	,	ruality or Concentration		Units	No.	Frequency of	Sample Ty
pΗ	Sample Measurement			-	7.5	7.5		<del> </del>	Ex.	Analysis	-
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5	················	SU		5 Days/Week	Grab
Coliform, Fecat	Sample Measurement				1.0	(Max.)			0	o paya week	Grab
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		<del></del>	<del> </del>	200 (An, Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1,0		0	Monthly	Calculation
Parm Code 74355 A Mon.Site No.EFA-01	Permit Requirement			<del> </del>	Report (Mo.Geo.Mean)		800	#/100ML		Every Two	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			<del> </del>	2.2		(Max.)	ļ	0	Weeks	3,00
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				(William)	,	10.00		0	T ways mook	Cied
PARM Code 00620 A Mon.Sito No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0,210	0.198				Pt				composite
PARM Code 50050 P Mon.Sile No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flor meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				900/				0		(Otalizers
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				66% Report			Percent	_	Monthly	Calculation
3OD, Carbonaceous 5 day, 20C	Sample Measurement		<del></del>		120				0	Woneny	Calculation
PARM Code 80082 G Agn.Site No.INF-01	Permit Requirement				Report (Ma.Avg.)			MG/L		Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				75				+		composite
ARM Code 00530 G fon Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

#### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768 Facilty: Jasmine Lakes WWTP

MONITORING PERIO 11/01/2007 To: 11/30/2007 CBOD5 Fecal Nitrogen, TSS TRC (For pН Flow (MGD) CBOD5 TSS Notes (mg/L) Coliform Nitrate. (Std. (mg/L) Disinfect.) total plant flow (mg/L) (mg/L) Bacteria Total (as Units) to ponds (mg/L) (#/100ml) N) (mg/L) Code 80082 74055 00620 00400 00530 50060 50060 80082 00530 Mon.Site EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 **EFA-01** FLW-01 INF-01 INF-01 1 7.5 2.2 226,045.0 2 7.5 2.2 226,294.0 3 226,431.0 4 5 3.000 7.5 5.7 2.2 226,870.0 120 75 6 1.0 10.0 7.5 2.2 227,057.0 7 7.5 2.2 227,225.0 8 7.5 2.2 227,402.0 9 7.5 2.2 227,579.0 10 227,711.0 11 12 7.5 2.2 228,244.0 13 7.5 2.2 228,453.0 14 7.5 2.2 228,652.0 15 7.5 2.2 228,850.0 16 7.5 2.2 229,049.0 17 229,206.0 18 19 1.0 0.1 7.5 4.5 2.2 229,624.0 20 7.5 2.2 229,830.0 21 7.5 2.2 230,021.0 22 7.5 2.2 230,223.0 23 7.5 2.2 230,454.0 24 230,625.0 25 26 7.5 2.2 231,088.0 27 7.5 2.2 231,289.0 28 7.5 2.2 231,518.0 29 7.5 2.2 231,703.0 30 7.5 2.2 231,882.0 PLANT STAFFING: **Lead Operator** Class: В Certification No.: Name: Don Hostetler Day Shift Operator Class: Certification No.: Name: Day Shift Operator Class: Certification No.: Name: **Day Shift Operator** Class: Certification No.: Name:

10

#### GROUNDWATER MONITORING REPORT - PART D

Count	v:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

FLA012768

January-07

Monitoring Well ID:

MWB-01

Well Type:

Backround

Description:

Л-IBR

11/5/2007

7.36

Monitoring Period:

Was the well purged before sampling?

_X_Yes__NO

December-07

To:

Date Sample Obtained:

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.08	Report	FEET	Single Sample	Quarterly		FIELD	РР	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300,0	E U	N
Solids, Total Dissolved (TDS)	00515	430	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (C1)	00940	150	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	1 P	N
Sodium, Dissolved	00929	100	160	MG/L	Single Sample	Quarterly	1.0	EPA 200,7	S	N
Ammonia, as N	00610	0.37	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1.0u	4	CFU/100MIL	Single Sample	Quarterly	1.0	SM 9222D	A	N
рН	00406	6.54	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N N
Sulfate, Total	00945	41	250	MG/L	Single Sample	Quarterly	2,5	EPA 300.0	т	N
Turbidity	82079	1.44	1	NTU	Single Sample	Quarterly	0.090	FIELD	1	N
Specific Conductance	00094	683.0	Report	имно/см	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	28.30	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were perpared under my direction opsupervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on Signature of Principle Executive Officer or Authorized Agent Name/Title of Principle Executive Officer or Authorized Agent Telephone No Date (yy/mm/dd) 967-919-0674 Don Hostetler - Senior Facilities Operator

Comments and Explanations (Reference all attachments here):

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number:

FLA012768

Monitoring Period:

From: January-07

To: December-07

Monitoring Well ID: Well Type:

MWC-05

Compliance

Description:

Date Sample Obtained:

11/5/2007 10.15

Was the well purged before sampling?

_X_Yes___NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Sample Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.3	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060ս	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	610	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	
Chloride as (CI)	00940	210	250	MG/L	Single Sample	Quarterly	7.5	EPA 300,0	I P	N
Sodium, Dissolved	00929	110	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	s	N
Ammonia, as N	00610	0.62	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
Н	00406	7.18	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	4.9	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Furbidity	82079	0.57	1	NTU	Single Sample	Quarterly	0.090	FIELD	,	N
Specific Conductance	00094	798.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	c	N
Temperature (C), Water	00010	26.10	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N N
<del>.</del>										
										<del></del>

I certify under penalty of law that this document and all attachments were perpared und	er my direction or supervision in accordance	e with a system designed to assure that qualified pe	rsonnel properly gather and evaluate the info	mation submitted. Decad
Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive	Officer or Authorized Agent	Telephone No	Date (vv/mm/dd)
Don Hostetler - Senior Facilities Operator	I X OX TO	- But	227-919-0674	1 42 6
Comments and Explanations (Reference all attachments here):		——————————————————————————————————————		

County:

Pasco

Facility Name: Permit Number:

Monitoring Period:

Jasmine Lakes WWTP

FLA012768

January-07

To: December-07 Monitoring Well ID: Well Type:

MWC-04

Compliance

Description:

Date Sample Obtained:

11/5/2007 9.38

Was the well purged before sampling?

X Yes NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.95	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.0 <b>6</b> 0u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	
Solids, Total Dissolved (TDS)	00515	720	500	MG/L	Single Sample	Quarterly	20	SM2540 C		N
Chloride as (CI)	00940	230	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	R M	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	I P	N
Ammonia, as N	00610	12	5	UG/L	Single Sample	Quarterly	0.050		S	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	EPA 350.1 SM 9222D	T	N N
pΗ	00406	7.25	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	A	N
Suifate, Total	00945	40	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	L.	N
Turbidity	82079	1.49	1	NTU	Single Sample	Quarterly	0,090	FIELD		N
Specific Conductance	00094	1049.0	Report	имно/см	Single Sample	Quarterly	0.02	FIELD	C	N
Femperature (C), Water	00010	25.50	Report	DEG.C	Single Sample	Quarterly	1	PIELD		N N
										N
						<del></del>			<del>                                     </del>	

I certify under penalty of law that this document and all attachments were perpared 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 Name/Title of Principle Executive Officer or Authorized Agent Signature of Principle Executive Officer of Authorized Agent Telephone No Date (yy/mm/dd) Don Hostetler - Senior Facilities Operator 927-919-0624

Comments and Explanations (Reference all attachments here):

December-07

County: Facility Name:

Pasco

Monitoring Well ID:

MWC-03

Permit Number:

FLA012768

Jasmine Lakes WWTP

Well Type: Description: Compliance

Monitoring Period:

From: January-07

Date Sample Obtained:

11/5/2007

Was the well purged before sampling?

_X_Yes__NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	8.72	Report	FEET	Single Sample	Quarterly		FIELD	РР	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300,0	Eυ	N
Solids, Total Dissolved (TDS)	00515	590	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	220	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	1.9	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N N
pH	00406	7.60	6,5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N N
Sulfate, Total	00945	43	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N N
Turbidity	82079	0.68	11	NTU	Single Sample	Quarterly	0.090	FIELD	,	N N
Specific Conductance	00094	909.0	Report	имно/см	Single Sample	Quarterly	0.02	FIELD	c	N
Temperature (C), Water	00010	28.50	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N N
······································										
										<del></del>

I certify under penalty of law that this document and all attachments were perpared under n	ny direction or supervision in accordance with a system designed to assure that	f (malified personnel properly gather and applying the income	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	les t	
Don Hostetler - Senior Facilities Operator	JA22	777. 919-06ry	Date (yy/mm/dd)
Comments and Evalenations (Reference all attachments been):			

County:

Pasco

Facility Name:

Jasmine Lakes WWTP

Permit Number;

FLA012768

Monitoring Period:

From: January-07

To: December-07 Monitoring Well ID: Well Type:

MWC-02 Compliance

Description:

Date Sample Obtained:

11/5/2007

Was the well purged before sampling?

X_Yes__NO

Time Sample Obtained:

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monioting Frequency	Detection Limits	Analysis Method	Sampling Equiptment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.45	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	620	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (CI)	00940	230	250	MG/L	Single Sample	Quarterly	7,5	EPA 300.0	I P	N
Sodium, Dissolved	00929	160	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	3.3	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	Т	N
Coliform, Fecal	31616	1. <b>0</b> u	4	CFU/100MIL	Single Sample	Quarterly	1.0	SM 9222D	A	N
рН	00406	7.18	6.5 - 8.5	su	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	27	250	MG/L	Single Sample	Quarterly	2,5	EPA 300.0	T	N
Turbidity	82079	0.65	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	940.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	С	N
Temperature (C), Water	00010	25.30	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N
	<u></u>									

I certify under penalty of law that this document and all attachments were perpared under	my direction or supervision in accordance with a	system designed to assure that qualified personnel p	properly gather and evaluate the inform	mation submitted. Based on
Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Office		Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator	1 ( 928	£000	762-918-00ry	07-19
Comments and Continued one (Defending all attachments beauty				

Comments and Explanations (Reference all attachments here):

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

MAILING ADDRESS:

6960 Professional Parkway East

FLA012768

FACILITY:

Sarasota, Fl. 34240

LIMIT: Final CLASS SIZE: N/A

REPORT: GROUP:

Monthly Domestic

LOCATION:

Jasmine Lakes WWTP 1000 Holly Lane

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-100

Ponds, including Influent

Port Richey, FL 34668

NO DISCHARGE FROM SITE:

COUNTY:	Pasco				MONITORING PER	IIOD-From:	12/01/2	<u>007</u> To:		12/31/2007	
Parameter		Quantity of	f Loading	Units	Qua	ality or Concentra	ation	Units	No.	Frequency of	Sample Ty
Flow to R-100	Sample Measurement	0.204							Ex.	Analysis	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD					-	Monthly	Calculation
Flow to R-100	Sample Measurement	0.197							0		
PARM Code 50050 1 Mon Site No.FLW-91	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording for meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		,		2.8				0		(Otalizars
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.9	11.0			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportions
Solids, Total Suspended	Sample Measurement				3.3				0	·	composite
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				2.40	2.4			0	•	
PARM Code 00530 A Mon.Site No.EFA-01 I certify under penalty of law that this do	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

ants 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. ) am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for property violations.

	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE COMMODIL	
-	Don Hostetler / Senior Facilities Operator		_
ţ		727-919-0874 08/01/24	

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Q	attace	11-34-	MONITORING PER		12/01/200			12/31/2007	
4 miles in 42A1		Quantity	of Loading	Units	ď	Quality or Concentration		Units		Frequency	Sample Typ
									No.	of	
рН		<del> </del>	Υ	-					Ex.	Analysis	
	Sample Measurement				7.5	7.7			0		
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		<del> </del>	†~~ <del>~</del>	1.0	(Wax.)			0		
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement	<u> </u>			200			#/100ML		Monthly	Calautatiaa
Coliform, Fecal	Sample Measurement				(An. Avg.)		1.0	W TOOME	0	Monthly	Calculation
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800	#/100ML		Every Two	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			-	1.8		(Max.)		0	Weeks	3,00
PARM Code 50060 A Mon Site No.EFA-01	Permit Requirement				0.5 (Min.)		<del></del>	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.40		0	-	
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L	-	Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.201	0.197	<u> </u>					0	·—·	composite
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308	Report	4400						5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(3-Ma,Avg.)	(Mo.Avg.)	MGD	65%				0		totalizers
PARM Code 00180 G Mon.Site No.INF	Permit Requirement			<del></del>	Report		<u>,, </u>	Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				130				0		**************************************
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement		· · · · · · · · · · · · · · · · · · ·		A. 25				0		composite
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

MONITORING PERIO 12/01/2007 To: 12/31/2007

	CBOD5						-			
	(mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50000			
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	50060 FLW-01	80082	00530	
1						2771-01		INF-01	INF-01	<u> </u>
2				7.5		2.2	0.2			
3	11.000			7.5	2.4	2.2	0.2	120		
4		1.0	0.1	7.5		2.2	0.2	130	98	
5				7.5		2.2	0.2			<u> </u>
6				7.5		2.2	0.2			
7				7.5		2.2	0.1			
8							0.2			
9							0.2			
10				7.5		2.2	0.2			
11				7.5		2.2	0.2			
12				7.5		2.2	0.2			
13				7.5		2.2	0.2			
14				7.5		2.2	0.2			
15							0.2			
16							0.3			
17				7.5		2.2	0.3			
18				7.5		2.2	0.2			
19	2.800			7.5	-	2.2	0.2			
20		1.0	4.4	7.5		2.2	0.2			
21				7.5		2.2	0.2			
22							0.2			
23							0.2			
24				7.6		2.0	0.2			
25				7.5		2.2	0.2			
26				7.7		1.8	0.2			
27				7.6		1.8	0.2			
28				7.7		2.0	0.2			
29				7.6		1.8	0.2			
30							0.2			
31				7.7		1.8	0.2			

<u> </u>				1.0	U.Z	í	t I
PLANT STAFFING:						<del></del>	
Lead Operator	Class:	В	Certification No.:	8035		Name:	Don Hostetler
Day Shift Operator	Class:		Certification No.:			Name:	Don Hostetter
Day Shift Operator	Class:		Certification No.:			Name:	
Day Shift Operator	Class:		Certification No.:			Name:	
			-				

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Adua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

01/01/2006

01/31/2006

Ocala, Fl. 34470

THREE MONTH ROLLING ADE

0.215

% OF PERMITTED CAPACITY

38%

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane Port Richev, FL 34668 LIMIT Final CLASS SIZE: N/A

REPORT:

Monthly

GROUP: Domestic WAFR SITE NO.:37591

FLA012768 FACILITY ID: DISCHARGE POINT NUMBER:

R001 (RIBs)

To:

COUNTY

PLANTSIZE/TREATMENT TYPE: Inc

COUNTY:	Pasco				DMR V	ersion 9/00/			
Parameter		Quantity of Loading	Units	Quality or Concentra	ition	Units	No.	Frequency of	Sample T
Flow	Sample Measurement	0,215					Ex.	Analysis	
PARM Code 50050 Y Mon.Sile No.EFA-01-13862	Parmit Pecuirement	0.308 Annual Avg)	mgd			•	0	Report Monthly	Calculate
Flow	Sample Measurement	0.220					0		. HANDER
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement	0.370 (Ma.Avg.)	mgd			•		Continuous	Flow meter a
CBODs	Sample Measurement			4.6			0	•	
PARM Code 80082 Y Mon. Site No. EFA-01-13862	Permit Requirement			20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll,An,Av
CBODs	Sample Measurement			3.0	3.4		0		
PARM Code 80082 1 Mon Site No.EFA-01-13862	Permit Requirement		.,	30.0 (Mo, Avg.)	60.0 (Max.)	MG/L	•	Every two weeks	8-hour FP(
TSS	Sample Measurement			7.3			0		
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement			20.0 (An,Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg
tss	Sample Measurement			3.13	4.8		0		.*
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement		·- <u></u>	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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 property 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/DDI

Dennis Muldoon / Senior Facilities Operator

352-302-9713

06/02/22

04322 MAY 22 8

PA File No. FLA012773-002-DW2P Version 2-9-04

FPSC-COMMISSION CLERK

² Upon notification of completion of Part il slow-rate restricted-access sprayfield.

Facility Name: Jasmine Parameter	- Lukes VVVIII	PERMIT NU		38718	DISCHARGE POI	(RIBs)	WAFE	SITE No.: 37	501	
		Quantity of Loading	Units	Q	luality or Concentration		Units	No.	Frequency of	Sample
Fecal Coliform Bacteria	Sample Measurement			2.8				Ex.	Analysis	
Parm Code 31615 Y Mon.Sile No.EFA-01-13862	Permit Requirement			200			#/4.00 1	. 0	_	Calculate
Fecal Coliform Bacteria	Sample Measurement	•		(An.Avg.) 1.0	1.0	1.0	#/100mL		Report Monthly	Roll An.A
Parm Code 31615 1 Mon.Sile No.EFA-01-13862	Permit Requirement			Report (Mo.Geo.Mean)	400	800	#/100mL	Ü	·	
pH	Sample Measurement			7.5	(Mo.Avg.)	(max) 7.6	#/ (OUIFIL	0	Every two weeks	Grab
PARM Code 00400 A Mon,Sile No.EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5	S,U.	U	Delhi Etia	
TRC (For Disinfection)	Sample Measurement			2.0		(Max.)	0,0.		Daily, 5/wk	Meter/Gra
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement			0.5 (Min)			MG/L	v	Daily, 5/wk	
Nitrate (as N)	Sample Measurement		-	(Mary		0.79		0	Daily, Stwx	Meter/Gral
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement		•		•	12.0 (max)	MG/L		Every	Grab
	Sample Measurement	• 1		·		(IIIax)			Two Weeks	Grap
	Permit Requirement						-			
CBOD5	Sample Measurement	•		283				0		
ARM Code 80082 G fon Site No.INF-01-24863	Permit Requirement			Report (Mo.Avg.)			MG/L		ery two weeks	0 has man
rss	Sample Measurement			173				0	ory two weaks	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement			Report (Mo.Avg.)			MG/L	E.	ery two weeks	8-hour FPC

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

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

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

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

⁴ FPC - flow proportioned composite

1 DAILY SAMPLE RESULTS - PART B Permit Number: FLA12768 Jasmine Lakes WWTP Facilty: County: Pasco MONITORING PERIOI 02/01/2006 To: 02/28/2006 CBOD5 TSS CBOD5 рH TSS TRC (For Flow Fecal Nitrogen, (MGD) Nitrate, Disinfect.) (mg/L) (mg/L) (mg/L) Coliform (Std. (mg/L) total plant Total (as Units) Bacteria (mg/L) flow to (#/100ml) N) (mg/L) ponds Code 50050 80082 74055 00620 00400 00530 50060 80082 00530 Mon.Site FLW-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 INF-01 INF-01 0.325 7.6 2.2 1 2 0.190 7.5 2.2 3 0.237 7.6 2.2 4 0.219 5 0.263 6 0.263 7.6 2.2 7 0.184 7.6 2.2 8 0.249 7.6 2.2 9 0.186 7.6 2.0 10 0.181 7.5 2.0 0.225 11 7.5 2.0 12 0.220 13 0.220 180 110 2.0 7.7 3.0 2.2 14 0.270 1U 1.5 7.6 2.2 15 0.187 7.6 2.0 16 0.263 2.2 7.6 0.194 17 7.5 2.2 18 0.258 19 0.220 0.220 20 2.0 7.5 21 0.230 7.5 2.2 22 0.239 7.5 2.0 23 0.256 7.4 2.0 24 0.232 7.6 2.0 25 0.214 26 0.238 27 0.238 2U 330 7.6 1.9 2.2 240 28 0.244 1U 0.6 7.5 2.0 29 30

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	<del></del>	Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Disno:	eal or Bada	imad Mater Paus	e: Evanoration / Percala	tion Pande		

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds
Limited Wet Weather Discharge Activated: Yes Not Applicable: Yes, cumulative days of wet weather discharge

^{*} Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

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

Date issued: January 9, 2006

To:

Bill Dean

Agua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204

Client:

Agua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407070]

Received:

1/03/06 8:50

Dear Bill Dean:

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. John's 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: 1/9/06

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONIT LING REPORT - PART A When completed mall this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FACILITY ID:

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

02/28/2008

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD-From: THREE MONTH ROLLING ADF

02/01/2008 0.222

% OF PERMITTED CAPACITY

38%

FACILITY: LOCATION:

Jasmine Lakes WWTP 7812 Pineapple Lane

LIMIT: Final CLASS SIZE: N/A

REPORT: Monthly GROUP: Domestic WAFR SITE NO.:37591

R001 (RIBs)

To:

COUNTY

Port Richey, FL 34668

DISCHARGE POINT NUMBER: PLANTSIZE/TREATMENT TYPE:

FLA012768

IIIC

COUNTY:	Pasco				DMR	Version 9/00			
Parameter		Quantity of Loading	Units	Quality or Concent		Units	Frequ No. 0	iency f	Sample Typ
Flow							Ex. Ana	ysis	
	Sample Measurement	0.218					0		
PARM Code 50050 Y Mon.Site No.EFA-01-13862 Flow	Permit Requirement	0.308 (Annual Avg)	mgd			•	Report	Monthly	Calculated Roll.An.Avg.
	Sample Measurement	0.231					0		
PARM Code 50050 1 Mon.She No.EFA-01-13862 CBOD5	Permit Requirement	0.370 (Mo.Avg.)	mgd	· · · · · · · · · · · · · · · · · · ·	•		Contin	NUOUS	Flow meter an
	Sample Measurement			4.5			0		
PARM Code 80082 Y Mon.Site No.EFA-01-13862 CBODs	Permit Requirement			20.0 (An.Avg.)		MG/L	Report	Monthly	Calculated Roll.An.Avg.
	Sample Measurement			2.0	2.0		0		•
ARM Code 80082 1 Aon. Site No.EFA-01-13862 'SS	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Eve Iwo w	•	8-hour FPC
	Sample Measurement			6.9			0		
ARM Code 00530 Y Ion.Site No.EFA-01-13862	Permit Requirement			20.0 (An.Avg.)		MG/L	Report I	Monthly	Calculated Roll.An.Avg.
ny	Sample Measurement			2.45	3.0	,	0		,
ARM Code 00530 1 on.Site No.EFA-01-13862 Rolling Annual Average is the averag	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Eve two w	-	8-hour FPC

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 property 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.

352-302-9713

DATE (YY/MM/QQ) 06/03/20

Dennis Muldoon / Senior Facilities Operator

² Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Parameter		PERMIT N Quantity of Loading	Units	FLA012768	DISCHARGE POIN	NO.; ROUT	(RIBS)	WAF	R SITE No.: 375	91
Fecal Coliform Bacteria		ecoandly or coading	·		Quality or Concentration		Units	No. Ex,	Frequency of Analysis	Sample 1
Mark the second of the second of	Sample Measurement			2.8				0	•	
Parm Code 31615 Y Mon.Sta No.EFA-01-13862	Permit Requirement			200 (An.Avg.)	•		#/100mL		Report Monthly	Calculate
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1.0		. 0	,	Roll.An.A
Parm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement		٠	Report (Mo.Geo.Mean)	400	800	#/100mL		Every two weeks	Grab
рH	Sample Measurement				(Mo.Avg.)	(wax)			Every the weeks	Glau
PARM Code 00400 A	ountro medadioment			7.4		7.7		0		
Mon.Site No.EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5 (Max.)	\$.U.		Daily, 5/wk	Meter/Gr
TRC (For Disinfection)	Sample Measurement		•	2.0	•	(Max.)				
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement	· ·	•	0.5			MG/L			
Nitrate (as N)	Sample Measurement	* 4 4 /**		(Min)	*** · · · · · · · · · · · · · · · · · ·		WIG/L		Daily, 5/wk	Meter/Gr
PARM Code 00620 A	combine Micesoff Strict					1.50		0		
Mon.Site No.EFA-01-13862	Permit Requirement	no e anno o con las <b>ese</b> la compositor a la comitación.	e leg ser is a salay of the con-			12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement								COMP OF THE PARTY OF THE PARTY	* * * * * * * * * * * * * * * * * * *
-	Permit Requirement			*						
CBOD5	Sample Measurement	· · · · · · · · · · · · · · · · · · ·				· • · · · · · · · · · · · · · ·			er er er <u>a</u> and	
PARM Code 80082 G Mon,Site No.INF-01-24883	Permit Requirement			255 Report	to the second second second		MG/L		Every two weeks	8-hour FP
rss .	Sample Measurement		* • •	(Mo.Avg.)	en en en en en en en en en en en en en e		.3	0		ייווטעון דרי
ARM Code 00530 G Aon.Site No.INF-01-24863	Permit Requirement	•		Report (Mo.Avg.)			MG/L	٠	Every two weeks	8-hour FP

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

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

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

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

⁴ FPC - flow proportioned composite

#### **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA12768

Facilty:

Jasmine Lakes WWTP

County:

Pasco

MONITORING PERIO 02/01/2006 02/28/2006 To:

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.325				7.6		2.2		
2	0.190				7.5		2.2		
3	0.237				7.6		2.2		
4	0.219								
5	0.263								
6	0.263				7.6		2.2		
7	0.184				7.6		2.2		
8	0.249				7.6		2.2		
9	0.186				7.6		2.0		
10	0.181				7.5		2.0		
11	0.225				7.5		2.0		
12	0.220								
13	0.220	2.0			7.7	3.0	2.2	180	110
14	0.270		1U	1.5	7.6		2.2		
15	0.187				7.6		2.0		
16	0.263				7.6		2.2		
17	0.194				7.5		2.2		
18	0.258		-						
19	0.220								
20	0.220				7.5		2.0		
21	0.230				7.5		2.2		
22	0.239				7.5		2.0		
23	0.256				7.4		2.0		
24	0.232				7.6		2.0		
25	0.214								
26	0.238								
27	0.238	2U			7.6	1.9	2.2	330	240
28	0.244		1U	0.6	7.5		2.0		
29									
30		<u></u>							

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:	<del></del>	Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.;		Name:	
Type of Effluent Dispos	al or Rectai	med Water Reus	e: Evaporation / Percola	tion Ponds		
Limited Wet Weather D	ischarge A	ctivated: Yes	Not Applicable:	] yes, cumulativ	e days of wet wea	ther discharge

^{*} Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

#### HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 5600 U.S. | North, Fort Pierce Fl. 34946 Phone: (772) 465-2400, Ext. 285 | Fax: (772) 467-1584

Date issued: February 23, 2006

To:

Bill Dean

Agua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204

Client:

Agua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407112]

Received:

2/14/06 9:05

#### Dear Bill Dean;

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

### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

03/01/2006

03/31/2006

Ocala, Fl. 34470

THREE MONTH ROLLING ADF

0.220

IIIC

% OF PERMITTED CAPACITY 58%

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

CLASS SIZE:

REPORT:

Monthly

Port Richey, FL 34668

FACILITY ID:

LIMIT

GROUP: WAFR SITE NO.:37591

Domestic

DISCHARGE POINT NUMBER: PLANTSIZE/TREATMENT TYPE:

Final

FLA012768

N/A

R001 (RIBs)

To:

COUNTY:	Pasco					DMR V	ersion 9/00			
Parameter	Quanti	y of Loading	Units	Quality or Con	centration		Units	No.	Frequency of	Sample Ty
Flow	Sample Measurement 0.218							Ex.	Analysis	
PARM Code 50050 Y Mon.Sile No.EFA-01-13882	Permit Requirement 0.308	g)	mgd						Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.225			٠			0		Mirvilvaš
PARM Code 50050 1 Mon.Site No.EFA-01-13852	Permit Requirement	0.370 (Mo.Avg.)	mgd						Continuous	Flow meter a totalizer
CBOD5	Sample Measurement			4.2		·		0		•
PARM Code 80082 Y Mon.Site No.EFA-01-13882	Permit Requirement			20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll,An.Avg
CBOD\$	Sample Measurement			2.0		2.0		0		•
PARM Code 80082 1 Mon,Site No.EFA-01-13862	Permit Requirement	•		30.0 (Mo. Avg.)		60,0 Max.)	MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement			6.8	•			0		
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement			20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll.An.Avg
iss	Sample Measurement			2,40		3.1		0		
PARM Code 00530 1 Mon,Site No.EFA-01-13862	Permit Requirement			30.0 (Mo. Avg.)		60.0 Max.)	MG/L		Every two weeks	8-hour FPC

^{2.} Upon notification of completion of Part II slow-rate restricted-access sprayfield.

1 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/QD)

**Dennis Muldoon / Senior Facilities Operator** 

352-302-9713

06/04/19

Facility Name: Jasmine Lakes WWTP		PERMIT NUMBER:		38777 DISCHARGE POINT NO.: R001 (RIBs)				WAFR SITE No.: 37591		
Parameter		Quantity of Loading	Units		luality or Concentration		Units	No.	Frequency of	Sample T
Fecal Coliform Bacteria	Sample Measurement			2.8				Ex.	Analysis	
Parm Code 31615 Y Mon.Ske No.EFA-01-13862	Permit Requirement			200 (An.Avg.)			#/100mL		Report Monthly	Calculate
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1,0			Report Worlding	Roll.An.Av
Parm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement	• •		Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL		Every two weeks	Grab
рH	Sample Measurement			7.4	(	7.8		0	•	<b>5</b> 5
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5	S.U.	-	Dally, 5/wk	Meter/Grat
TRC (For Disinfection)	Sample Measurement		• •	1.4		(Max.)		8		Meteriola
PARM Code 50060 A Mon, Site No.EFA-01-13862 Nitrate (as N)	Permit Requirement			0. <b>5</b> (Min)		•	MG/L	·	Daily, 5/wk	Meter/Grat
	Sample Measurement					0.59		0		
PARM Code 00620 A Mon Site No EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every	Grab
	Sample Measurement					<b>(</b> /// <b>=</b> //			Two Weeks	-
	Permit Requirement									
CBOD5	Sample Measurement	•		<b>4</b> 50		4		0		
PARM Code 80082 G Mon.Site No.INF-01-24863	Permit Requirement			Report (Mo.Avg.)			MG/L	•	Every two weeks	8-hour FPC
TSS	Sample Measurement			200				n	,	- Hour F C
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement		-	Report (Mo.Avg.)			MG/L	E	ivery two weeks	8-hour FPC

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

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

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

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

⁴ FPC - flow proportioned composite

### **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA012768

Facility:

Jasmine Lakes WWTP

County: Pasco

MONITORING PERIO 03/01/2006 03/31/2006 To:

				· · · · · · · · · · · · · · · · · · ·			· 		
	Flow (MGD)	CBOD5 (mg/L)	Fecal Coliform	Nitrogen, Nitrate,	pH (Std.	TSS (mg/L)	TRC (For Disinfect.)	CBOD5 (mg/L)	TSS (mg/L)
	total plant		Bacteria	Total (as	Units)		(mg/L)		
	flow to ponds		(#/100ml)	N) (mg/L)					
		22222							
Code Mon.Site	50050 FLW-01	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	80082 INF-01	00530 INF-01
1	0.184	<u> </u>	LI A-UI		7.4	Li X-01	2.0	141-01	141-01
2	0.208				7.5		2.0		
3	0.249				7.4		2.0		
4	0.245								
5	0.245				7.4		2.0		
6	0.163				7.5		2.0		
7	0.219				7.6		2.2		
8	0.163				7.5		2.2		
9	0.353				7.6		2.2		
10	0.159				7.7		2.2		
11	0.273								
12	0.224								
13	0.224	2U			7.6	3.1	2.2	510	240
14	0.205		<b>1</b> U	0.4	7.6		2.2		
15	0.205				7.7		2.2		
16	0.215				7.7		1.9		
17	0.248				7.6		2.1		
18	0.254				7.6		2.0		i
19	0.194								
20	0.194				7.7		2.0		
·21	0.242				7.8		2.0		
22	0.172				7.7		2.0		
23	0.226				7.7		2.0		
24 25	0.222 0.228				7.6		1.8		
25 26	0.228								
20 27	0.281	2U			7.7	4.7	2.0	390	160
28	0.249	20	1U	0.6	7.7 7.6	1.1	2.0 1.4	330	100
20 29	0.245		10	0.0	7.5		2.0		
30	0.243				7.7		1.6		
31	0.223				7.6		1.8		
DIANTOTA									

PLANT STAFFING:							
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon	
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class:		Certification No.:		Name:		Ξ
Day Shift Operator	Class:		Certification No.:		Name:		
Chief Day Operator	Class:		Certification No.:		Name:	•	

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds
Limited Wet Weather Discharge Activated: Ye Not Applicable: If yes, cumulative days of wet weather discharge

^{*} Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

#### HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 00 U.S. | North, Fort Pierce FL 34946 He: (772) 465-2400, Ext. 285 | Fax: (772) 467-1584

Date issued: March 20, 2006

To:

Bill Dean

Agua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richev, FL 346682204

Client:

Agua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407135]

Received:

3/14/06 9:15

Dear Bill Dean:

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



### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONIT : ING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

To:

59%

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD--From: THREE MONTH ROLLING ADF

04/01/2006 0.224

04/30/2006 % OF PERMITTED CAPACITY

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

CLASS SIZE:

LIMIT:

Final N/A

REPORT: GROUP:

Monthly Domestic

Port Richey, FL 34668

FACILITY ID: FLA012768 **DISCHARGE POINT NUMBER:** 

WAFR SITE NO.:37591 R001 (RIBs)

			F	PLANTSIZE/TREATMENT TY	PE: IIIC					
COUNTY:	Pasco					DMR V	ersion 9/00			
Parameter	Quanti	ity of Loading	Units	Quality or Con	centration		Units	No.	Frequency of	Sample Type
Pl								Ex.	Analysis	
Flow	Sample Measurement 0.219							0		
PARM Code 50050 Y Mon.Site No.EFA-01-13862 Flow	Permit Requirement 0.308 (Annual A	vg) ·	mgd						Report Monthly	Calculated Roll.An.Avg.
PIOW .	Sample Measurement	0.233		,		•	•	0		•
PARM Code 50050 1 Mon.Sile No.EFA-01-13862	Permit Requirement	0.370 (Mo.Avg.)	mgđ						Continuous	Flow mater and totalizer
CBODs	Sample Measurement			4.5		-		.0		
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement			20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll.An,Avg.
CBODs	Sample Measurement		•	7.4		11.0		0		
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement			30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement			6.4				0		
PARM Code 00530 Y Mon,Site No.EFA-01-13862	Permit Requirement			20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll,An,Avg,
tss	Sample Measurement			4.80		6,6		0		
PARM Code 00530 1	Permit Requirement			30.0		60.0	MO#		Every	Oh. spa

¹ Rolling Annual Average is the average of the current monthly average and the preceding 11 monthly average.

Permit Requirement

t 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. 1 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(Mo. Avg.)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO.

DATE (YY/MM/OD)

8-hour FPC

Dennis Muldoon / Senior Facilities Operator

Ocain melalow

352-302-9713

MG/L

(Max.)

06/05/22

two weeks

Mon.Site No.EFA-01-13862

² Upon notification of completion of Part fi slow-rate restricted-access sprayfield.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONIT LING REPORT - PART A When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD--From:

04/01/2006

04/30/2006

FACILITY:

Jasmine Lakes WWTP

LIMIT: Final 0.224

% OF PERMITTED CAPACITY

LOCATION:

7612 Pineapple Lane

CLASS SIZE: N/A REPORT: GROUP:

Monthly Domestic

Port Richey, FL 34668

FACILITY ID: FLA012768 DISCHARGE POINT NUMBER:

THREE MONTH ROLLING ADF

WAFR SITE NO.:37591 R001 (RIBs)

To:

COLINITY

PLANTSIZE/TREATMENT TYPE

COUNTY:	Pasco			DANTSIZE/TREATMENT I	TPE: IIIC				
Parameter		Quantity of Loading	Units	Quality or Con	centration	DMR V	ersion 9/00 Units	Frequency	Sample T
								No. of	
Flow	Sample Measurement	0.219						Ex. Analysis	
2424 6 4 5222	Tampio industricinent	0.219						0	
PARM Code 50050 Y Non.Sile No.EFA-01-13882 Flow	Permit Requirement	0.308 (Annual Avg)	mgd					Report Monthly	Calculated
	Sample Measurement	0.233				•		0	Roll.An Av
PARM Code 50050 1 Won.Site No.EFA-01-13862 CBOD5	Permit Requirement	0.370 (Mo.Avg.)	mgd					Continuous	Flow meter a totalizer
	Sample Measurement			4,5				0	lolalizer
ARM Code 80082 Y Non.Site No.EFA-01-13862 CBODs	Permit Requirement			20.0 (An.Avg.)			MG/L	Report Monthly	Calculated
5500	Sample Measurement			7.4	•	11.0		0	Roll.An.Avg
ARM Code 80082 1 fon.Site No.EFA-01-13862 ISS	Permit Requirement			30.0 (Mo. Avg.)		60.0 ∕/ax.)	MG/L	Every	8-hour FPC
33	Sample Measurement			6.4	\"	, man, y		two weeks	
ARM Code 00530 Y ion.Site No.EFA-01-13862	Permit Requirement			20.0 (An.Avg.)			MG/L	Report Monthly	Calculated
S	Sample Measurement			4.80	(	6.6		0	Roll.An.Avg.
ARM Code 00530 1 on.Sile No.EFA-01-13862	Permit Requirement	rage and the preceding 11 month		30.0 (Mo. Avg.)		60,0 fax.)	MG/L	Every two weeks	8-hour FPC

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)

Dennis Muldoon / Senior Facilities Operator

Ocaris Infoldior

352-302-9713

08/05/22

ll .		PERMIT NUI Quantity of Loading	Units	FLA012768	DISCHARGE POIN	T NO.: R00	1 (RIBs)	MAED CITE	
Fecal Coliform Bacteria		-			Quality or Concentration		Units	WAFR SITE No. Frequence	: 37591 У Sample Ty
o omorny pacienja	Sample Measurement							No. of	/ - ///
Perm Code 31615 Y Mon.Sile No.EFA-01-13862	Permit Requirement			3.3				Ex. Analysis	
Fecal Coliform Bacteria				200 (An.Avg.)				U	
Parm Code 31615 1	Sample Measurement			6.7			#/100mL	Report Month	nly Calculated Roll.An.Avg.
Mon.Site No.EFA-01-13862	Permit Requirement			Report	23.0	45.0		0	
∥ pH	Sample Measurement			(Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL	Every two wee	
PARM Code 00400 A Mon.Site No.EFA-01-13862				7.6		7.8			ks Grab
TRC (For Disinfection)	Permit Requirement ·			6.0 (Min.)		8.5		0	
PARM Code 50060 A	Sample Measurement	•		1.1		(Max.)	S.U.	Daily, 5/wk	Meter/Grab
Mon.Site No.EFA-01-13862 Nitrate (as N)	Permit Requirement			0.5		•		0	
radate (as N)	Sample Measurement			(Min)			MG/L	Daily, 5/wk	Meter/Grab
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement					2.20		0	Melel/Grad
·	Sample Measurement					12.0 (max)	MG/L	Every Two Weeks	Grab
CBOD5	Permit Requirement								
	Sample Measurement								
PARM Code 80082 G Non.Site No.INF-01-24863 ISS	Permit Requirement			305 Report			0		
	Sample Measurement			(Mo.Avg.)			MG/L	Every two weeks	8-hour FPC
ARM Code 00530 G on Site No.INF-01-24863	Permit Requirement			205 · Report			0		THOU FPG
Rolling Twelve Month Average is (	the average of the current month's avera e average of the current month's average ADF divided by the plant capacity multip			(Mo.Avg.)			MG/L	Every two weeks	ji

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

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

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

Permit Number: FLA12768

Facilty: County: Jasmine Lakes WWTP

Pasco

MONITORING PERIOI 04/01/2006 To: 04/30/2006

.,	ING FERIO	04/01	172006	. 10:	04/30	0/2006	-		
	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	<b>5005</b> 0	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.202					<del></del>	<del></del>		
2	0.267								
3	0.267				7.6		1.1		
4	0.217				7.7		1.4		
5	0.234				7.6				
6	0.200				7.7		.1.4		
7	0.216				7.6		2.2		
8	0.211								
9	0.255								
10	0.255	11.0			7.8	6.6	1.4	300	180
11	0.225		1U	2.2	7.7		1.4		
12	0.214				7.7		2.0		
13	0.268				7.6		1.8		
14	0.190				7.7		2.0		
15	0.248								:
16	0.286								
17	0.286				7.6		2.0		
18	0.233				7.7		1.8		
19	0.249				7.6		1.8		
20	0.201				7.7		2.0		
21	0.263				7.6		2.0		
22	0.220								
23	0.213								
24	0.213	3.8			7.8	3.0	2.0	310	230
25	0.223		45.0	0.3	7.7		,2.0		
26	0.225				7.6		2.2		
27	0.239				7.6		2.1		
28	0.217				7.7		2.2		
29	0.258				7.6		2.2		
30 ELANT STA	0.188				<del></del>				

Lead Operator	Class:	Α	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator .	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:	<del></del>	Name:	
Type of Effluent Dispos Limited Wet Weather [	sal or Recla Discharge A	nimed Water Reus activated: Yes	se: Evaporation / Percola		e days of wet wea	ather discharge

DEP Form 62-620.910(10), Effective November 29, 1994

Version 5/18/98

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

### HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC.

Date issued: April 17, 2006

To:

Bill Dean

Aqua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204

Client:

Agua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407168]

Received:

4/11/06 8:50

#### Dear Bill Dean;

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

Printed: 4/17/06

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FACILITY ID:

MAILING ADDRESS:

Aqua Utilities Florida

1343 N.E. 17th Rd. Ocala, Fl. 34470

PERMIT NUMBER:

FLA012768 05/01/2006

05/31/2006

% OF PERMITTED CAPACITY 60%

FACILITY: LOCATION:

Jasmine Lakes WWTP

7612 Pineapple Lane Port Richey, FL 34668 LIMIT: Final CLASS SIZE: N/A

MONITORING PERIOD--From:

THREE MONTH ROLLING ADF

REPORT:

Monthly

GROUP: Domestic WAFR SITE NO.:37591

R001 (RIBs)

To:

COUNTY:

Page

DISCHARGE POINT NUMBER: PLANTSIZE/TREATMENT TYPE: IIIC

FLA012768

0001111.	Pasco						THE THE					
Parameter		Quantity of Lo	adina	Units		Violity on O			Version 9/0	)		
			Juding	O mo		tuality or Co	oncentration		Units	No,	Frequency of	Sample 7
Flow	Sample Measurement	0.221								Ex.	Analysis	
PARM Code 50050 Y Mon Site No EFA-01-13862	Permit Requirement	0.308		mgđ						0		
Flow	Sample Measurement	(Annual Avg)	0.231	mga		6 6					Report Monthly	Calculated Rolf,An,Av
PARM Code 50050 1 Mon.Sile No.EFA-01-13862	Permit Requirement	C	0.370 o.Avg.)	mgd						0		Flow meter a
CBODs	Sample Measurement	. Çan	o./ˈvg,)	٠.	4.0			*		n	Continuous	totalizer
PARM Code 80082 Y Mon.Site No.EFA-01-13862 CBODs	Permit Requirement				20.0 (An.Avg.)				MG/L	v	Report Monthly	Calculated
PARM Code 80082 1	Sample Measurement				2.5			2.8		0	,,	Roll.An.Av
Non.Site No.EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)			60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
'ARM Code 00530 Y	Sample Measurement				6.7					0		
Mon.Sile No.EFA-01-13862 BS	Permit Requirement				20.0 (An.Avg.)				MG/L		Report Monthly	Calculated Roll.An.Avg
ARM Code 00530 1	Sample Measurement				23.10			44.0		0		4nay
fon Site No.EFA-01-13862 Rolling Annual Average is the ev	Permit Requirement	Maco and the			30,0 (Mo. Avg.)			60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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. NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO.

DATE (YY/MM/DD)

Dennis Muldoon / Senior Facilities Operator

Comin Infuldor

352-302-9713

06/06/20

² Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine	Lakes WWTP	PERMIT NUMBER:		38838 DISCHARGE POINT NO.: R001 (RIBs)				WAFR SITE No.: 37591			
Parameter		Quantity of Loading	Units		uality or Concentration		Units	No.	Frequency of	Sample Typi	
Fecal Coliform Bacteria	Sample Measurement		•	3.5				Ex.	Analysis		
Parm Code 31815 Y Man.Sile No.EFA-01-13862	Parmit Requirement			200 (An.Avg.)			#/100mL		Report Monthly	Calculated Roll.An.Avg.	
Fecal Coliform Bacteria	Sample Measurement			5.7	16.5	32.0		. 0		. 12 74 313 (19.	
Parm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement			Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL	. ,	Every two weeks	Grab	
pH	Sample Measurement			7,6		7.8		0			
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement			6,0 (Min.)		8.5 (Max.)	S.U.		Daily, 5/wk	Meter/Grab	
TRC (For Disinfection)	Sample Measurement	<b>i</b>		1.2		, , ,		. 0		•	
PARM Code 50060 A Mon.Site No.EFA-Q1-13862	Permit Requirement	. ·		0.5 (Min)		•	MG/L		Daily, 5/wk	Meter/Grab	
Nitrate (as N)	Sample Measurement					0.43		0			
PARM Code 00620 A Mon.Sile No.EFA-01-13882	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab	
	Sample Measurement										
	Permit Requirement										
CBO06	Sample Measurement		•	225				0			
PARM Code 80082 G Mon.Sile No.INF-01-24863	Permit Requirement			Report (Mo.Avg.)			MG/L		Every two weeks	8-hour FPC	
TSS	Sample Measurement			170				0			
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement			Report (Mo.Avg.)			MG/L		Every two weeks	8-hour FPC	

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

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

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

⁴ FPC - flow proportioned composite

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

Permit Number: FLA012768

Facilty.

Jasmine Lakes WWTP Pasco

	MONIT	ORING PERI	OI 05/0	1/2006	То		<b>10</b> 4 <b>3</b> 5 5 5	County:	Pasco	Lakes WWTP	
					- To:	05/	31/2006	-			
		Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	T\$S (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
	Code	50050	80082	74055	00000			-			
	Mon.Si		EFA-01	EFA-01	00620 EFA-01	00400 EFA-01	00530 EEA 04	50060	80082	00530	
	1	0.375			2,7,0,	7.7	EFA-01	EFA-01	INF-01	INF-01	
	2	0.235				7.6		1.2			
	3	0.250				7.7		1.8			
- [	4	0.180				7.6		1.8			
	5	0.186				7.7		1.6			
	6	0.317				1.7		1.4			
	7	0.196									
	8	0.196	2.8			7.7	2.2	4.5			
H	9	0.221		32.0	0.4	7.7 7.7	2.2	1.8	240	150	
	10	0.204			0.4	7.8		1.8			
	11	0.218				7.7		1.8			
	12	0.223				7.8		1.6			
	13	0.264				7.0		2.0			
	14	0.258									
I	15	0.258				7.6		1.6			
	16	0.217				7.6		1.6 1.8			
	17	0.227				7.6	-				
ı	18	0.236				7.6		2.0			1
	19	0.250				7.6		2.0			
	20	0.172					•	2.0			J
	21	0.238									
İ	22	0.238	2.1			7.7	44.0	1.8	210	400	ı
	23	0.266		1U		7.6		1.8	210	190	ı i
	24	0.205				7.6		2.0			
	25	0.227				7.6		2.0 2.0			
	26	0.169				7.6		1.8			
	27	0.222				-		٠.٠			1
	28	0.228									
	29	0.228			7	7.7		2.0			
	30	0.243				.6		2.0			
_	31	0.214	·			.7		2.0			

DI ANT CTAFFUE			7.7		2.0	
PLANT STAFFING: Lead Operator Day Shift Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator Day Shift Operator	Class:		Certification No.: Certification No.:	8937	Name: Name:	Steve Fuller
Chief Day Operator Type of Effluent Dispos	Class; sal or Recla	imed Water Reus	Certification No.:	ion Ponde	Name: Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds
Limited Wet Weather Discharge Activated: Ye Not Applicable: If yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

### HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 00 U.S. | North, Fort Pierce FL 34946 ne: (772) 465-2400, Ext. 285 | Fax: (772) 467-1584

Date issued: May 17, 2006

To:

Bill Dean

Aqua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204

Client:

Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407201]

Received:

5/09/06 8:50

Dear Bill Dean;

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MUNITED LING REPORT - MAKE A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

06/30/2006

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD -- From:

06/01/2006

To:

FACILITY:

Jasmine Lakes WWTP

LIMIT: Final 0.226 REPORT:

% OF PERMITTED CAPACITY Monthly

<u>59%</u>

LOCATION:

7612 Pineapple Lane Port Richey, FL 34668 CLASS SIZE: N/A FACILITY ID: FLA012768

THREE MONTH ROLLING ADF

GROUP: Domestic WAFR SITE NO.:37591

DISCHARGE POINT NUMBER:

R001 (RIBs)

COUNTY:

PLANTSIZE/TREATMENT TYPE:

IIIC

COUNTY:	Pasco					DMR \	Version 9/00			
Parameter		Quantity of Loading	Units	Qu	ality or Concentration		Units	No.	Frequency of	Sample Ty
Flow								Ex.	Analysis	
	Sample Measurement	0.222						0		
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)	mgd		•				Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	, 0.214				٠.		0		Honouseeg
PARM Code 50050 1 Mon.Sile No.EFA-01-13862 CBODs	Permit Requirement	0.370 (Mo.Avg.)	mgd						Continuous	Flow meter ar totalizer
	Sample Measurement			4.1				0	•	,
PARM Code 80082 Y Mon.Site No.EFA-01-13862 CBOD5	Permit Requirement			20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll.An.Avg.
CpODs	Sample Measurement			2.7		2.8		0		<b>y</b>
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement			30.0 (Mo. Avg.)	•.	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement			7.0				0		
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement			20.0 (An.Avg.)			MG/L	-	Report Monthly	Calculated Roll.An.Avg.
tss	Sample Measurement			5.45	•	5.6		0		HORALISAYS.
PARM Code 00530 1 Mon Site No EFA-01-13862	Permit Requirement	erage and the preceding 11 months		30.0 (Mo. Avg.)		60.0 (Max.)	MG/L	•	Every two weeks	8-hour FPC

² Upon notification of completion of Part if slow-rate restricted-access sprayfield.

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 property 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)

Dennis Muldoon / Senior Facilities Operator

352-302-9713

06/07/20

Facility At							···/			
Facility Name: Jasmin Parameter	e Lakes WWTP	PERMIT NU		FLA012768	DISCHARGE POIN	T NO.: R001	(RIBs)	WAF	R SITE No.: 37	591
		Quantity of Loading	Units		Quality or Concentration		Units	No.	Frequency of	Sample
Fecal Coliform Bacteria								Ex.	Analysis	
	Sample Measurement			3.5				0		
Parm Code 31615 Y Mon.Site No.EFA-01-13862	Permit Regulrement			200						
Fecal Coliform Bacteria	- Chill Nedalettiett			(An.Avg.)			#/100mL		Report Monthly	Calculat Roll.An.A
	Sample Measurement			1.0	1.0	1.0				ROMANIA
Parm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement			Report	400			•		
pH	· ommittedanoment			(Mo.Geo.Mean)	(Mo.Avg.)	800 (max)	#/100mL		Every two weeks	Grab
	Sample Measurement			7.5		7.7				
PARM Code 00400 A	Permit Requirement			6.0				·		
Mon.Site No.EFA-01-13862 TRC (For Disinfection)	r omit vadaliement			(Min.)		8.5 (Max.)	S.U.		Daily, 5/wk	Meter/Gr
· · · · · · · · · · · · · · · · · · ·	Sample Measurement		,	1.B		(11102.)				
PARM Code 50060 A	Permit Requirement	•		0.5				- 0		
Mon.Site No.EFA-01-13862 Nitrate (as N)	t other reduiement			(Mín)			MG/L		Daily, 5/wk	Meter/Gra
1-0 //	Sample Measurement					0.27				
PARM Code 00620 A	Dormit Dogudes							0		
Mon.Site No.EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every	Grab
	Sample Measurement	•				(IIIdX)			Two Weeks	
	Permit Requirement									
CBOD5	Sample Measurement									
ARM Code 80082 G				140				0		
Non.Site No.INF-01-24863	Permit Requirement			Report			110"	_		
'SS	Sample Measurement			(Mo.Avg.)			MG/L	E	very two weeks	8-hour FP(
ARM Code 00530 G	Cambio inicastremidif			130				0		
Ann Code 00530 G Aon.Sile No.INF-01-24863	Permit Requirement			Report						
Police Tueler Month A	s the average of the current month's			(Mo.Avg.)			MG/L	E	very two weeks	8-hour FPC

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

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

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

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

⁴ FPC - flow proportioned composite

DAILY SAMPLE RESULTS - PART B Permit Number: FLA12768 Facilty: Jasmine Lakes WWTP County: Pasco MONITORING PERIOI 06/01/2006 06/30/2006 Flow CBOD5 Fecal Nitrogen, рН TSS TRC (For CBOD5 (MGD) TSS (mg/L) Coliform Nitrate, (Std. (mg/L) Disinfect.) (mg/L) total plant (mg/L) Bacteria Total (as Units) (mg/L) flow to (#/100ml) N) (mg/L) ponds Code 50050 80082 74055 00620 00400 00530 50060 80082 00530 Mon.Site FLW-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 **INF-01** INF-01 1 0.205 7.5 1.6 2 0.281 7.7 2.0 3 0.173 4 0.239 5 0.239 2.8 7.6 5.6 130 140 6 0.242 **1U** 0.2 7.7 2.0 7 0.192 7.6 2.0 8 0.216 7.7 2.0 9 0.205 7.6 2.0 10 0.205 11 0.231 12 0.231 7.7 2.0 13 0.241 7.6 2.0 14 0.239 7.7 1.8 15 0.275 7.6 2.0 16 0.138 7.7 2.0 17 0.217 18 0.216 19 0.216 2.5 7.7 5.3 2.0 150 120 20 0.226 1U 0.3 7.6 2.0 21 0.216 7.7 2.0 22 0.108 7.7 2.0 23 0.260 7.6 2.0 24 0.236 25 0.214 26 0.215 7.6 2.0 27 0.193 7.7 2.0 28 0.163 7.7 2.0 29 0.188 7.5 2.0 30 0.191 7.6 2.0 PLANT STAFFING

PLANT STAFFING:					
Lead Operator  Day Shift Operator	Class: Class:	A		452 Name:	Dennis Muldoon
Day Shift Operator	Class:		Certification No.: 89 Certification No.:	937 Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:	Name: Name:	<del></del>
Chief Day Operator	Class:		Certification No.:		
Limited Wet Weather	sal or Kecla	imed Water Reu	se: Evaporation / Percolation P	onds	<del></del>

DEP Form 62-620.910(10), Effective November 29, 1994

Version 5/18/98

Limited Wet Weather Discharge Activated: Yes Not Applicable: yes, cumulative days of wet weather discharge Attach additional sheets if necessary to list all certified operators.

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

Date issued: June 15, 2006

To:

Bill Dean

Aqua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204

Client:

Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes WW

[2407214]

Received:

6/06/06 9:12

Dear Bill Dean;

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

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

07/31/2006

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD-From: THREE MONTH ROLLING ADF

07/01/2006 0.219

% OF PERMITTED CAPACITY

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

CLASS SIZE:

LIMIT:

REPORT: GROUP:

Monthly Domestic

Port Richey, FL 34668

FLA012768 FACILITY ID: DISCHARGE POINT NUMBER:

Final

N/A

WAFR SITE NO.:37591 R001 (RIBs)

To:

PLANTSIZE/TREATMENT TYPE

COUNTY:	Pasco				PLANTSIZE/TREA	IMENI IYPE:	IIIC DM	R Version 9/00				
Parameter		Quantity of Loa	ading	Units	Qua	ity or Concentrati	on	Units	No.	Frequency of	Sample	Тур
Flow									Ex.	Analysis		
	Sample Measurement	0.219							0			
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement	0:308 (Annual Avg)		ṁgd			•		•	Report Monthly	Calcula Roll.An	
Flow	Sample Measurement	0	212						0		•	
PARM Code 50050 1 Mon Site No.EFA-01-13862	Permit Requirement		370 .Avg.)	mgd						Continuous	Flow met	
CBOD5	Sample Measurement				3.1				0	# - 4 - 4 - 4 - 6		
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement				20.0 (An.Avg.)			MG/L		Report Monthly	Calcula Roll An	
C8OD₅	Sample Measurement				5.0		6.5		0	•	·	4 14.2
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour	FPĊ
TSS	Sample Measurement				6.4			•	0			
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement				20.0 (An.Avg.)			MG/L		Report Monthly	Calcula Roll.An	
tss	Sample Measurement				6.15		6.6		0			•
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour l	FPC

¹ Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

I certify under penalty of law that 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

DATE (YY/MM/DD)

Dennis Muidoon / Area Coordinator

Danis njulston

352-302-9713

06/08/16

PA File No. FLA012773-002-DW2P

² Upon notification of completion of Part II slow-rate restricted-access sprayfield.

Facility Name: Jasmin Parameter		PERMIT NU		3889	9 DISCHARGE POI		(RIBs)	WAFR SITE No.: 3	7591
<b>.</b>		Quantity of Loading	Units		Quality or Concentration		Units	Frequency No. of	Sample
Fecal Coliform Bacteria	Sample Measurement			2.8				Ex. Analysis	
Parm Code 31615 Y Mon.Site No.EFA-01-13862	Permit Requirement			200				-	Calculate
Fecal Coliform Bacteria	Sample Measurement			(An.Avg.) 1.0	1.0		#/100mL	Report Monthly	Roll.An.A
Parm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement			Report	1.0 400	1.0 800		0	
рН	Sample Measurement			(Mo.Geo.Mean)	(Mo.Avg.)	(max)	#/100mL	Every two weeks	Grab
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement			7.6 6.0		7.7		0	
TRC (For Disinfection)	Sample Measurement			(Min.)		8.5 (Max.)	S.U.	Daily, 5/wk	Meter/Gra
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement			1.4 0.5	•			0 .	
Nitrate (as N)	Sample Measurement			(Min)			MG/L	Daily, 5/wk	Meter/Gral
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement					0.57		0	
	Sample Measurement					12.0 (max)	MG/L	Every Two Weeks	Grab
	Permit Requirement								
BOD5	Sample Measurement							•	
ARM Code 80082 G on Site No.INF-01-24863	Permit Requirement			245 Report			MO#	0	
SS	Sample Measurement			(Mo.Avg.)			MG/L	Every two weeks	8-hour FPC
RM Code 00530 G n.Site No.INF-01-24863	Permit Requirement			175 Report (Mo.Avg.)			MG/L	0 Every two weeks	8-hour FPC

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

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

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

Permit Number: FLA012768

Facilty: County:

Jasmine Lakes WWTP

MONITORING PERIO 07/01/2006

07/31/2006

Pasco

Flow (MGD)	
Mon.Site         FLW-01         EFA-01         EFA-01         EFA-01         EFA-01         EFA-01         EFA-01         INF-01         INF-01           1         0.243           7.6         1.4 <t< td=""><td></td></t<>	
1       0.243         2       0.187         3       0.187         4       0.216       6.5         5       0.195         6       0.235         7       0.170         8       0.183         9       0.242         10       0.242         11       0.204         12       0.159         13       0.201         14       0.201         15       0.205         16       0.229         17       0.209         17       0.209         17       0.209         17       0.229         17       0.20         190       90	
2       0.187       7.6       1.4         3       0.187       7.6       1.4         4       0.216       6.5       7.7       5.7       1.6       300       260         5       0.195       1.0       0.3       7.6       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2	
3       0.187       7.6       1.4         4       0.216       6.5       7.7       5.7       1.6       300       260         5       0.195       1.0       0.3       7.6       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2	
4       0.216       6.5       7.7       5.7       1.6       300       260         5       0.195       1.0       0.3       7.6       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2.0       2	
5       0.195       1.0       0.3       7.6       2.0         6       0.235       7.6       2.0         7       0.170       7.7       2.0         8       0.183       9       0.242         10       0.242       7.6       2.0         11       0.204       7.7       2.0         12       0.159       7.6       2.0         13       0.201       7.6       2.0         14       0.201       7.7       2.0         15       0.205       0.229         17       0.229       7.7       2.0         18       0.170       3.5       7.6       6.6       2.0       190       90	
6       0.235       7.6       2.0         7       0.170       7.7       2.0         8       0.183       9       0.242         10       0.242       7.6       2.0         11       0.204       7.7       2.0         12       0.159       7.6       2.0         13       0.201       7.6       2.0         14       0.201       7.7       2.0         15       0.205       0.229         17       0.229       7.7       2.0         18       0.170       3.5       7.6       6.6       2.0       190       90	
7       0.170       7.7       2.0         8       0.183       9       0.242         10       0.242       7.6       2.0         11       0.204       7.7       2.0         12       0.159       7.6       2.0         13       0.201       7.6       2.0         14       0.201       7.7       2.0         15       0.205         16       0.229       7.7       2.0         17       0.229       7.7       2.0         18       0.170       3.5       7.6       6.6       2.0       190       90	
8       0.183         9       0.242         10       0.242       7.6       2.0         11       0.204       7.7       2.0         12       0.159       7.6       2.0         13       0.201       7.6       2.0         14       0.201       7.7       2.0         15       0.205         16       0.229       7.7       2.0         17       0.229       7.7       2.0         18       0.170       3.5       7.6       6.6       2.0       190       90	
9       0.242         10       0.242         11       0.204         12       0.159         13       0.201         14       0.201         15       0.205         16       0.229         17       0.229         18       0.170         3.5       7.6         6.6       2.0         190       90	
10     0.242     7.6     2.0       11     0.204     7.7     2.0       12     0.159     7.6     2.0       13     0.201     7.6     2.0       14     0.201     7.7     2.0       15     0.205       16     0.229     7.7     2.0       17     0.229     7.7     2.0       18     0.170     3.5     7.6     6.6     2.0     190     90	
11     0.204     7.7     2.0       12     0.159     7.6     2.0       13     0.201     7.6     2.0       14     0.201     7.7     2.0       15     0.205       16     0.229     7.7     2.0       17     0.229     7.7     2.0       18     0.170     3.5     7.6     6.6     2.0     190     90	
12     0.159     7.6     2.0       13     0.201     7.6     2.0       14     0.201     7.7     2.0       15     0.205       16     0.229       17     0.229     7.7     2.0       18     0.170     3.5     7.6     6.6     2.0     190     90	
13     0.201     7.6     2.0       14     0.201     7.7     2.0       15     0.205       16     0.229       17     0.229     7.7     2.0       18     0.170     3.5     7.6     6.6     2.0     190     90	
14     0.201     7.7     2.0       15     0.205       16     0.229       17     0.229     7.7     2.0       18     0.170     3.5     7.6     6.6     2.0     190     90	
15	
16     0.229       17     0.229       18     0.170       3.5     7.6       6.6     2.0       190     90	
17     0.229     7.7     2.0       18     0.170     3.5     7.6     6.6     2.0     190     90	
18 0.170 3.5 7.6 6.6 2.0 190 90	
Jt	
19 0.224 1U 0.6 7.6 2.0	
20 0.142 7.7 2.0	
21 0.203 7.6 2.0	
22 0.218	
23 0.228	
24 . 0.228 7.7 2.0	l
25 0.145 7.6 2.0	
26 0.206 7.7 2.0	
27 0.206 7.6 2.0	
28 0.194 7.7 2.0	
29 0.170	İ
30 0.352	
31 0.352 7.7 2.0	

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:	<del></del>	Name:	
T						

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: Yel Not Applicable: If yes, cumulative days of wet weather discharge

^{*} Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

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

Date issued: July 12, 2006

To:

Bill Dean

Aqua Utilities Florida, Inc. 7616 Arbordale Drive

Port Richey, FL 346682204

Client:

Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407238]

Received:

7/05/06 9:30

Dear Bill Dean;

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

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

Sarasota, Fl. 34240

PERMIT NUMBER

FLA012768

Final

REPORT: GROUP:

Monthly Domestic

FACILITY:

LIMIT: CLASS SIZE:

N/A MONITORING GROUP NUMBER:

R-100

To:

Ponds, including Influent

LOCATION:

Jasmine Lakes WWTP 1000 Holly Lane Port Richey, FL 34668

6960 Professional Parkway East

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

MONITORING PERIOD-From:

08/01/2006

08/31/2006

COUNTY: Pasco

Parameter		Quantity o	f Loading	Units	Quali	ty or Concentr	ration	Units	No.	Frequency of	Sample Type
<b>-</b>									Ex.	Analysis	
Flow to R-100	Sample Measurement	0.216							0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD				, ,		Monthly	Calculation
Flow to R-100	Sample Measurement	0.205							0	•	
PARM Code 50050 1 Mon Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flow meters and lotalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			-	3.2		-		0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		•	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.7	•		0	•	
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	•	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				6.4		• •		0	-	
PARM Code 00530 Y Mon Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				4.53	5.5			0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		: MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Dennis Muldoon / Area Coordinator

AL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD) 08/04/24

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Cupetit	of Londina	Unito	MONITORING PER		08/01/200€			08/31/2006	
		Quantity	of Loading	Units		Quality or Concentration		Units	No. Ex.	Frequency of Applyeis	Sample Ty
pH	Sample Measurement				7.6	7.7			. ⊏x. 0	Analysis	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement	•		•	6,0 (Min.)	8.5 (Max.)		SU	-	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement	,		1	2.7	(1400.)		•	0	·	
Parm Code 74055 Y Mon. Site No.EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0	,	0	•	,
Parm Code 74055 A Mon Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (May )	#/100ML		Every Two	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			•	1.2		(Max.)		0	Weeks	<del>-</del> <del></del>
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)	•		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				(millo)		0.72		: 0	,	
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement		# <del></del>	-,	· · · · · <u>- · ·</u>		12 (Max.)	MG/L	·	 Every Two wWeeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement	0.210	0.205	•					. 0		composite
PARM Code 50050 P Mon Site No.FLW-01	Permit Requirement	0.308	Report							5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10		(3-Mo.Avg.)	(Mo.Avg.)	MGD					- <del>-</del>	···	totalizers
oupusay, x · o	Sample Measurement				68%				0		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement			1	Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			•	287			•	0		
PARM Code 80082 G  Mon.Site No.INF-01	Permit Requirement			•	Report (Mo.Avg.)			MG/L	:	Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				190				0		composite

PARM Code 00530 G
Mon.Site No.INF-01 Permit Requirement Report (Mo.Avg.)

8-hour flow proportioned composite

PA File No. FLA012768-005-DW2P DEP Form 62-620.910(10), Effective November 29, 1994

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

	CBOD5	Eggal	NG					<u> </u>		
	(mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD total plant flow to ponds			Note
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	· · ·
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1	3.700			7.6	3.1	2.0	0.2	180	160	
2		1.0	0.6	7.6		2.0	0.2			
3				7.7		1.2	0.2			
4				7.6		1.4	0.2		•	
5							0.2		•	
6							0.2			
7				<b>7.7</b>		1.6	0.2			
8	<b>[</b>			7.6		1.6	0.2		,	
9				7.6		2.0	0.2		•	
10				7.6		2.0	0.2			
11				7.6		2.0	0.2			
12							0.2			
13							0.2			
14	3.200			7.7	5.0	2.0	0.2	380	200	
15		1.0	0.7	7.6		2.0	0.2		•	
16				7.6		2.0	0.2			
17				7.6		2.0	0.2		•	
18				7.6		2.0	0.2		•	
19							0.2			
20							0.2		•	
21				7.7		2.0	0.2		•	
22				7.6		2.0	0.2			
23				7.6		2.0	0.2			
24				7.6		2.0	0.1	-		
25				7.7		2.0	0.2			
26							0.2			
27							0.2			
28	3.100	1.0	0.3	7.6	5.5	2.0	0.2	300	210	
29				7.7		2.0	0.3		•	
30				7.7		2.0	0.2		•	
31				7.7		2.0	0.3			
LANT STA	FFING:	<u> </u>								
ead Opera		lass:	Α	Certifica	ition No.: _	6452		Name:	Dennis Muldo	on
ay Shift O		lass:	В		ition No.:	8937		Name:	Steve Fuller	
lay Shift Op	perator C	lass:		Certifica	tion No.:			Name:		

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT CLASS SIZE: Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION Jasmine Lakes WWTP 1000 Holly Lane

N/A MONITORING GROUP NUMBER:

R-100

MONITORING GROUP DESC:

Ponds, including Influent

Port Richey, FL 34668

NO DISCHARGE FROM SITE: MONITORING PERIOD-From:

09/01/2006

COUNTY:	Pasco			MONITORING PER	IOD-From:	09/01/2006	To:		09/30/2006	
Parameter		Quantity of Loading	Units	Qua	lity or Concentration	ρή	Units	No.	Frequency of	Sample Ty
Flow to R-100	Sample Measurement	0.221						Ex.	Analysis	
PARM Code 50050 Y Man Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.261						0		
PARM Code 50050 1 Mon Sile No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Recording flo meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0				0		·
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		•	20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	•		2.5	2.8	•		0		
PARM Code 80082 A Mon. Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			6.6				0		·
PARM Code 00530 Y Mon. Site No.EFA-01	Permit Requirement		-	20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			6.45	8.6		;	0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo, Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

I cartify 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 moving violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Dennis Muldoon / Area Coordinator

EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO.

352-302-9713

DATE (YY/MM/OD) 08/04/24

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter					MONITORING PERI		From	09/22/2006	To.		09/30/2006	
rarameter		Quantity o	f Loading	Units	C	Quality or Co	oncentration		Units	No.	Frequency of	Sample T
PH										Ex.	Analysis	
	Sample Measurement				7.6	7	7,8			0		
PARM Code 00400 A Mon.Sile No.EFA-01	Permit Requirement				6.0 (Min.)		3.5 lax.)		ŞU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.1					. 0		
Parm Code 74055 Y Mon Site No EFA-01	Permit Requirement			•	200 (An. Avg.)			-	#/100ML	:	Monthly	Calculation
Coliform, Fecal	Sample Measurement			•	1.0			1.0				
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement			•	Report (Mo.Geo.Mean)			800 (Max.)	#/100ML	,	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				1.8				-	0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		٠		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			•				0.25		a .		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement			•				12 (Max.)	MG/L		Every Two wWeeks	8-hour flor proportions composite
Flow (Total Plant)	Sample Measurement	0.226	0.261	,	•							
PARM Code 50050 P Mon Site No.FLW-01	Permit Requirement	0,308	Report								5 Days/Week	Recording fl meters an
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(3-Mo.Avg.)	(Mo.Avg.)	MGD								totalizers
					73%					U		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				Report		•		Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		•		285					0		
CADAL C-1-00000 C	•		••			<u>.</u> .						Ω h.c #
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)				MG/L		Monthly	8-hour flow proportione composite
Solids, Total Suspended	Sample Measurement			•	210		•		;	į		winposite.
PARM Code 00530 G Mon,Site No.INF-01	Permit Requirement			•	Report (Mo.Avg.)	:		•	MG/L		Monthly	8-hour flow proportione

Permit Number: FLA012768

Facilty: Jasmine Lakes WWTP

MONITORI	NG PERIO	09/01	/2006	To:	09/3	0/2006				
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1 1				7.6		2.0	0.279			
2							0.230			
3							0.300			
4				7.6		1.9	0.300			
5				7.6		2.0	0.213			
6				7.6		2.0	0.257			
7				7.7		2.0	0.246			
8				7.6		2.0	0.267	-		
9							0.277			
10							0.286			
11	2.800			7.7	8.6	2.0	0.286	380	260	:
12		1.0	0.2	7.7		2.0	0.200			
13				7.7		1.8	0.262			,
14				7.6		2.0	0.257			
15				7.7		2.0	0.218			
16							0.256			
17							0.281			
18				7.6		2.0	0.281			
19				7.7		2.0	0.232		•	
20				7.8		2.0	0.291			
21				7.7		2.0	0.265			
22				7.7		2.0	0.300		-	
23							0.361		,	
24							0.212			
25	2.100			7.8	4.3	2.0	0.212	190	160	
26	3	1.0	0.3	7.7	•••	2.0	0.324		,	
27			0.0	7.7		2.0	0.186			
28				7.6		2.0	0.794			
29				7.8		2.0	0.263			
30				,.5		2.0	0.203		•	
PLANT STA	VEEING:									

PLANT STAFFING:							
Lead Operator	Class:	Α	Certification No.:	6452	Name:	Dennis Muldoon	
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class:		Certification No.:		Name:		
Day Shift Operator	Class:		Certification No.:		Name:		

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

6960 Professional Parkway East Sarasota, Fl. 34240

LIMIT: CLASS SIZE: REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION Jasmine Lakes WWTP 1000 Holly Lane

MONITORING GROUP NUMBER:

R-100

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Final

N/A

To:

Ponds, including Influent

Port Richey, FL 34668

MONITORING PERIOD-From:

09/01/2006

09/30/2006

COUNTY:	Pasco			MONITORING PERI	QD=Pf0fil.	<u>09/01/2006</u>	10:		09/30/2006	
Parameter		Quantity of Loading	Units	Qua	lity or Concentration	ก	Units	No.	Frequency of	Sample T
Flow to R-100								Ex.	Analysis	
1 104 10 10 10 10	Sample Measurement	0.221						0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD						Monthly	Calculatio
Flow to R-100	Sample Measurement	0.261						0	•	
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					•	5 Days/Week	Recording fl meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0				. 0		totalization
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement	·	•	20.0 (An.Avg.)	•		MG/L		Monthly	Calculatio
BOD, Carbonaceous 5 day, 20C	Sample Measurement		-	2.5	2.8	-	•	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement	•••		30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportions composite
Solids, Total Suspended	Sample Measurement	••		6.6	-		•			-
PARM Code 00530 Y Mon. Site No.EFA-01	Permit Requirement	·		20.0 (An.Avg.)	-	-	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			6.45	8.6			0		
PARM Code 90530 A Mon Sita No.EFA-01	Permit Requirement	·		30.0 (Mo. Avg.)	60.0 (Max.)		MG/L	•	Every two weeks	8-haur flow proportione composite

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 top knowledge and belief, true, accurate, and complete. I am aware

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Dennis Muldoon / Area Coordinator

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD) 08/04/24

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Ovantib	of Loading	Units	MONITORING PER		09/22/200			09/30/2006	
		Quantity	r or coaumy	Uins		Quality or Concentration		Units		Frequency	Sample T
									No.	of	
pΗ	•								Ex	Analysis	
	Sample Measurement	t			7.6	7.8			0	•	
PARM Code 00400 A		•			6.0				•		
Mon, Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		<b>\$</b> U		5 Days/Week	Grab
Coliform, Fecal	Carral Maria		•			(***ax.)				/ / / / / / / / / / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / - / -	Grap
	Sample Measurement				2 1				0		
Parm Code 74055 Y Mon-Sile No.EFA-01	Permit Requirement		•	•	200 (An Avg.)			#/100ML		Monthly	Calaulatia
Coliform, Fecal	•		-		(All Avg.)					. www.	Calculatio
	Sample Measurement				1 0		1.0		0		
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo Con Mann)	•	800	#/100ML		Every Two	
Total Chlorine Residual (For					(Mo.Geo.Mean)		(Max.)	· · · · ·		Weeks	Grab
Disinfection)	Sample Measurement				1.8				O		
PARM Code 50060 A	D			-	0.5						
Mon.Site No.EFA-01	Permit Requirement				(Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		•			•				·	
	Completive addiction						0.25		0		
PARM Code 00620 A						•					
Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two	8-hour flow proportione
Flow (Total Plant)						<u>.</u>	(IVIBIX.)			wWeeks	composite
	Sample Measurement	0.226	0.261						-		
•		0.308	Report								
PARM Code 50050 P	Permit Requirement	0.000	report								Recording flo
Mon.Site No FLW-01		(2 Ma Aug.)	(Mar Augus)	MGD						5 Days/Week	meters and
Percent Capacity, (TMADF/Permitted		(3-Mo.Avg.)	(Mo.Avg.)	· MGD				. :			totalizers
Capacity) x 10	Sample Measurement										
					73%				0		
PARM Code 00180 G	Populi Denii				. 1370	•					
Ion, Site No. INF	Permit Requirement				Report			Percent		Monthly	Calculation
3OD, Carbonaceous 5 day, 20C	Sample Measurement		-	=	· <del>-</del>	-					
	-				285				0		
ARM Code 80082 G						* ***					·
fon Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow
Solids, Total Suspended	:							,		into thinly	proportioned composite
solius, rotal Suspended	Sample Measurement				210	•			٠		
					£10						
ARM Code 00530 G	D D				•				•		D ba a
ion Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
		_									composite

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

MONITO	RING PERIC	09/0	1/2006	03/30/2000						
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD total plant flo to ponds			Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	2 00530	_
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-0		
1	Î			7.6		2.0	0.279			<del></del>
2	li .						0.230			
3	Ĭ						0.300			
4				7.6		1.9	0.300	4		
5				7.6		2.0	0.213			
6				7.6		2.0	0.257	*	•	
7				7.7		2.0	0.246	•		
8				7.6		2.0	0.267		•	
9							0.277			
10							0.286		•	
11	2.800			7.7	8.6	2.0	0.286	380	260	
12		1.0	0.2	7.7		2.0	0.200		200	
13				7.7		1.8	0.262			
14				7.6		2.0	0.257			
15				<b>7</b> .7		2.0	0.218		•	
16							0.256			
17							0.281	•		
18				7.6	•	2.0	0.281			
19				7.7		2.0	0.232		•	
20				7.8	•	2.0	0.291		4	
21				7.7		2.0	0.265			
22		•		7.7		2.0	0.300			
23						2.0	0.361			
24							0.212			
25	2.100			7.8	4.3	2.0		100	466	
26		1.0	0.3	7.7	4.0	2.0	0.212	190	160	
27				7.7		2.0	0.324			
28				7.6		2.0	0.186			
29				7.8	•	2.0	0.294			
30				0		4.0	0.263			ı
LANT STA	FFING:			<del></del> : .		<del> </del>	0.197		<del></del>	
ead Operat		ass:	Α	Certificat	tion No.:	6452		Name:	Dennie Mulder	\ <b>.</b>
ay Shift Op		ass:	В	Certificat		8937		Name:	Steve Fuller	) I i
ay Shift Op		ass:		Certificat				Name:		
ay Shift Op	erator C	ass:		Certificat	ion No.:			Name:		

### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

PERMIT NUMBER:

FLA012768

6960 Professional Parkway East Sarasota, Fl. 34240

LIMIT CLASS SIZE:

REPORT:

GROUP:

FACILITY: LOCATION:

Jasmine Lakes WWTP 1000 Holly Lane Port Richey, FL 34668

N/A MONITORING GROUP NUMBER:

**Domestic** R-100

MONITORING GROUP DESC:

Final

Ponds, including Influent

NO DISCHARGE FROM SITE:

Monthly

COUNTY:	Pasco				MONITORING PER	RIODFrom:	10/01/2006	To		10/31/2006	
Parameter		Quantity of Loa	ading	Units	Qua	ality or Concentrati	ion	Units	No.	Frequency of	Sample Type
Flow to R-100	Sample Measurement	0.222							Ex.	Analysis	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD .					U	Monthly	Calculation
Flow to R-100	Sample Measurement	0.221		• • •			( =		0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		·	٠	3.2		•		0		(Otalizers
PARM Code 80082 Y Mon.Sile No.EFA-01	Permit Requirement	·			20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	·			3.7	5.1	•		0		
PARM Code 80082 A Mon, Site No.EFA-01	Permit Requirement		•	*** .	30.0 (Mo. Avg.)	60.0 (Max.)	•	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				6.6				0		ov nposite
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		•		20.0 (An.Avg.)		•	MG/L		Monthly	Calcutation
Solids, Total Suspended	Sample Measurement	· ·			1.00	1.0	<del></del>		0	··	
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement		·		30.0 (Mo. Avg.)	60.0 (Max.)	٠	MG/L	1	Every two weeks	8-hour flow proportioned composite

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property 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 talse information, including the possibility of fine and imprisonment for bee

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Dennis Muldoon / Area Coordinator

FICE OR AUTHORIZED AGENT

TELEPHONE NO. 352-302-9713 DATE (YY/MM/DD) 08/04/24

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter					MONITORING PE	RIOD:	From:	10/01/2006	To.		10/31/2006	
ः वःवासप्रस्		Quantity	of Loading	Units		Quality o	r Concentration		Units	No.	Frequency of	Sample Type
Н	Sample Measurement				7.6		7.8			Ex.	Analysis	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0		8.5		SU	0	 5 Days/Week	
Coliform, Fecal	Sample Measurement			1	(Min.) 2.1	٠	(Max.)				. Daysitteek	Grab
Parm Code 74055 Y Mon Site No.EFA-01	Permit Requirement			•	200 (An, Avg.)				#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0	•		1.0	-			·
Parm Code 74055 A Mon Site No EFA-01	Permit Requirement				Report (Mo.Geo.Mean)			800	#/100ML		Every Two	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			•	2.0			(Max.)		. 0	Weeks	4/ <b>-</b> 4
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)				MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				(min.)			2.40			••	
mon.orge No.cs Avg t	Permit Requirement							12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.229	0.221							0		
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308	Report					-		÷	5 Days/Week	Recording flow meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(3-Ma,Avg.)	(Mo.Avg.)	MGD	-	*** *****						totalizers
	Sample Measurement				74%					0		
PARM Code 00180 G Mon.Site No.fNF	Permit Requirement				Report				Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	,		•	170				1	0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement	,			Report (Mo.Avg.)		•		MG/L	:	Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement				220	•				0		composite

PARM Code 00530 G Mon. Site No. INF-01

Permit Requirement

Report (Mo.Avg.)

MG/L

Monthly

8-hour flow proportioned composite

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

	COORE									
	(mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD total plant flow to ponds	) CBOD5 (mg/L)		Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.6		2.2	0.5			
2				7.6		2.0	0.2			
3				7.7		2.0	0.3	-		
4				7.7		2.0	0.2			
5				7.6		2.0	0.2		•	
6				7.6		2.0	0.2			
7	ļ						0.2			
8							0.2			
9				7.7		2.0	0.2			
10	2.200	1.0	2.4	7.6	1.0	2.0	0.2	170	220	
11				7.7		2.0	0.2			
12				7.7		2.0	0.2			
13				7.8		2.2	0.2			
14				7.8		2.2	0.2		•	
15							0.3			
16				7.7		2.2	0.3			
17				7.7		2.2	0.2			
18				7.8		2.2	0.2			
19				7.8		2.2	0.2			
20				7.7		2.2	0.2			
21							0.2		•	
22							0.2			
23	5.100	1.0	0.8	7.8	1.0	2.2	0.2			
24				7.7		2.2	0.2			
25				7.8		2.2	0.2		•	
26				7.7		2.2	0.2			
27				7.8		2.2	0.2			
28				_			0.2			
29							0.2			
30				7.7		2.2	0.2			
31				7.8		2.2	0.2			
LANT STA	FFING:		<u></u>			<del> </del>	<del></del>			
ead Operat		lass:	B	Certificat	ion No.:	8035	ı	Name:	Donald Hoste	tler
ay Shift Op		lass:		Certificat				Name:		
ay Shift Op ay Shift Op		lass: lass:	<del></del>	Certificat	_			Name:		
u, umi up	C. BIO			Certificat	ion No.: _		ı	Name:		

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

LIMIT:

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

PERMITTEE NAME:

FACILITY:

LOCATION.

Aqua Utilities Florida

Final

MAILING ADDRESS

6960 Professional Parkway East Sarasota, Fl. 34240

Jasmine Lakes WWTP

Port Richey, FL 34668

1000 Holly Lane

PERMIT NUMBER:

FLA012768

Monthly

Domestic

REPORT:

CLASS SIZE: N/A MONITORING GROUP NUMBER: MONITORING GROUP DESC:

GROUP: R-100

Ponds, including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD-From: 11/01/2006 To: 11/30/2006 COUNTY Danca

COUNTY:	Pasco					13/01/2000	10.		11/30/2000	
Parameter		Quantity of Loading	Units	Qu	ality or Concentrati	on	Units	No.	Frequency of	Sample
Flow to R-100					-			Ex.	Analysis	
	Sample Measurement	0.221						0		
PARM Code 50050 Y Mon.Site Ng FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD						Monthly	Calcula
Flow to R-100	Sample Measurement	0,203		•		•		σ.		
PARM Code 50050 1 Mon-Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD		· · · · · · · · · · · · · · · · · · ·				5 Days/Week	Recording
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.1				0		totalize
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20,0 (An.Avg.)			MG/L		Monthly	Calculat
BQD, Carbonaceous 5 day, 20C	Sample Measurement	•		1.8	2.0	•		0	·	•
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour f proportio
Solids, Total Suspended	Sample Measurement	•		6.4	•	,		O		compos
PARM Code 00530 Y Non.Site Na.EFA-Qt	Permit Requirement		•	20.0 (An.Avg.)	•	٠	MG/L		Monthly	Calculat
Solids, Total Suspended	Sample Measurement		-	1.55	2.0			O	·	. <del></del>
'ARM Code 00530 A fon Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour fi propertio compos

nat this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property 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, frue, 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 Don Hostetler / Senior Facilities Operator

FRANCIPAL ENGCUTING OFFICER OR AUTHORIZED AGENT TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD) 08/04/24

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		0		Units	MONITORING PER		From	11/01/2006	To:		11/30/2006	
, a di iola		Quantity of I	Loading	Units	,	Quality or C	concentration		Units	No.	Frequency of	Sample T
										Ex.	Anabaia	
H										EX.	Analysis	
1	Sample Measurement				7.4		7.8			0		
PARM Code 00400 A					6.0		8.5				-	
Mon.Site No.EFA-01	Permit Requirement				(Min.)		o.o fax.)		SU		5 Days/Week	Grab
Coliform, Fecal	•				(41111.7	. "	·····					
•	Sample Measurement				2.0					0		
Parm Code 74055 Y												
Mon Sile No EFA-01	Permit Requirement				200 (An Avg.)				#/100ML		Monthly	Calculatio
Coliform, Fecal					(All Avg.)							
	Sample Measurement				1.0			1.0		٥		
David States												
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report			800	#/100ML		Every Two	Grab
Total Chlorine Residual (For					(Mo.Geo.Mean)			(Max.)			Weeks	. Grau
Disinfection)	Sample Measurement				1.5					0		
										•		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5				MG/L		C Day-Astronia	
					(Min.)			_	WIGIL		5 Days/Week	Grab
itrogen, Nitrate, Total (as N)	Sample Measurement							5.20	•	•		-
		. ,						5.20		U		
ARM Code 00620 A						•						8-hour flo
Ion.Site No.EFA-01	Permit Requirement							12	MG/L		Every Two	proportion
								(Max.)			<b>wWee</b> ks	composit
low (Total Plant)	Sample Measurement	0.2282	0.2026							,		
	Sample Weasorement	0.2202	0.2020									
		0.308	Report	•	•	•		=	•			D=++-6
ARM Code 50050 P Ion.Site No.FLW-01	Permit Requirement								1		5 Days/Week	Recording fi meters an
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa		(3-Mo.Avg.) (	(Mo.Avg.)	MGD							o Dayarreek	totalizers
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apacity) x 10	Sample Measurement									0		
	,				1					٧		
ARM Code 00180 G				*	'			-		,		-
Ion.Site No.INF	Permit Requirement				Report				Percent		Monthly	Calculation
300, Carbonaceous 5 day, 20C					• •					-		
,	Sample Measurement				400					0		
– .		• -			480							
ARM Code 80082 G	Da											8-hour flow
on.Sile No.INF-01	Permit Requirement				Report (Mo.Avg.)	1			MG/L		Monthly	proportione
olids, Total Suspended												composite
ulius, Tulai auspentied	Sample Measurement				400							
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ARM Code 00530 G	i									· ·	•	8-hour flow
on.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)				MG/L		Monthly	proportione
												F FW- WOING

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

CBOD5	MONITORI	ING PERIO	11/01	/2006	To:	11/3	0/2006				
Mon.Sile			Coliform Bacteria	Nitrate, Total (as	(Std.		Disinfect.)	total plant flow to			Notes
Mon-Site   EFA-01   EFA-01   EFA-01   EFA-01   EFA-01   EFA-01   FA-01   INF-01   INF-01   INF-01	Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
7.7	Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01			
3	1				7.8		2.2	0.146			<del></del>
A					7.7		2.2	0.207			
S	3				7.8		2.2	0.191	,		
6								0.245			
7	11 11							0.234			
8	11 11	1.5				2.0	1.5	0.234	480	400	
9	8 H		1.0	1.3	7.8		2.2	0.204			
10	II 11				7.7		2.2	0.185			
11	11 11				7.8		2.2	0.248			
12	12 11				7.8		2.2	0.215			
13	16 14							0.176			
14       7.5       2.2       0.206         15       7.5       2.2       0.205         16       7.4       2.2       0.192         17       7.5       2.2       0.214         18       0.200       0.202         20       2.0       7.5       1.1       2.2       0.222         21       1.0       5.2       7.5       2.2       0.185         22       7.5       2.2       0.172         23       7.5       2.2       0.153         24       7.4       2.2       0.214         25       0.209         27       7.5       2.2       0.209         28       7.4       2.0       0.194         29       7.5       1.8       0.162         30       7.5       2.0       0.156     PLANT STAFFING:  Lead Operator  Class:           Lead Operator Class:       B       Certification No.       8035       Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name:	[] ][							0.261			
15	11 11				7.7		2.2	0.261			
16	li K				7.5		2.2	0.206			
17	11 11				7.5		2.2	0.205			
18	16				7.4		2.2	0.192			
19	17				7.5		2.2	0.214			
20   2.0   7.5   1.1   2.2   0.222	18							0.200			
21	19							0.222			
22       7.5       2.2       0.172         23       7.5       2.2       0.153         24       7.4       2.2       0.214         25       0.159         26       0.209         27       7.5       2.2       0.209         28       7.4       2.0       0.194         29       7.5       1.8       0.162         30       7.5       2.0       0.156     PLANT STAFFING:  Lead Operator Class:  B Certification No:  Bay Shift Operator Class:  Certification No:  Certification No:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  N	20	2.0			7.5	1.1	2.2	0.222			
23       7.5       2.2       0.153         24       7.4       2.2       0.214         25       0.159       0.209         26       0.209       0.209         27       7.5       2.2       0.209         28       7.4       2.0       0.194         29       7.5       1.8       0.162         30       7.5       2.0       0.156     PLANT STAFFING:  Lead Operator Class: B Certification No.: 8035 Name: Don Hostetler  Day Shift Operator Class: Certification No.: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Nam	21		1.0	5.2	7.5		2.2	0.185			
24       7.4       2.2       0.214         25       0.159         26       0.209         27       7.5       2.2       0.209         28       7.4       2.0       0.194         29       7.5       1.8       0.162         30       7.5       2.0       0.156            PLANT STAFFING:         Lead Operator       Class:       B       Certification No.:       8035       Name:       Don Hostetter         Day Shift Operator       Class:       Certification No.:       Name:       Name:         Day Shift Operator       Class:       Certification No.:       Name:	22				7.5		2.2	0.172			
25	23				7.5		2.2	0.153			
26	24				7.4		2.2	0.214			
27       7.5       2.2       0.209         28       7.4       2.0       0.194         29       7.5       1.8       0.162         30       7.5       2.0       0.156         PLANT STAFFING:         Lead Operator       Class:       B       Certification No.:       8035       Name:       Don Hostetter         Day Shift Operator       Class:       Certification No.:       Name:       Name:         Day Shift Operator       Class:       Certification No.:       Name:	ff 13							0.159			j
28       7.4       2.0       0.194         29       7.5       1.8       0.162         30       7.5       2.0       0.156         PLANT STAFFING:         Lead Operator       Class:       B       Certification No.:       8035       Name:       Don Hostetler         Day Shift Operator       Class:       Certification No.:       Name:       Name:         Day Shift Operator       Class:       Certification No.:       Name:	26							0.209			
29       7.5       1.8       0.162         30       7.5       2.0       0.156             PLANT STAFFING:         Lead Operator       Class:       B       Certification No.:       8035       Name:       Don Hostetter         Day Shift Operator       Class:       Certification No.:       Name:         Day Shift Operator       Class:       Certification No.:       Name:	27				7.5		2.2	0.209			ļ
30 7.5 2.0 0.156  PLANT STAFFING: Lead Operator Class: B Certification No.: 8035 Name: Don Hostetler Day Shift Operator Class: Certification No.: Name: Day Shift Operator Class: Certification No.: Name:	28				7.4		2.0	0.194			
PLANT STAFFING:  Lead Operator Class: B Certification No.: 8035 Name: Don Hostetler  Day Shift Operator Class: Certification No.: Name:  Day Shift Operator Class: Certification No.: Name:	1 11				7.5		1.8	0.162			
Lead Operator     Class:     B     Certification No.:     8035     Name:     Don Hostetter       Day Shift Operator     Class:     Certification No.:     Name:       Day Shift Operator     Class:     Certification No.:     Name:	30				7.5		2.0	0.156			
Day Shift Operator Class: Certification No.: Name:  Day Shift Operator Class: Certification No.: Name:											
Day Shift Operator Class: Certification No.: Name:			_	В		_	8035			Don Hostetle	·F
			_			_	·				
				· · · · · · · · · · · · · · · · · · ·		_					

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS

6960 Professional Parkway East

Sarasota, Fl. 34240

LIMIT: CLASS SIZE: REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

Jasmine Lakes WWTP 1000 Holly Lane Port Richey, FL 34668

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

Final

N/A

R-100

Ponds, including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD-From:

12/01/2006

To: 12/31/2006

COUNTY:	Pasco								120112000	
Parameter		Quantity of Loading	Units	Quali	ity or Concent	ration	Units	No.	Frequency of	Sample T
Flow to R-100	Sample Measurement	0.220						Ex.	Analysis	
Bibis a silver	Campic measurement				-			. 0	ı e	
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD						Monthly	Calculatio
Flow to R-100	Sample Measurement	0.202	•			•		. 0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Ma. Avg.)	MGD						5 Days/Week	Recording fill meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.1			•			
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)			MG/L	•	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	·	:	2.1	2.2	:	•	0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportione composite
Solids, Total Suspended	Sample Measurement	•		5.7		•		0		· ·
PARM Code 00530 Y Mon,Site No.EFA-01	Permit Requirement	•	•	20.0 (An.Avg.)		•	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement		** *** ***	1.85	2.7		<u> </u>	0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement	:		30.0 (Mo: Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property 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 Don Hostetler / Senior Facilities Operator

AF PRINCIPAL EXECUTIVE/OFFICER OR AUTHORIZED AGENT

TELEPHONE NO. 727-919-0674 DATE (YY/MM/DD) 08/04/24

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

Parameter		Ougetit	of Lord -	f (= ia-	MONITORING PER		12/01/200		· ·	12/31/2006	
		Quantity	of Loading	Units	(	Quality or Concentratio	n	Units	No.	Frequency of	Sample T
На	Sample Measuremen	t			7.4	7.7			Ex. 0	Analysis	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement		•	•	6.0	8.5		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measuremen	t	•	•	(Min.) 1.9	(Max.)			n	. Days/Week	
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculatio
Coliform, Fecal	Sample Measurement	ļ		•	1.0		1.0		0	Monthly	Calculatio
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo,Mean)		800 (Max.)	#/100ML		Every Two	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.2		(Max.)		0	Weeks	Side
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				<b>.</b> ,		3.30		0	·	,
PARM Code 00620 A Aon.Sile No.EFA-01 Flow (Total Plant)	Permit Requirement				· ·		12 (Max.)	MG/L		Every Two wWeeks	8-hour flov proportione composite
riow (Total Plant)	Sample Measurement	0.20854839	0.20164516						0		
IARM Code 50050 P fon.Site No.FLW-01	Permit Requirement	0.308	Report	•	•		•		:	5 Days/Week	Recording flo meters and
Percent Capacity, (TMADF/Permitted Capacity) x 10		(3-Mo.Avg.)	(Mo.Avg.)	MGD		<del>-</del>	<del></del>	_			totalizers
	Sample Measurement								0		
ARM Code 00180 G lon.Site No.INF	Permit Requirement	,			. 1 Report			Percent		Monthly	Calculation
OD, Carbonaceous 5 day, 20C	Sample Measurement			•	355			*			Ocioulation
ARM Code 80082 G on.Site No.INF-01	Permit Requirement	, ;			Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
olids, Total Suspended	Sample Measurement				255				0		composite

PARM Code 00530 G
Mon.Site No.INF-01 Permit Requirement Report (Mo.Avg.)

**Report (Mo.Avg.)**

**MG/L Monthly proportioned composite**

**Composite**

**Proportion of the composite**

**Proportion

PA File No. FLA012768-005-DW2P DEP Form 62-620.910(10), Effective November 29, 1994

## DAILY SAMPLE RESULTS - PART B

To: ___ 12/31/2006

Permit Number: FLA012768

MONITORING PERIOI 12/01/2006

Facilty:

Jasmine Lakes WWTP

		,2,01	72000	10		172006	•			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGE total plant flow to ponds			Notes
Code Mon.Site	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400	00530	50060	50060	80082	00530	
1	217707	L 7 7-01	CFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
2	1			7.5		2.2	0.2			
3							0.2			
4	2.200			7.4			0.2			
5	2.200	1.0	2.2	7.4	2.7	2.2	0.2	440	310	
6	1	1.0u	3.3	7.5		2.2	0.2			
7				7.5		2.2	0.2			
8				7.5		2.2	0.2			
9	1			7.5		2.2	0.2			
10	1						0.1			
li .				~ .			0.2			
11				7.4		2.2	0.2			j
12 13				7.5		2.2	0.2			}
14				7.5		2.2	0.2			
]]				7.5		2.2	0.2			İ
15				7.5		2.2	0.2			ŀ
16							0.2			
17							0.2			ŀ
18				7.5		2.2	0.2			ļ
19				7.4		2.2	0.2			l.
20	2.000			7.5	1.0u	2. <b>2</b>	0.2	200	270	<u>[</u> ]
21		1.0u	0.1	7.5		2.2	0.2			,
22	•			7.5		2.2	0.2			
23	İ						0.2			ļ
24							0.2			]
25				7.5		2.2	0.2			ļ
26				7.6		2.2	0.2			
27				7.7		2.2	0.2			ľ
28				7.5		2.2	0.2			H
29				7.5		2.2	0.2			
30							0.2			ļ
31	SEN IO						0.2			
PLANT STA Lead Opera		Class:	۸	Oz	diam bi	0			_	
Day Shift O		Class: Class:	<u>А</u> В		ntion No.: ntion No.:	6452 8035		Name:	Dennis Muldo	
Day Shift O		Class;			ition No.:	6035		Name: Name:	Don Hostetle	<u> </u>
Day Shift O		Class:			ition No.:			Name:		

Certification No.:

Name:



# Department of **Environmental Protection**

Jeb Bush Governor

Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600 STATE OF FLORIDA

Colleen M. Castille Secretary

### DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER: PA FILE NUMBER:

FLA012768

ISSUANCE DATE:

FLA012768-005-DW2P

**EXPIRATION DATE:** 

August 30, 2006 August 29, 2011

#### RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarcik President/COO P.O. Box 490310 Leesburg, FL 34749-0310

(352) 552-8532

#### FACILITY:

Jasmine Lakes WWTP 1000 Holly Lane Port Richey, FL 34668

Pasco County

Latitude: 28° 18' 10" N

Longitude: 81° 41' 19" 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 0.370 mgd three-month average daily flow, Type II, extended aeration domestic wastewater treatment plant, limited to An existing 0.370 mgd three-month average daily flow due to limited disposal, consisting of a self-cleaning static screen, one surge basin of 40,000 college total volume two circulars. gallons total volume, three concrete aeration basins equipped with diffused aeration of 300,000 gallons total volume, two circular secondary clarifiers of 76,000 gallons total volume and 1,000 square feet total surface area, one chlorine contact chamber of 18,500 gallons total volume, two aerobic digesters of 83,000 gallons total volume, and a rapid drain sludge dewatering system with thickened sludge holding of 14,000 gallons total volume. This facility is operated to provide secondary treatment with basic", disinfection. 

#### REUSE:

Land Application: An existing 0.308 MGD annual average daily flow (AADF) permitted capacity Part IV rapid-rate land application system (R-001). R-001 consists of a four cell Rapid Infiltration Basin (RIB) of 269,900 square feet total bottom surface area located approximately at latitude 28° 18' 20" N, longitude 82° 41' 31" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.



Jasmine Lakes WWTP Aqua Utilities Florida, Inc. IT NUMBER:

FLA012768

**EXPIRATION DATE:** 

### I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

### A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

			F	Reclaimed Water Limitations			Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.308	Report	-	•	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	•	60,0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	
pH	รบ	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100M L	Maximum	200	-	-	800	Monthly	Grab	EFA-01	Sec Cond.J.A.4
Total Chlorine Residual (For Disinfection)	MG/L	Minimum	-	-	•	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	

. FACILITY:

Jasmine Lakes WWTP

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER: EXPIRATION DATE:

FLA012768

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-01	After disinfection and prior to discharge to percolation/evaporation ponds.
FLW-01	Measured at the 90° V-notch weirs equipped with a recording flow meter with totalizers located downstream of the CCC

- 3. Recording flow meters and totalizers 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. Any single sample shall not exceed 800cfu/100mL. [62-610.510 and 62-600.440(4)(c)]
- 5. A minimum of 0.5 mg/L total chlorine residual 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)]

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### B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

		ļ	Limitations							
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, Total Plant	MGD	Maximum	0.308 3MADF	Report	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	•	-	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum		Report	•	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.LB.4

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

Monitoring Location Site Number	Description of Monitoring Location				
FLW-01	Measured at the 90 V-notch weir equipped with a recording flow meter with totalizers located downstream of the CCC.				
INF-01	At the headworks of the facility, prior to any return activated sludge lines.				

- 3. The three-month average daily flow to the treatment plant shall not exceed 0.308 MGD.
- 4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 5. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 6. 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)]
- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

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

Originals to:

Florida Department of Environmental Protection Wastewater Compliance Evaluation Section, Mail Station 3551 Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 FACILITY: PERMITTEE:

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Copies to:

Florida Department of Environmental Protection Domestic Wastewater Program Southwest District Office 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

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

- 9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by February 19th of each year. [62-601.300(4)][62-601.500(3)]
- 10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
- 11. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926

Phone Number - 813-632-7600 FAX Number - 813-632-7662 Email - DWSWD@dep.state.fl.us

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

#### II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is transport to a residuals management facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative Residuals Management Facility (RMF) does not require a permit modification, however, use of a alternative RMF requires a copy of the agreement pursuantto Chapter 62-640.880(1)(c) along with a written notification to the Department at least 30 days before transport of the residuals.
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
- 4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]

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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

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

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- Signature of Responsible Party at Residuals Management Facility or Treatment Facility

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

#### III. GROUND WATER REQUIREMENTS

#### **Operational Requirements**

- 1. For the Part IV land application system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge shall extend horizontally 100 feet from the application site and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- 2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
- 3. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. 162-522.600][62-610.510, ]
- 4. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.5. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-01	Л-1BR	]	Surficial	existing
MWC-02	Л-2CR		Surficial	existing
MWC-03	Л-3CR		Surficial	existing
MWC-04	JL-4CR		Surficial	existing
MWC-05	JL-6AQR		Floridian	existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.510(3)]

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5. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Ouarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Arsenic, Total Recoverable	10	UG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Cadmium, Total Recoverable	5	UG/L	Grab	Quarterly
Chromium, Total Recoverable	100	UG/L	Grab	Quarterly
Lead, Total Recoverable	15	UG/L	Grab	Ouarterly
Coliform, Fecal	4	#/100MIL	Grab	Quarterly
рН	6.5 to 8.5	SU	In-situ	Ouarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	Report	NTU	Grab	Quarterly
Specific Conductance	Report	Umhos/cm	Grab	Quarterly
Temperature	Report	Degrees C	In-situ	Quarterly
Oxygen, (Dissolved DO)	Report	MG/L	In-situ	Quarterly
Sodium	160	MG/L	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

- 6. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]
- 7. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.510(3)(b),]
- 8. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
- Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Southwest District Office as being more representative of ground water conditions. [62-520.300(9)]
- 10. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.8. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

SAMPLE PERIOD	REPORT DUE DATE			
1 st Quarter (January-March)	April 28			
2 nd Quarter (April-June)	July 28			
3 rd Quarter (July-September)	October 28			
4th Quarter (October-December)	January 28			

12. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Southwest District Office immediately and a written report shall follow within seven days detailing the

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circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Southwest District Office. [62-522.600][62-4.070(3)]

13. All piezometers and monitoring wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. [62-532.500(4)]

### 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 rapid infiltration basins shall be limited to a maximum of 1.8 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 3. Rapid infiltration basins ponds normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 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 ponds 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 Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

### V. OPERATION AND MAINTENANCE REQUIREMENTS

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 3 hours/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

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

- 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;

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- b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
- c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

162-620.3501

#### VI. SCHEDULES

The facility is not required to have a compliance schedule at this time. [62-600.735(1)]

#### 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)]

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5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]

- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - Which may cause fire or explosion hazards; or
  - 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;
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

- 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)]
- 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)]

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- 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)]
- 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

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records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or

records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]

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

FACILITY:

Jasmine Lakes WWTP

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA012768

EXPIRATION DATE:

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 Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jeffry \$. Greenwell, P.E.

Water Facilities Administrator

Southwest District

13051 North Telecom Parkway

Temple Terrace, FL 33637-0926

PERMITTEE NAME: Aqua Ut MAILING ADDRESS: 6960 Pro	ilities Florida, In ofessional Parkw	ic. ray East,	PERMIT I	NUMBER	FLA012768	3					
Suite 400 Sarasota, FL 34240  FACILITY: Jasmine Lakes WWTP LOCATION: 1000 Holly Lane Port Richey, FL 34668  COUNTY: Pasco					LIMIT: Final N/A  CLASS SIZE: N/A  MONITORING GROUP NUMBER: R-001  MONITORING GROUP DESC: Ponds, including Influent NO DISCHARGE FROM SITE: MONITORING PERIOD From: To			REPORT: Monthly GROUP: Domesti			•
Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow to R-001	Sample Measurement							<u> </u>	1 2		
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.308 (An.Avg.)		MGD						Monthly	Calculation
Now to R-001	Sample Measurement							<del></del>			
PARM Code 50050 1 Mon Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Recording flo
BOD, Carbonaceous 5 day, 20C	Sample Measurement	<u> </u>						<u> </u>			totalizers
ARM Code 80082 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
OD, Carbonaceous 5 day, 20C	Sample Measurement				(3.3, 3.5)		TO SEE LEADING TO SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE AND SEE	32 <u>7</u>		<u>- 15. min - Jedina D</u>	
ARM Code 80082 A Mon Site No. EFA-01	Permit Requirement			14 (200 ) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10 m) 15 (10	30.0 (Mo.Avg.)	60:0:⊪≟:⊪ (Max.)		MG/L		Every Two Weeks	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement							<del>- <u>a</u>t dir , ''.</del>			composite
ARM Code 00530 Y fon.Site No. EFA-01	Permit Requirement			No.	20.0 (An.Avg.)			MG/L		Monthly	Calculation
olids, Total Suspended	Sample Measurement	]			•						<del></del>
ARM Code 00530 A Ion Site No. EPA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L	₹.	Every Two Weeks	8-hour flow proportioned composite

PA File No. FLA012768-005-DW2P DEP Form 62-620.910(10), Effective November 29, 1994 DISCHARGE MONITORING (

ORT - PART A (Continued)

FACILITY:

Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From:

PERMIT NUMBER: FLA012768

Parameter		Quantity	or Loading	Units	Qua	Quality or Concentration				Frequency of Analysis	Sample Type
pН	Sample Measurement							<del> </del>	Ex.	<del> </del>	
PARM Code 00400 A Mon Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5	STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	SU	(- E)	5 Days/Week	Grab
Coliform, Fecal	Sample		<u>, Mariana di Auka, Angaria</u>	16/1/20/Au 10/4 (Cal	(win.)	(Max.)	Material Programme Control Co	The good			
PARM Code 74055 Y Mon Site No. EFA-01	Measurement Permit Requirement				200			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement			1	(An Avg.)			or and or officer			
PARM Code 74055 A Mon Site No. EFA-01	Permit Requirement				Report (Mo.Geo,Mean)	20 (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m) (10 m)	800 (Max.)	#/100MIL_		Every Two	Grab
Total Chlorine Residual(For Disinfection)	Sample Measurement				(Moroconfinear)	After the star at the con-	(Max.)		300	Weeks	
PARM Code 50060 A Mon Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							<u></u>			
PARM Code 00620 A Mon Site No. BFA-01	Permit Requirement						12 (Max.)	MG/L	iŞ Açı	Every Two Weeks	8-hour flow proportioned
Flow (Total Plant)	Sample Measurement			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>						composite
PARM Code 50050 P Mon Site No. FLW-01	Permit Requirement	0/308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement		<del></del>			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				ing see participal to the see	totalizers
PARM Code 00180 G Mon Site No. INF-01	Permit Requirement				Report			PER- CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	! 									
PARM Code 80082 G Mon Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
Solids, Total Suspended	Sample Measurement					[新聞新] (A) (2015年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 1866年 - 18					composite
PARM Code 00530 G Mon.Site No. DNF-01	Permit Requirement	en en en en en en en en en en en en en e		in de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned
	Sample Measurement					<del></del>	<u></u>	3 - 1	- A	<u>.771 (44) *</u>	composite
	Permit Requirement										

# DAILY SAMPLE RESULTS - PART B

Permit N Monitori	lumber: ing Period	FLA012768 From:						smine Lakes V	ww _{IP}	
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
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Total						<del></del>	<del> </del>		┝╼═╼┼	
Mo. Avg.				<del></del>	<del> +</del>				+	
PLANT STA		Class:	0	Certificate No:		Na.	me:			
nng Shi	ft Operator	Class:	c	ertificate No:		Na	me:			
hight Shift C		Class:		ertificate No:			me:			
Lead Operato		Class:		ertificate No:			me:			

PA File No. FLA012768-005-DW2P DEP Form 62-620.910(10), Effective November 29, 1994

County: Facility Name: Permit Number: Monitoring Period	Pasco Jasmine Lakes FLA012768 From:	s WWTP	To:			Well 7 Descri	* *	MWB-01 Background JL-1BR	i		
Was the well purged before sampling?	Yes	No				Time	Sample Obtained:				
Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis N	Method	Sampling Equipmer Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly					
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly					
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly					
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly					
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly					
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly					
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly					
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly					
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly		]			
рН	00400		Report	SU	In-situ	Quarterly					7
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly					T
Turbidity	00070		Report	NTU	Grab	Quarterly					1
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly					1
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly					
Specific Conductance	00095		Report	<u>ИМНО/СМ</u>	Single Sample	Quarterly					
Temperature (C), Water	00010		Report	DEG,C	Single Sample	Quarterly					<del> </del>
Ammonia	00619		Report	MG/L	Grab	Quarterly					
Ammonia 00619 Report MG/L Grab Quarterly  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/mrwdd)											

County:	
<b>Facility</b>	Name

Pasco

Permit Number:

Monitoring Period

___ Yes ___ No

Was the well purged before sampling?

Jasmine Lakes WWTP FLA012768

To:

Monitoring Well ID: Well Type: Description:

MWC-02 Compliance JL-2CR

Date Sample Obtained:

Time Sample Obtained:

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				<del> </del>
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500_	MG/L	Grab	Quarterly			ļ	
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				ļ
Cadmium, Total Recoverable	01113		5	UGAL	Grab	Quarterly				ļ
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly		<u> </u>		<del> </del>
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				<b> </b>
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly	L			<del> </del>
рН	00400		6.5 to 8.5	su	In-situ	Quarterly				<del> </del>
Sulfate, Total	00945		250	MG/L	Grab	Quarterly			<u> </u>	<del></del>
Turbidity	00070		Report	NTU	Grab	Quarterly				ļ
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly		<u> </u>	<u> </u>	<del> </del>
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly			<u> </u>	<u> </u>
Specific Conductance	00095		Report	имно/см	Single Sample	Quarterly				<u> </u>
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly		<u></u>		
Ammonia	00619		Report	MG/L	Grab	Quarterly				

County: Facility Name: Permit Number:	Pasco Jasmine Lakes WWTP FLA012768		Monitoring Well ID: Well Type: Description:	MWC-03 Compliance JL-3CR
Monitoring Period	From:	То:	Date Sample Obtained:	
Was the well purged before sampling?	Yes No		Time Sample Obtained:	

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113			UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15 .	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
рН	00400		6.5 to 8.5	SU_	In-situ_	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly				
Specific Conductance	00095		Report	имно/см	Single Sample	Quarterly				
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly				
Ammonia	00619		Report	MG/L	Grab	Quarterly				<del></del>

County:
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Pasco

Facility Name: Permit Number:

Jasmine Lakes WWTP

FLA012768

Monitoring Period

To: _

Monitoring Well ID: Well Type:

Description:

MWC-04 Compliance

JL-4CR

Date Sample Obtained:

Time Sample Obtained:

Vas the well purged before sampling?	Yes	No				Time S	ample Obtained:			
Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Sample Filtere (L/F/N
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				ļ
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				<del> </del>
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				<del> </del>
Chloride (as CI)	00940		250	MG/L	Grab	Quarterly		ļ		<del> </del>
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly			<u> </u>	<del> </del>
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly		<u> </u>	<del> </del>	<del> </del>
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly			<u> </u>	<del> </del>
Coliform, Pecal	74055		4	#/100ML	Grab	Quarterly		<u> </u>	<u> </u>	<del> </del>
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly		<u> </u>	<u> </u>	—
Sulfate, Total	00945		250	MG/L	Grab	Quarterly			Ļ	<del> </del>
Turbidity	00070		Report	NTU	Grab	Quarterly			<u> </u>	ļ
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				<u> </u>
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly		<u> </u>		
Specific Conductance	00095	1	Report	имно/см	Single Sample	Quarterly				
	00010	†	Report	DEG.C	Single Sample	Quarterly				
Temperature (C), Water  Ammonia	00619	<del>                                     </del>	Report	MG/L	Grab	Quarterly				

To:

County	:
Facility	Name

Pasco

Permit Number: Monitoring Period Jasmine Lakes WWTP

FLA012768

Monitoring Well ID: Well Type: Description:

MWC-05 Compliance JL-6AQR

Date Sample Obtained:

Was the well purged before sampling?	Yes	No				Time S.	ample Obtained:			
Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Sample Filtered (L/F/N
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		_10	MG/L	Grab	Quarterly				<del> </del>
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				<del> </del>
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly		<u> </u>		}
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly		ļ		<del> </del>
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly			-	<del> </del>
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly			<del> </del>	<del> </del>
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly	<u></u>		<del> </del>	<del> </del>
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				<del> </del>
рH	00400		6.5 to 8.5	รบ	In-situ	Quarterly			<del> </del>	<del> </del> -
Sulfate, Total	00945		250	MG/L	Grab	Quarterly			ļ	<b>↓</b>
Turbidity	00070		Report	NTU	Grab	Quarterly				<del> </del>
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				<del></del>
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly			<u> </u>	
Specific Conductance	00095		Report	UMHO/CM	Single Sample	Quarterly				
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly				
Ammonia	00619		Report	MG/L	Grab	Quarterly				

#### INSTRUCTIONS FOR COMPLETING THE WAS



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

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

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

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

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

- 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 PLE 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.

L	CODE	DESCRIPTION/INSTRUCTIONS
Ł	<	The compound was analyzed for but not detected.
L	A	Value reported is the mean (average) of two or more determinations.
Ĺ	J	Estimated value, value not accurate.
L	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 (P), 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 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.



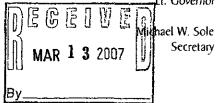
# Florida Department of **Environmental Protection**

Charlie Crist Governor

leff Kottkamp t. Governor

Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926

March 8, 2007



Mr. John Lihvarcik, President/COO Aqua Utilities Florida, Inc. P. O. Box 490310 Leesburg, FL 34749-0310

Re:

Warning Letter No. WL07-0002DW51SWD

Jasmine Lakes WWTF Facility ID No. FLA012768

Pasco County

Dear Mr. Lihvarcik:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible and to seek your cooperation in resolving the matter. A field inspection conducted on February 22, 2007 and a subsequent file review of the Jasmine Lakes Wastewater Treatment Facility ("Facility") indicates that a violation of Florida Statutes and Rules may exist at the above-referenced facility. Department of Environmental Protection personnel observed the following:

- 1. The Part IV rapid-rate percolation pond system was not being operated properly. The four percolation ponds were hydraulically loaded to the point that prevents the ponds from functioning as intended. Rule 62-600.410(6), Florida Administrative Code (F.A.C.), provides that all facilities and equipment necessary for the treatment, reuse and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
- 2. The operator's log indicated that two of the four percolation ponds had not received any effluent over the past 12 months, yet both ponds remained wet. Rule 62-610.523 (4), F.A.C., provides that hydraulic loading periods of one to seven days, with resting periods of five to 14 days to dry the ponds are required.
- Ground water monitoring data submitted from the first quarter 2005 through the fourth quarter 3. 2006 indicated that compliance well limit values were exceeded for sodium, in MWC-02, from the third quarter 2005 through the fourth quarter 2006 and for chloride in the fourth quarter 2005. and third quarter 2006. In addition, MWC-02 exceeded the ammonia value in the fourth quarter 2006. Rule 62-520.400, F.A.C., provides that ground water minimum criteria shall be met within the zone of discharge.
- 4. Ground water monitoring data submitted from the first quarter 2005 through the fourth quarter 2006 indicated that compliance well limit values were exceeded for sodium, in MWC-03, in the second and fourth quarters 2005, and the first, second and third quarters 2006 and for chloride is the second and fourth quarters 2005 and third quarter 2006. In addition, MWC-03 exceeded the

Mr. John Lihvarcik, President/COO Warning Letter No. WL07-0002DW51SWD Jasmine Lakes WWTF Facility ID No. FLA012768 Pasco County Page 2 of 2

ammonia value in the second, third and fourth quarters 2005, and second quarter 2006. Rule 62-520.400, F.A.C., provides that ground water minimum criteria shall be met within the zone of discharge.

5. Ground water monitoring data submitted from the first quarter 2005 through the fourth quarter 2006 indicated that compliance well limit values were exceeded for sodium, in MWC-04, in the third quarter 2005, and the first and second quarters 2006. In addition, MWC-04 exceeded the ammonia value from the first quarter 2005 through the fourth quarter 2006. Rule 62-520.400, F.A.C., provides that ground water minimum criteria shall be met within the zone of discharge.

The activities observed during the Department's field inspection and indicated by the file review, along with any other activities at your facility that may be contributing to violations of the aforementioned Florida Statutes or Rules, should be ceased. The operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the administrative imposition of penalties up to \$10,000.00 pursuant to Section 403.121, Florida Statutes, or the judicial imposition of civil penalties up to \$10,000.00 per violation per day pursuant to Sections 403.141 and 403.161, Florida Statutes.

You are requested to contact Mr. Jerry E. Nichols, Environmental Specialist II, at (813) 632-7600, extension 411, within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action, in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely yours,

Deoffan A Getzoff

Southwest District

DAG/jn

cc: Jerry Nichols, FDEP

#### INSPECTION FINDINGS

Facility Name: Jasmine Lakes WWTF

Facility ID: FLA012768

Inspection Type: Compliance Evaluation Inspection

Date: 2/22/2007 at 2:06:00 PM

Facility Background:

Address: 1000 Holly Drive, Port Richey, FL, Pasco County

Permit Information: Wastewater Permit issued: 8/30/2006, and expires: 8/29/2011

Treatment Summary: Type II Extended Aeration

Permitted Capacity: 0.3685 MGD

1. Permit: In Compliance

1.1 Observation: A copy of the permit was on site and available to plant personnel.

2. Compliance Schedules: Not Applicable

3. Laboratory: In Compliance

3.1 Observation: The laboratory is certified by the Department of Health.

4. Sampling: In Compliance

4.1 Observation: No problems or deficiencies were identified.

- 5. Records and Reports: Out of Compliance
  - 5.1 Observation: General Records were well organized.
  - 5.2 *Observation: General A review of the Discharge Monitoring Reports (DMRs) from December 2005 through December 2006 revealed that the percent capacity was miscalculated for November and December 2006.
- 6. Facility Site Review: In Compliance
  - 6.1 Observation: General The facility was staffed at the time of the inspection.
  - 6.2 Observation: General The facility grounds were clean and well maintained.
  - 6.3 Observation: Lift Stations The backflow preventers were properly tested on January 11, 2007.
- 7. Flow Measurement: In Compliance
  - 7.1 Observation: The flow meter was calibrated in accordance with Rule 62-601.200 (17), Florida Administrative Code, on January 31, 2007.
- 8. Operation and Maintenance: Out of Compliance
  - 8.1 Observation: General The facility was not operated and maintained in accordance with the description in the permit. [Also see 10.2]
  - 8.2 Observation: Headworks The operator was replacing the influent screen at the time of the inspection.

Jasmine Lakes WWTF Facility ID: FLA012768 Pasco County Page 2 of 3

- 8.3 Observation: Aeration Basins/Activated Sludge The contents in the aeration chambers appeared to be adequately mixed.
- 8.4 *Observation: Clarifiers The clarifier weirs were covered with algae, restricting flow from the unit.
- 8.5 Observation: Disinfection The chlorine contact chamber was clean and the effluent leaving the plant was clear.
- 9. Effluent Quality: In Compliance
  - 9.1 Observation: A review of DMRs from December 2005 through December 2006 revealed no effluent exceedances.
  - 9.2 Observation: The effluent appeared clear with an acceptable total chlorine residual of greater than 2.2 mg/L.
- 10. Effluent Disposal: Significantly Out-of-Compliance
  - 10.1 *Observation: The number four percolation pond was in service from January 1, 2005 to February 10, 2006 and March 1, 2006 through January 26, 2007.
  - 10.2 *Observation: The operator has been unable to dry the four percolation ponds, as depicted in photographs #1, #2, #7, #8 and #9.
- 11. Residuals/Sludge: In Compliance
  - 11.1 Observation: General No problems or deficiencies were observed.
- 12. Groundwater Quality: Significantly Out-of-Compliance
  - 12.1 *Observation: A review of the ground water monitoring reports from the first quarter 2005 through the forth quarter 2006 revealed the following exceedances:
    - 12.1.a Well number MWC-2 exceeded the ground standard for sodium from the second quarter 2005 through the forth quarter 2006.
    - 12.1.b Well number MWC-2 exceeded the ground standard for chloride in the forth quarter 2005 and third quarter 2006.
    - 12.1.c Well number MWC-2 exceeded the ground standard for total dissolved solids from the second quarter 2005 through the forth quarter 2006.
    - 12.1.d Well number MWC-2 exceeded the ground standard for ammonia in the forth quarter 2006.
  - 12.2 *Observation: A review of the ground water monitoring reports from the first quarter 2005 through the forth quarter 2006 revealed the following exceedances:
    - 12.2.a Well number MWC-3 exceeded the ground standard for sodium in the second quarter 2005 and forth quarter 2005 through the third quarter 2006.

Jasmine Lakes WWTF Facility ID: FLA012768 Pasco County Page 3 of 3

- 12.2.b Well number MWC-3 exceeded the ground standard for chloride in the second quarter and forth quarter 2005 and the third quarter 2006.
- 12.2.c Well number MWC-3 exceeded the ground standard for ammonia from the second quarter through the forth quarter 2005 and the second quarter 2006.
- 12.3 *Observation: A review of the ground water monitoring reports from the first quarter 2005 through the forth quarter 2006 revealed the following exceedances:
  - 12.3.a Well number MWC-4 exceeded the ground standard for sodium in the third quarter 2005 and first quarter and second quarter 2006.
  - 12.3.b Well number MWC-4 exceeded the ground standard for ammonia from the first quarter 2005 and through the forth quarter 2006.
- 13. Other: Not Evaluated

Photographer:

Facility Name:

Facility ID No.:

Phdotographed on:

Type of Camera:

Recording Media:

Digital photos copied by:

Digital photos copied to:

Original copies stored:

Jerry Nichols

Jasmine Lakes WWTF

FLA0127968

February 22, 2007

Sony Cyber-Shot A530

Sony MemoryStick (E:)

**Jerry Nichols** 

mydocs/Pasco /Jasmine /02-26-07 inspec. photos

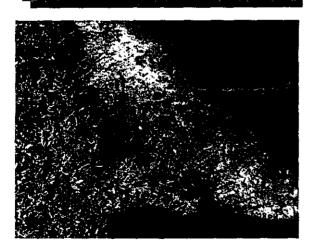
"Photo Archives" CD



1 - View to the west of P/E pond 4.



2 – Close-up view of pond 4 still being loaded.



3 – View of possible lateral seepage on the north side of P/E pond #4.



4 – View of canal to the north of P/E pond #4.

Photographer:

Facility Name:

Facility ID No.:

Phdotographed on:

Type of Camera:

Recording Media:

Digital photos copied by:

Digital photos copied to:

Original copies stored:

**Jerry Nichols** 

Jasmine Lakes WWTF

FLA0127968

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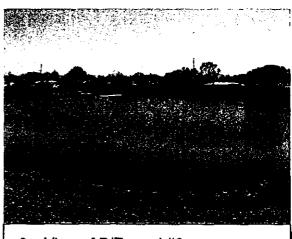
5 – Close-up view of algae along bank of canal.



6 – View of monitoring well without well ID.



7 - View of P/E pond #1.



8 - View of P/E pond #2.

Photographer:

• Facility Name:

Facility ID No.:

Phdotographed on:

Type of Camera:

Recording Media:

Digital photos copied by:

Digital photos copied to:

Original copies stored:

Jerry Nichols

Jasmine Lakes WWTF

FLA0127968

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Sony Cyber-Shot A530

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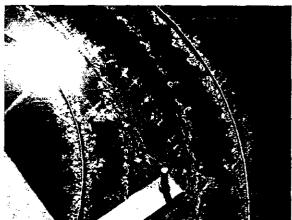
Jerry Nichols

mydocs/Pasco /Jasmine /02-26-07 inspec. photos

"Photo Archives" CD







10 – View of algae restricting flow over weir.

Jasmine Lake WWTF 2006-2007 DMR Review

Permit #FLA012768

Mon/Yr	Flow aadf	Flow 3mad	Flow madf	% Cap	CBOD aa	CBOD ma	CBOD Mx	TSS aa	TS\$ ma	TSS MAX	Nitrate	Ηq	Fecal aa	Fecal mgm	Fecal max	TRC min	dtd rec'd
Limits	0.308	0.37	N/A	•	20	30	60	20	30	60	12	Min/Max	200		800	0.5	
5-Dec	0.212	0.212	0.214	57	4.5	230	240	6.8	3.4	4.4	0.89	7.5/7.6	2.7	1	1	1.5	SWD
6-Jan	0.215	0.215	0.22	57	4.6	3	3.4	7.3	3.13	4.8	0.79	7.5/7.6	2,8	1	1	2	2/24/2006
6-Feb	0.218	0.222	0.231	58	4.5	2	2	6.9	2.45	3	1.5	7.4/7.7	2.8	1	1	2	revised
6-Mar	0.218	0.22	0.225	58	4.2	2	2	6.8	2.4	3.1	0.59	7.4/7.8	2.8	1	1	1,4	4/21/2006
6-Apr	0.219	0.224	0.233	59	4.5	7.4	11	6.4	4.8	6.6	2.2	7.6/7.8	<b>3</b> .3	6.7	45	1.1	5/23/2006
6-May	0.221	0.23	0.231	60	4	2.5	2.8	6.7	23.1	44	0.43	7,6/7.8	3.5	5.7	32	1.2	6/22/2006
6-Jun	0.222	0.226	0.214	59	4.1	2.7	2.8	7	5.45	5.6	0,27	7.5/7.7	3.5	1	1	1.6	7/21/2006
6-Jul	0.219	0.219	0.212	58	3.1	5	6,5	6.4	6.15	6.6	0.57	7.6/7.7	2.8	1	1	1.4	8/27/2006
6-Aug	0.216	0.21	0.205	68	3.2	3.3	3.7	6.4	4.53	5.5	0.72	7.6/7.7	2.7	1	1	1.2	9/21/2006
6-Sep	0.221	0.226	0.261	73	3	2.5	2.8	6.6	6.45	8.6	0.25	7.6/7.8	2.1	1	1	1.8	10/19/2006
6-Oct	0.222	0.229	0.221	74	3.2	3.7	5.1	6.6	1	1	2,4	7.6/7.8	3.4	3.9	15	2	11/27/2006
6-Nov	0.221	0.2282	0.2026	1	3.1	1.8	2	6.4	1.55	2	5.2	7.4/7.8	2	1	1	1.5	12/27/2006
6-Dec 7-Jan	0.22	0.2085	0.2016	1	3.1	2.1	2.2	5.7	1.85	2.7	3,3	7,4/7.7	1.9	1	1	2.2	1/27/2007

Total Average

Dennis Muldoon - (352) 302-9713 A-0006452

 ^{1) 11/06 &}amp; 12/06 percent capacity appears to be miscalculated.
 2) GWM data 2005 revealed exceedances in TDS, Chloride, Sodium, fecal coliform and ammonia.

Nitrate	Well	Nitrate	Mitroto	Nitrata	Alitenta	A.154	h l'han t -	NP11-	B.P. I
Quarter	Type	1st/2005	Nitrate 2nd/2005	Nitrate 3rd/2005	Nitrate 4th/2005	Nitrate 1st/2006	Nitrate 2nd/2006	Nitrate	Nitrate
Limit	.,,,,	10	10	10	10	10	10	3rd/2006 10	4th/2006 10
MW-1	В	0.18	0.61	0.38	0.069	0.27	0.5	0.16	.06 U
MW-2	С	.06 U	.06 U	.06 U	.06 U	.06 U	.02 U	.06 U	.06 U
MW-3	С	.06 U	U 80.	1.5	.06 U	.06 U	.02 U	.06 U	.06 U
MW-4	С	.06 U	.06 U	0.17	.06 U	.06 U	.02 U	.06 U	.06 U
MW-4	С	.06 U	.06 U	.06 U	.06 U	.06 U	.02 U	.06 U	.06 U
Sodium		Sodium	Sodium	Sodium	Sodium	Sodium	Sodium	Sodium	Sodium
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit	_	160	160	160	160	160	160	160	160
MW-1	В	13	18	21	89	140	120	180	120
MW-2	C	140	150	180	170	180	170	180	170
MW-3	C	160	170	130	180	180	180	180	160
MW-4 MW-5	C	140 110	150 120	170	160	170	170	160	160
Chloride	C	Chloride	Chloride	120 Chloride	110 Chloride	130	120	120	120
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	44b/2006
Limit		250	250	250	250	250	250	250	4th/2006 250
MW-1	В	25	45	42	140	200	170	250 250	180
MW-2	C	180	200	240	260	250	230	260	230
MW-3	Č	220	270	190	260	240	250	260	210
MW-4	č	220	240	210	230	250	240	250	240
MW-5	Č	220	230	220	230	230	210	220	210
TDS	_	TDS	TDS	TDS	TDS			4_0	210
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		500	500	500	500	500	500	500	500
MW-1	В	250	230	260	440	570	560	730	570
MW-2	C	500	530	670	640	650	630	670	640
MW-3	С	620	720	530	640	670	680	650	610
MW-4	C	620	700	620	660	710	730	700	720
MW-5	С	600	580	620	640	560	620	600	620
Head		Head	Head	Head	Head	Head	Head	Head	Head
Quarter	В	1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
MW-1	B C	1 1.15	11.65	10.95	11.6	11.12	12.55	11.2	11.38
MW-2 MW-3	C	3.67	10.7 8.16	10.32 8.43	10.85 8.7	10.65 8.9	11.53 8.9	10.5 8.45	10.45 8.78
MW-4	Č	2.47	10.33	9.32	10.43	10.4	0.9 11.4	10.4	10.22
MW-5	Č	2.4	10.9	9.56	10.43	11.03	12.05	11	10.75
Sp. Cond.	•	SP.Cond.			SP.Cond.				SP.Cond.
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		Report	Report	Report	Report	Report	Report	Report	Report
MW-1	8	422	343	381	773	920	973	920	863
MW-2	C	944	1031	1262	1243	1149	1227	1011	1070
MW-3	C	1167	1368	1021	1257	1138	1318	1075	1035
MW-4	C	1224	1293	1350	1299	1234	1373	1018	1153
MW-5	C	1074	1089	1091	1075	981	1082	806	891
Fecal		Fecal	Fecal	Fecal	Fecal	Fecal	Fecal	Fecal	Fecal
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit	_	4	4	4	4	4	4	4	4
MW-1	В	10	10	10	1 U	1 U	1 U	1 U	1 U
MW-2	C	12 1 U	1 Ú	1 U	10	1 U	10	10	10
MW-3 MW-4	C	1 U	1 U	1 U	1 U	1 U	3	1 U	1 U
MW-5	C	1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U
Ammonia	•	Ammonia	Ammonia		Ammonia	Ammonia		Ammonia	Ammonia
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		5	5	5	5	5	5	5	5
MW-1	В	0.05	.05 U	.05 U	0.56	0.52	.05 U	0.26	0.88
MW-2	c	2.7	2.6	4	4.4	4.3	3.7	4.7	5.1
MW-3	С	1.5	12	7.5	5.3	0.87	8.3	4.7	2.4
MW-4	C	9.7	8.1	9.7	11	7.1	11	10	9
MW-5	С	0.75	0.78	0.74	0.66	0.63	0.93	0.55	0.83

¹⁾ MW-2 resamiped 3/11/05 with Fecal at 1.0 CFU/100 mL.



# Department of **Environmental Protection**

leb Bush Governor

Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

August 8, 2006

Mr. Jack Lihvarcik, President Aqua Utilities Florida, Inc. P. O. Box 490310 Leesburg, FL 34749

Re:

Compliance Evaluation Inspection

Jasmine Lake S/D WWTF Facility ID No. FLA012768

Pasco County

Dear Mr. Lihvarcik:

On July 27, 2006, the Florida Department of Environmental Protection (Department) conducted a Compliance Evaluation Inspection at the referenced facility to determine compliance with wastewater requirements and, overall, the facility was Out of Compliance. A copy of the inspection report is attached for your records.

You are requested to respond to this letter with the plans you have made to correct any noted deficiencies and to submit any requested information for those items indicated by an asterisk (*). Your response is requested to be in writing and should include a time frame needed to achieve compliance. This response is due to the Department by September 1, 2006. Please direct any questions to the undersigned at (813) 632-7600, extension 411, or e-mail: jerry.nichols @dep.state.fl.us.

Sincerely,

Jerry E. Nichols

Environmental Specialist II

Leny Ellishol

Domestic Wastewater Program

Attachment

cc: Mr. Dennis Muldoon, Operator of Record

"More Protection, Less Process"

Printed on recycled paper.

### FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

# WASTEWATER COMPLIANCE INSPECTION REPORT

			F A	CIL	ITY AND INSPECT	TION	IN.	FORMATION	@ =	= Optional
Name a	nd Physical L	ocation	of Facility		WAFR ID:			County	Entry I	Dute/Time
Jasmi	ne Lakes S	5/D W	WTF		FLA012768			Pasco	7/27/	2006 12:30:00 AM
1000	Holly Driv	ve				-	,	Phone	@ Exi	t Date/Time
Port I	Cichey, FL	,		_				(813) 938-6463	7/27/	2006 2:00:00 PM
Name(s	) of Field Rep	resentat	ives(s)		Title		•		P	hone
Мг. Е	ennis Mu	ldoon			Operator of Reco	ərd			(	352) 302-9713
Name a	nd Address o	l Permit	tee or Desig	nated Re	presentative Title			Phone	@	Operator Certification #
Mr. J	ack Lihvai	rcik			Presid	lent		(352) 552-8532		
	Box 4903 ourg, FL 3				•	Utilitie ia, Inc.	s			
Inspect	lon Type	С	E	I	Samples Taken(Y/N): N	@ Sam	aple ID	#:	Sam	rples Split (Y/N): N
XI	omestic	_ 1	ndustria	al	Were Photos Taken(Y/N): N		@ 1	Log book Volume :		@ Page
	ignificant l	lon-Če ORDLR	mpliance	Criteri	Compliance; SC = Significant of a Should be Reviewed when Ou SELF MONITORING PROGRAM	t of Con	iplián IXO	ce Ratings Are Given in	Areas	Marked by a "+ " EFFLUENTIDISPOSAU
IC	1. +Permi			1C	3. Laboratory	IC	<del> </del>	acility Site Review	IC	9. • Effluent Quality
NA	2. ♦Comp	liance S	chedules	IC	4. Sampling	IC		low Measurement Operation &	NC	10. +Effluent Disposal
				NC	5. ♦ Records & Reports	NC	1	ntenance	IC	11. Residuals/Sludge
NE	13. Other:								NC	12. Groundwater
Pacility	and/or Orde	r Compl	lance Status	-	In-Compliance	<u>X</u> Ou	it-Of-C	Compliance	Significa	ant-Out-Of-Compliance
Recom	mended Actio	ns: See a	ttached Fiek	i Notes						
Name(s	) and Signatu	rr(s) of	inspector(s)		1-1: Ca 1 1			District Office/Phone Num	ber	Date
Vick	Wheeler				ida Mhuler		<u>-</u>	SWD(813)632-760	0X308	8-3-06
	Nichols		- 0	leve	y E. Muto	<u> </u>		SWD(813)632-760		8-3-06
. – -	nature of Rev ele Dugga		Yhi	llu	le Duxan			District Office/Phone Num SWD(813)632-760		08/03/06
	Fill Out	This	Section	For A	All Surface Wester Discha	rger l	пзре	ctions (CEI, CSI,	CBI,	PAI, XSI, RI)
	osaction Code			NPDI	ES Number		Y	R/MO/DA	інар Тур-	
					ADDITIONAL NPD	ES COM	IMEN	TS TS	1	2 3
Inspec Facili	ction Code	(Field : eld 3):	2): S=Sta 1=Munic	ite, J=Jo ipal (P)	BI, C=CEI, S=CSI, X=XSI, R=R int EPA/State-EPA Lead, T=Jo iblicly Owned), 2=Industrial an	int State			-	l, 4=Federal

#### INSPECTION FINDINGS

Facility Name: Jasmine Lakes S/D WWTF

Facility ID: FLA012768

Inspection Type: Compliance Evaluation Inspection

Date: 7/27/2006 at 2:00:00 PM

Facility Background:

Address: 1000 Holly Drive, Port Richey, FL, Pasco County

Permit Information: Wastewater Permit issued: 10/4/2000, and expired: 10/3/2005

Treatment Summary: Type II Extended Aeration

Permitted Capacity: 0.3685 MGD

1. Permit: In Compliance

- 1.1 Observation: A copy of the permit was on site and available to plant personnel. The current permit expired on November 2004. An applicant for renewal was timely and the current permit is administratively continued by the Department.
- 2. Compliance Schedules: Not Applicable
- 3. Laboratory: In Compliance
  - 3.1 Observation: The laboratory is certified by the Department of Health.
- 4. Sampling: In Compliance
  - 4.1 Observation: No problems or deficiencies were identified.
- 5. Records and Reports: Out of Compliance
  - 5.1 *Observation: General There were several transcription errors found in the Discharge Monitoring Reports (DMRs) from December 2004 through January 2006:
    - 5.1.a The May 2005 through January 2006 DMRs' percent capacity appeared to be miscalculated.
    - 5.1.b The July 2005 DMR's monthly maximum Fecal Coliform should read 96 CFU/100 mL.
    - 5.1.c The August 2005 DMR's CBOD and TSS annual average appeared to be miscalculated.
    - 5.1.d The August 2005 DMR's annual average daily flow appeared to be miscalculated.
    - 5.1.e The November 2005 DMR's three-month average daily flow appeared to be miscalculated.
    - 5.1.f The December 2005 DMR's CBOD monthly average and monthly maximum appeared to be influent data.
  - 5.2 Observation: General All required documents and reports were available at the facility.
- 6. Facility Site Review: In Compliance
  - 6.1 Observation: General The facility grounds were secured properly.

Jasmine Lakes S/D WWTF Facility ID: FLA012768 Pasco County Page 3 of 3

- 11. Residuals/Sludge: In Compliance
  - 11.1 Observation: General No problems or deficiencies were observed.
- 12. Groundwater Quality: Out of Compliance
  - 12.1 Observation: A review of the 2005 ground water monitoring reports revealed the following exceedances in compliance wells #MWC-03, #MWC-04 and #MWC-05 for Total Dissolved Solids, Chloride, Sodium, Fecal Coliform and Ammonia. Please investigate.
- 13. Other: Not Evaluated

# AQUA. Utilities Florida

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

T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

September 1, 2006

Jerry E. Nichols
Environmental Specialist II
Domestic Wastewater Program
Department of Environmental Protection
Southwest District
13051 North Telecom Parkway
Temple Terrace, Florida 33637-7600

Dept. of Environmental Protection

SEP 05 2006

Southwest District

RE: Compliance Evaluation Inspection
Jasmine Lakes S/D WWTF

Facility ID No. FLA012768

Pasco County

SEP 0 5 2006

Department of Environmental Presection SOUTHWEST DISTRICT Domestic Wastawater Program

Dear Mr. Nichols:

The purpose of the correspondence is to provide a written response as requested in your August 8, 2006 letter regarding the wastewater treatment facility compliance inspection conducted at Palm Terrace Gardens on July 27, 2006.

#### RECORDS AND REPORTS

- 1. There were several transcription errors found in the Discharge Monitoring Reports (DMRs) from December 2004 through January 2006:
  - a. The May 2005 through January 2006 DMR's percent capacity appeared to be miscalculated.
  - b. The July 2005 DMR's monthly maximum Fecal Coliform should read 96 CFU/100 mL.
  - c. The August 2005 DMR's CBOD and TSS annual average appeared to be miscalculated.
  - d. The August 2005 DMR's annual average daily flow appeared to be miscalculated.
  - e. The November 2005 DMR's three-month average daily flow appeared to be miscalculated.
  - f. The December 2005 DMR's CBOD monthly average and monthly maximum appeared to be influent data.

#### Response:

We have reviewed the aforementioned DMR's and have made the necessary corrections. The revised DMR's are attached.

To DMR File. Except for 8/05.

An Aqua America Company

### **OPERATION AND MAINTENANCE**

1. Lift Stations - The sump pump in the valve pit was not working at the lift station number one.

#### Response:

We have scheduled a contractor to repair the wiring and conduit for the sump pump. We anticipate the work to be completed by October 1, 2006.

#### **EFFLUENT QUALITY**

a. The percolation/evaporation ponds were not properly rotated. The operator has not used the three east ponds in the last year.

#### Response:

We are trying to get the ponds emptied and cleaned. In order to accomplish this, we are trying to dry the ponds and have not rotated them since our last inspection. It was our understanding that this was recommended during our last inspection and discussed with Vicki Wheeler, the Environmental Specialist who performed this inspection and she seemed pleased with the progress.

If you have any questions, please contact me at (352) 435-4033. Thank you.

Sincerely,

AQUA UTILITIES FLORIDA, INC.

Serard P. Connolly

Gerard P. Connolly, P.E.

Manager of Operations

Attachments

RECEIVED SEP 0 5 2006

Department of Environmento: Free con SOUTHWEST DICTE. Domestic Wastewater Program



# Department of Environmental Protection

Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

September 6, 2006

Colleen M. Castille Secretary

Mr. Jack Lihvarcik, President Aqua Utilities Florida, Inc. P. O. Box 490310 Leesburg, FL 34749

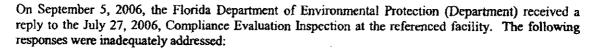
Re:

Reply to Compliance Evaluation Inspection

Jasmine Lake S/D WWIF Facility ID No. FLA012768

Pasco County

Dear Mr. Lihvarcik:



Who cacculated.
THUSK?

The August 2005 Discharge Monitoring Report's (DMR) annual average daily flow, annual average CBOD and TSS were not properly calculated. Please resubmit a corrected original DMR to this office.

STHE 2. MECAUSE THE 2. UK POUD IS BEING LEHABLD?

The effluent disposal ponds were not properly rotated. The permit states that rapid infiltration basins shall be loaded for one to seven days and rested five to 14 days. The infiltration basins shall be allowed to dry during the resting portion of the cycle. Please explain why this permit requirement is not being met.

You are requested to respond to this letter with the plans you have made to correct any noted deficiencies and to submit any requested information. Your response is requested to be in writing and should include a time frame needed to achieve compliance. This response is due to the Department by October 10, 2006. Please direct any questions to the undersigned at (813) 632-7600, extension 411, or e-mail: jerry.nichols @dep.state.fl.us.

Sincerely.

Jerry E. Nichols

Environmental Specialist II
Domestic Wastewater Program

Attachment

cc: Mr. Dennis Muldoon, Operator of Record

"More Protection, Less Process"

Printed on recycled paper.



September 27, 2006

Aqua Utilities Florida, Inc. P.O. Box 490310 Leesburg, FL 34749-0310 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

Jerry E. Nichols
Environmental Specialist II
Domestic Wastewater Program
Department of Environmental Protection
Southwest District
13051 North Telecom Parkway
Temple Terrace, Florida 33637-7600

RE: Reply to Compliance Evaluation Inspection
Jasmine Lakes S/D WWTF
Facility ID No. FLA012768
Pasco County

Dear Mr. Nichols:

The purpose of the correspondence is to provide a written response as requested in your September 6, 2006 letter regarding the wastewater treatment facility compliance inspection conducted at the referenced facility.

1. The August 2005 Discharge Monitoring Report's (DMR) annual average daily flow, annual average CBOD and TSS were not properly calculated. Please resubmit a corrected original DMR to this office.

#### Response:

We have reviewed the aforementioned DMR's and have made the necessary corrections. The revised DMR's are attached.

2. The effluent disposal ponds were not properly rotated. The permit states that rapid infiltration basins shall be loaded for one to seven days and rested five to 14 days. The infiltration basins shall be allowed to dry during the resting portion of the cycle. Please explain why this permit requirement is not being met.

#### Response:

A pump will be brought in by September 30, 2006, to pump water from one pond to the other to accelerate the drying time of the pond being pumped down. We will then get a tractor to remove the deposits and scarify the bottom. This will be done in rotation to get ponds 1 through 3 cleaned. The operator then will be able to load and rest the ponds in rotation in accordance with the permit.

If you have any questions, please contact me at (352) 435-4029. Thank you.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

60%

Domestic

GROUP:

R001 (RIBs)

WAFR SITE NO.:37591

Mali fu	IS 1800ff to: Department at Environments	il Protection, Mail Station 3551, 2600 Blair Stone Road,	MONING INC. ON I - EVILLY
PERMITTEE NAME:	A server A Military or warmer and	in the tection, walk station 3551, 2000 Bigir Stone Road,	, Fallanassee, FL 32399-2400
	Aqua Utilities Florida	PERMIT NUMBER:	FLA012768
MAILING ADDRESS:	1343 N.E. 17th Rd.	MONITORING PERIOD-From:	****
	Ocala, Fl. 34470		08/01/2005 To: 08/31/2005
		THREE MONTH ROLLING ADF	0.229 % OF PERMITTED CAPACITY
FACILITY:	la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra del la contra del la contra del la contra de la contra de la contra de la contra de la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la contra del la	L!MIT: Final	REPORT: Monthly

FACILITY: Jasmine Lakes WWTP CLASS SIZE: N/A
LOCATION: 7612 Pineapple Lane FACILITY ID: FLA012768
Port Richey, FL 34668 DISCHARGE POINT NUMBER:

COUNTY: Pasco PLANTSIZE/TREATMENT TYPE: IIIC DMR Version 9/00

December 1	Pasco						DMR	Version 9/00	<i>i</i>		
Parameter		Quantity	of Loading	Units	Qua	ality or Concentra	tion	Units	No.	Frequency of	Sample Ty
Flow	Sample Measurement	0.232					- · ·		Ex.	Analysis	
PARM Code 50050 Y Mon.Sile No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)		mgd				<u> </u>	0	Report Monthly	Calculated
Flow	Sample Measurement	,	0.234						0	, report menony	Roll An Avy
PARM Code 50050 1 Non,Site No.EFA-01-13862	Permit Requirement		0,370 (Mo,Avg.)	mgd						Continuous	Flow meter a
CBODs	Sample Measurement		, , ,		4.7	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa					Oldize)
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement		* *		20,0 (An.Avg.)			MG/L		Report Monthly	Calculated
CBOOs	Sample Measurement				2.1		2.2	<del>- </del>	0		Roll.An.Avg
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement			-	30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every	8-hour FPC
TSS	Sample Measurement				6.6		(MAX.)		0	two weeks	
PARM Code 00530 Y Mon. Site No.EFA-01-13862	Permit Requirement	<del></del>	· · · · · · · · · · · · · · · · · · ·		20.0 (An-Avg.)		; <del> </del>	MG/L		Report Monthly	Calculated
tss	Sample Measurement				4.47		5.2	4	0		Roll An Avg.
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement		****		30.0 (Mo, Avg.)	· · · · · · · · · · · · · · · · · · ·	60.0 (Max.)	MG/L	.	Every two weeks	8-hour FPC

¹ Rolling Annual Average is the average of the current monthly average and the preceding 11 monthly average.

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 property 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

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		NT TELEPHONE NO.	DATE (YYMM/DD)	
Dennis Muldoon / Senior Facilities Operator		352-302-9713	08/09/20	
JOHN M. LIHVARCIL PRESIDENT	XITUX	352-425-4028	(-12-4106	
PA File No. FLA012773-002-DW2P		COC 400-4000	08/09/27	<b>a</b>
Version 2-9-04	\		- 407/2 /	

² Upon notification of completion of Part II slow-rate restricted-access approprietd.

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

Parameter		PERMIT NU Quantity of Loading	Units		DISCHARGE POIN				R SITE No.: 375	
		dentity of constitu	J.,		luality or Concentration		Units	:	Frequency	Sample Ty
			ļ	}			1	No.	of	
Fecal Coliform Bacteria						·····	:	Ex.	Analysis	
	Sample Measurement		ļ	2.8			;	0		
Parm Code 31615 Y Mon,Sile No.EFA-01-13862	Permit Requirement			200 (An.Avg.)	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		#/100mL	}	Report Monthly	Calculated
Fecal Coliform Bacteria	Sample Measurement			2.3	4.7	12.0		0 1		Roll.An.Avg
Parm Code 31615 1 Mor.Sãe No.EFA-01-13862	Permit Requirement			Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL		Every two weeks	Grab
рН	Sample Measurement		!	7.3		7,5		0		
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement	***************************************		6.0 (Min.)		8.5 (Max.)	S.U.		Daily, 5Avk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			1.2		(Max.)		0		_ <del></del>
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement		<b> </b>	0.5 (Min)			MG/L		Daily, 5/wk	Meter/Grab
Nitrale (as N)	Sample Measurement					0,40	· <del></del>	0		<del></del>
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement						<del></del>		140 170003	
	Permit Requirement									
CBO05	Sample Measurement			297		*···		0		market - ere degrades entanna
PARM Code 80082 G Mon.Site No.RNF-01-24863	Permit Requirement		[	Report (Mo.Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement		<del></del>	179			ļ <del></del> - ļ	0		
PARM Code 00530 G Vion.Site No.INF-01-24863	Permit Requirement	-		Report (Mo.Avg.)		TO A COLOR OF THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	MG/L		Every two weeks	8-hour FPC

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

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

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

⁴ FPC - flow proportioned composite

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