

POLK COUNTY

**Rosalie Oaks WTF
Rosalie Oaks WWTF
Village WTF
Village WWTF**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 11 of 16**

Part 2 of 2

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

DOCUMENT NUMBER-DATE

04325 MAY 22 88

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

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



Patrick

Please see Page 2 interruption of Service Notes

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
		State:	Florida
		Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	Wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4881
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales
		State:	Florida
		Zip Code:	33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 2-7-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	9,667		1.0									0.5	
2		24.0	11,500												
3		24.0	11,500		1.1									0.7	
4		24.0	11,500												
5		24.0	11,500		1.0									0.5	
6		24.0	11,667												
7		24.0	11,667												
8		24.0	11,667		1.0									0.5	
9		24.0	11,000												
10		24.0	11,000		1.1									0.7	
11		24.0	12,000												
12		24.0	12,000		1.0									0.6	
13		24.0	5,000												
14		24.0	5,000												
15		24.0	5,000		1.2									0.7	
16		24.0	2,500												
17		24.0	2,500		1.0									0.8	
18		24.0	1,000												
19		24.0	1,000		1.0									0.5	
20		24.0	3,333												
21		24.0	3,333												
22		24.0	3,333		1.0									0.5	
23		24.0	2,500												
24		24.0	2,500		1.1									0.7	
25		24.0	6,500												
26		24.0	6,500		1.0									0.5	
27		24.0	4,000												
28		24.0	4,000												
Total			194,667												
Average			6,952												
Maximum			12,000												

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

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



PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	91			Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota	State:	Florida
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401		
Contact Person's E-Mail Address:	Wadean@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	352-369-4881	
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales	State:	Florida	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift		
Other Operators:	Jerry Hahn	C	14331			

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.

Steve Fuller 3-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostatc Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	5,500											
2	X	24.0	5,500		1.6								0.8	
3		24.0	9,000											
4		24.0	9,000											
5	X	24.0	9,000		1.3								0.6	
6		24.0	8,500											
7	X	24.0	8,500		2.1								1.1	
8		24.0	7,500											
9	X	24.0	7,500		2.2								1.9	
10		24.0	8,667											
11		24.0	8,667											
12	X	24.0	8,667		1.0								0.9	
13		24.0	8,000											
14	X	24.0	8,000		1.1								1.0	
15		24.0	8,500											
16	X	24.0	8,500		1.4								1.0	
17		24.0	7,000											
18		24.0	7,000											
19	X	24.0	7,000		1.4								0.8	
20		24.0	3,000											
21	X	24.0	3,000		1.5								1.0	
22		24.0	2,500											
23	X	24.0	2,500		1.2								0.9	
24		24.0	4,333											
25		24.0	4,333											
26	X	24.0	4,333		1.3								1.0	
27		24.0	7,000											
28	X	24.0	7,000		1.0								0.9	
Total			188,000											
Average			6,714											
Maximum			9,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	Wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4881
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales State: Florida Zip Code: 33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 4-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	3,500												
2	X	24.0	3,500		1.0									0.8	
3		24.0	4,333												
4		24.0	4,333												
5	X	24.0	4,333		2.1									1.9	
6		24.0	8,000												
7	X	24.0	8,000		1.9									1.8	
8		24.0	5,500												
9	X	24.0	5,500		1.8									1.7	
10		24.0	2,333												
11		24.0	2,333												
12	X	24.0	2,333		1.6									1.4	
13		24.0	2,000												
14	X	24.0	2,000		1.3									1.2	
15		24.0	1,000												
16	X	24.0	1,000		1.1									0.9	
17		24.0	5,667												
18		24.0	5,667												
19	X	24.0	5,667		1.0									0.8	
20		24.0	4,500												
21	X	24.0	4,500		1.0									0.8	
22		24.0	4,000												
23	X	24.0	4,000		1.1									0.8	
24		24.0	3,333												
25		24.0	3,333												
26	X	24.0	3,333		1.0									0.7	
27		24.0	2,000												
28	X	24.0	2,000		1.0									0.7	
29		24.0	2,500												
30	X	24.0	2,500		1.2									0.9	
31		24.0													
Total			113,000												
Average			3,645												
Maximum			8,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 02-595.000(3)
 Effective August 28, 2003

PATRICK

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Rosalie Oaks; PWS Identification Number: 3531546; PWS Type: Community; Number of Service Connections at End of Month: 91; Total Population Served at End of Month: 192; PWS Owner: Aqua Utilities Florida; Contact Person: Bill Dean; Contact Person's Title: Area Manager; Contact Person's Mailing Address: 6960 Professional Parkway East, Sarasota, Florida; Contact Person's Telephone Number: 941-907-7444; Contact Person's E-Mail Address: Wadean@aquaaamerica.com

B. Water Treatment Plant Information

Plant Name: Rosalie Oaks; Plant Telephone Number: 352-369-4881; Plant Address: Rosalie Oaks Blvd, Lake Wales, Florida; Zip Code: 33853; Type of Water Treatment by Plant: Raw Ground Water; Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500,000; Plant Category: V; Plant Class: C; Licensed Operators table with columns: Name, License Class, License Number, Day(s) / Shift(s) Worked. Includes entries for Steve Fuller (License B, 7519) and Jerry Hahn (License C, 14331).

II. Certification by Lead/Chief Operator

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

Signature and Date: Steve Fuller 5/8/07

Printed or Typed Name: Steve Fuller

License Number: B-7519

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0													
2	X	24.0	15,000		1.0									0.8	
3		24.0													
4	X	24.0	15,000		1.8									1.7	
5		24.0													
6	X	24.0	15,000		1.8									1.7	
7		24.0													
8		24.0													
9	X	24.0	20,000		2.0									1.8	
10		24.0													
11	X	24.0	15,000		1.6									1.5	
12		24.0													
13	X	24.0	15,000		1.2									0.9	
14		24.0													
15		24.0													
16	X	24.0	20,000		1.0									0.8	
17		24.0													
18	X	24.0	15,000		1.0									0.9	
19		24.0													
20	X	24.0	15,000		1.0									0.9	
21		24.0													
22		24.0													
23	X	24.0	20,000		1.0									0.9	
24		24.0													
25	X	24.0	10,000		1.2									1.1	
26		24.0													
27	X	24.0	10,000		1.0									0.8	
28		24.0													
29		24.0													
30	X	24.0	15,000		1.0									0.7	
31		24.0													
Total			200,000												
Average			15,385												
Maximum			20,000												

Flow meter acting up; flows estimated this month.

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-685.000(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Rosalie Oaks</u>		PWS Identification Number: <u>3531546</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>91</u>		Total Population Served at End of Month: <u>192</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Bill Dean</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>6960 Professional Parkway East</u>		City: <u>Sarasota</u>	State: <u>Florida</u> Zip Code: <u>34240</u>
Contact Person's Telephone Number: <u>941-907-7444</u>		Contact Person's Fax Number: <u>941-907-7401</u>	
Contact Person's E-Mail Address: <u>Wadean@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Rosalie Oaks</u>		Plant Telephone Number: <u>352-369-4881</u>		
Plant Address: <u>Rosalie Oaks Blvd</u>		City: <u>Lake Wales</u>	State: <u>Florida</u> Zip Code: <u>33853</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>500,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	<u>Steve Fuller</u>	<u>B</u>	<u>7519</u>	<u>Days 1st Shift</u>
Other Operators:	<u>Jerry Hahn</u>	<u>C</u>	<u>14331</u>	

II. Certification by Lead/Chief Operator

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

Steve Fuller 6-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0													
2	X	24.0	15,000		1.7									1.6	One distribution bacT positive for coliform. Two retake samples taken and passed Flows estimated for the month due to flow meter OOC; in process of being replaced
3		24.0												1.7	
4	X	24.0	15,000		1.9									1.7	
5		24.0													
6		24.0													
7	X	24.0	20,000		1.4									1.2	
8		24.0													
9	X	24.0	12,000		1.2									1.0	
10		24.0													
11	X	24.0	12,000		1.2									1.1	
12		24.0													
13		24.0													
14	X	24.0	20,000		1.0									0.9	
15		24.0													
16	X	24.0	12,000		1.0									0.8	
17		24.0													
18	X	24.0	15,000		1.0									0.8	
19		24.0													
20		24.0													
21	X	24.0	20,000		1.0									0.6	
22		24.0													
23	X	24.0	12,000		1.0									0.8	
24		24.0													
25	X	24.0	15,000		1.9									1.7	
26		24.0													
27		24.0													
28	X	24.0	20,000		0.5									0.4	
29		24.0													
30	X	24.0	12,000		2.2									1.8	
31		24.0													

Total	200,000
Average	6,452
Maximum	20,000

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-656.000(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
		State:	Florida
		Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	Wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4881
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales
		State:	Florida
		Zip Code:	33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1500,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 7-10-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	18,000		1.0									0.8	
2		24.0													
3		24.0													
4	X	24.0	20,000		1.0									0.7	
5		24.0													
6	X	24.0	15,000		1.0									0.8	
7		24.0													
8	X	24.0	15,000		1.0									0.8	
9		24.0													
10		24.0													
11	X	24.0	18,000		1.0									0.7	Flow est. up to 6/15/07 due to flow
12		24.0													
13	X	24.0	15,000		1.0									0.6	meter OOC
14		24.0													
15	X	24.0	13,000		1.0									0.7	
16		24.0													
17		24.0													
18	X	24.0	20,000		1.0									0.5	
19		24.0													
20	X	24.0	10,000		0.9									0.6	
21		24.0													
22	X	24.0	13,000		0.6									0.7	
23		24.0													
24		24.0													
25	X	24.0	20,000		1.0									0.7	
26		24.0													
27	X	24.0	11,000		1.0									0.7	
28		24.0													
29	X	24.0	12,000		2.2									2.1	
30		24.0													
31		24.0													
Total			200,000												
Average			8,696												
Maximum			20,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-655.900(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Rosalie Oaks		PWS Identification Number: 3531546	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 91		Total Population Served at End of Month: 192	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: Florida
		Zip Code: 34240	
Contact Person's Telephone Number: 941-907-7444		Contact Person's Fax Number: 941-907-7401	
Contact Person's E-Mail Address: Wadean@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Rosalie Oaks		Plant Telephone Number: 352-369-4881	
Plant Address: Rosalie Oaks Blvd		City: Lake Wales	State: Florida
		Zip Code: 33853	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519 / Days 1st Shift
Other Operators:	Jerry Hahn	C	14331

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.

Steve Fuller 8-3-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	15,500												
2	X	24.0	15,500		1.0									0.8	
3		24.0	5,000												
4	X	24.0	5,000		1.0									0.7	
5		24.0	5,000												
6	X	24.0	5,000		1.0									0.7	
7		24.0	5,000												
8		24.0	5,000												
9	X	24.0	5,000		1.1									1.0	
10		24.0	7,500												
11	X	24.0	7,500		1.5									1.4	
12		24.0	7,000												
13	X	24.0	7,000		1.0									0.8	
14		24.0	5,667												
15		24.0	5,667												
16	X	24.0	5,667		1.0									0.7	
17		24.0	5,500												
18	X	24.0	5,500		1.0									0.6	
19		24.0	6,500												
20	X	24.0	6,500		1.8									1.6	
21		24.0	5,000												
22		24.0	5,000												
23	X	24.0	5,000		1.1									0.9	
24		24.0	14,000												
25	X	24.0	14,000		1.0									0.8	
26		24.0	12,000												
27	X	24.0	12,000		1.2									1.0	
28		24.0	7,667												
29		24.0	7,667												
30	X	24.0	7,667		1.5									0.8	
31		24.0													
Total			226,000												
Average			7,290												
Maximum			15,500												

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003

PATRICK

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

Form section A containing fields for PWS Name (Rosalie Oaks), PWS Type (Community), PWS Identification Number (3531546), Number of Service Connections (91), Total Population Served (192), PWS Owner (Aqua Utilities Florida), Contact Person (Bill Dean), and Contact Person's Title (Area Manager).

B. Water Treatment Plant Information

Form section B containing fields for Plant Name (Rosalie Oaks), Plant Address (Rosalie Oaks Blvd), Type of Water Treatment by Plant (Raw Ground Water), Permitted Maximum Day Operating Capacity (500,000), Plant Category (V), Plant Class (C), and a table of Licensed Operators including Steve Fuller (Lead/Chief Operator) and Jerry Hahn (Other Operator).

II. Certification by Lead/Chief Operator

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

Signature and Date: Steve Fuller 9-6-07

Printed or Typed Name: Steve Fuller

License Number: B-7519

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	12,000		1.0										0.6	
2		24.0	6,000													
3	X	24.0	6,000		1.0										0.6	
4		24.0	6,667													
5		24.0	6,667													
6	X	24.0	6,667		1.0										0.7	
7		24.0	6,000													
8	X	24.0	6,000		1.0										0.7	
9		24.0	6,500													
10	X	24.0	6,500		2.0										1.8	
11		24.0	7,667													
12		24.0	7,667													
13	X	24.0	7,667		2.0										1.4	
14		24.0	8,000													
15	X	24.0	8,000		1.6										1.4	
16		24.0	7,000													
17	X	24.0	7,000		1.0										0.8	
18		24.0	6,667													
19		24.0	6,667													
20	X	24.0	6,667		1.7										1.2	
21		24.0	6,000													
22	X	24.0	6,000		1.8										1.4	
23		24.0	8,000													
24	X	24.0	8,000		1.7										1.4	
25		24.0	6,333													
26		24.0	6,333													
27	X	24.0	6,333		1.5										1.3	
28		24.0	6,500													
29	X	24.0	6,500		1.4										1.2	
30		24.0	6,500													
31	X	24.0	6,500		1.1										1.0	
Total			215,000													
Average			6,935													
Maximum			12,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	Wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4881
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales State: Florida Zip Code: 33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 10/10/07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	7,000										
2		24.0	7,000										
3	X	24.0	7,000		0.4							0.4	
4		24.0	6,000										
5	X	24.0	6,000		1.1							0.9	
6		24.0	7,000										
7	X	24.0	7,000		1.2							0.9	
8		24.0	7,000										
9		24.0	7,000										
10	X	24.0	7,000		1.0							0.7	
11		24.0	5,000										
12	X	24.0	5,000		1.0							0.6	
13		24.0	7,000										
14	X	24.0	7,000		1.0							0.6	
15		24.0	6,333										
16		24.0	6,333										
17	X	24.0	6,333		1.3							1.0	
18		24.0	7,500										
19	X	24.0	7,500		2.1							1.9	
20		24.0	7,000										
21	X	24.0	7,000		1.4							1.0	
22		24.0	7,667										
23		24.0	7,667										
24	X	24.0	7,667		1.3							1.0	
25		24.0	7,000										
26	X	24.0	7,000		1.2							1.0	
27		24.0	7,500										
28	X	24.0	7,500		1.0							0.8	
29		24.0	7,667										
30		24.0	7,667										
Total			207,333										
Average			6,911										
Maximum			7,667										

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	Wadean@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4881
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales State: Florida Zip Code: 33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number Day(s) / Shift(s) Worked
Lead/Chief Operator:	Steve Fuller	B	7519 Days 1st Shift
Other Operators:	Jerry Hahn	C	14331

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.

Steve Fuller 11-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations						UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	7,667		1.1										0.9	
2		24.0	8,000													
3	X	24.0	8,000		1.0										0.8	
4		24.0	8,500													
5	X	24.0	8,500		1.1										1.0	
6		24.0	9,000													
7		24.0	9,000													
8	X	24.0	9,000		0.6										0.5	
9		24.0	7,500													
10	X	24.0	7,500		1.0										0.8	
11		24.0	9,500													
12	X	24.0	9,500		1.0										0.8	
13		24.0	9,333													
14		24.0	9,333													
15	X	24.0	9,333		1.0										0.7	
16		24.0	10,000													
17	X	24.0	10,000		1.2										1.0	
18		24.0	9,000													
19	X	24.0	9,000		1.0										0.9	
20		24.0	9,333													
21		24.0	9,333													
22	X	24.0	9,333		1.0										0.7	
23		24.0	9,500													
24	X	24.0	9,500		1.5										1.2	
25		24.0	10,000													
26	X	24.0	10,000		1.2										1.0	
27		24.0	10,000													
28		24.0	10,000													
29	X	24.0	10,000		1.0										0.7	
30		24.0	12,000													
31	X	24.0	12,000		2.1										1.8	
Total			288,667													
Average			9,312													
Maximum			12,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-553,900(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	91			Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	<u>Wadean@aquaaamerica.com</u>				

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	352-369-4881
Plant Address:	Rosalie Oaks Blvd		City:	Lake Wales	State: Florida Zip Code: 33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Jerry Hahn	C	14331		

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.

Steve Fuller 12-10-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

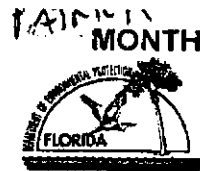
III. Daily Data for the Month/Year of: November-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	5,333												
2	X	24.0	5,333		2.0									1.6	
3		24.0	5,333												
4		24.0	17,500												
5	X	24.0	17,500		1.5									1.2	
6		24.0	11,000												
7	X	24.0	11,000		1.4									1.1	
8		24.0	10,000												
9	X	24.0	10,000		1.0									0.7	
10		24.0	7,667												
11		24.0	7,667												
12	X	24.0	7,667		1.1									0.9	
13		24.0	9,000												
14	X	24.0	9,000		1.3									1.1	
15		24.0	7,500												
16	X	24.0	7,500		1.0									0.7	
17		24.0	7,333												
18		24.0	7,333												
19	X	24.0	7,333		1.0									0.7	
20		24.0	8,000												
21	X	24.0	8,000		2.0									1.7	
22		24.0	9,000												
23	X	24.0	9,000		1.0									0.7	
24		24.0	11,667												
25		24.0	11,667												
26	X	24.0	11,667		2.0									1.7	
27		24.0	9,000												
28	X	24.0	9,000		2.0									1.9	
29		24.0	9,000												
30	X	24.0	9,000		1.6									1.4	
Total			276,000												
Average			9,200												
Maximum			17,500												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555 900(3)
 Effective August 28, 2003



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
Contact Person's Telephone Number:	941-907-7444	State:	Florida
Contact Person's E-Mail Address:	Wadean@aquaaamerica.com	Zip Code:	34240
		Contact Person's Fax Number:	941-907-7401

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4881	
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	33853	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operators:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 1-8-08
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	8,333										
2		24.0	8,333										
3	X	24.0	8,333		1.3							1.1	
4		24.0	9,000										
5	X	24.0	9,000		1.0							0.7	
6		24.0	10,000										
7	X	24.0	10,000		1.0							0.8	
8		24.0	9,000										
9		24.0	9,000										
10	X	24.0	9,000		1.9							1.8	
11		24.0	6,500										
12	X	24.0	6,500		1.4							1.1	
13		24.0	7,500										
14	X	24.0	7,500		1.7							1.5	
15		24.0	7,333										
16		24.0	7,333										
17	X	24.0	7,333		1.0							0.7	
18		24.0	7,500										
19	X	24.0	7,500		1.4							1.1	
20		24.0	9,000										
21	X	24.0	9,000		1.6							1.2	
22		24.0	8,333										
23		24.0	8,333										
24	X	24.0	8,333		1.7							1.1	
25		24.0	7,000										
26	X	24.0	7,000		1.7							1.0	
27		24.0	8,000										
28	X	24.0	8,000		2.2							1.5	
29		24.0	10,333										
30		24.0	10,333										
31	X	24.0	10,333		2.2							1.4	
Total			259,000										
Average			8,355										
Maximum			10,333										

* Refer to the instructions for this report to determine which plants must provide this information.
 DE Form 62-905 (9/03)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: [Redacted] PWS Identification Number: [Redacted]
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: [Redacted] Total Population Served at End of Month: [Redacted]
 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager
 Contact Person: Billie Beane City: Sarasota State: Florida Zip Code: [Redacted]
 Contact Person's Mailing Address: 6950 Professional Park Way East Contact Person's Fax Number: [Redacted]
 Contact Person's Telephone Number: 941-907-5111
 Contact Person's E-Mail Address: Wadean@aquaamerica.com

B. Water Treatment Plant Information

Plant Name: [Redacted] Plant Telephone Number: [Redacted]
 Plant Address: [Redacted] City: Lakeland State: Florida Zip Code: [Redacted]
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: [Redacted] Plant Class (per subsection 62-699.310(4), F.A.C.): [Redacted]
 Plant Category (per subsection 62-699.310(4), F.A.C.): [Redacted]

Name	License Class	License Number	Day(s) Shift Work
Steve Fuller	B	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 or the PWS owner's representative, together with copies of this report, at a convenient location for at least ten years.

Steve Fuller 2-9-06
 Signature and Date

[Redacted]
 Printed or Typed Name

[Redacted]
 License Number

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

PWS Identification Number: 8591546 Plant Name: Rosalie Oaks

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

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

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

Date	Time	Flow (MGD)	Net Quantity of Water Produced (MG)	Concentration (mg/L) of Disinfectant Residual				pH of Water (Applicable)	Temperature (°F)	Minimum UV Dose Required (mW-sec/cm)	Lowest Operating UV Dose (mW-sec/cm)	Minimum UV Dose Required (mW-sec/cm)	Lowest Residual Disinfectant Concentration at Sample Point in Distribution System (mg/L)	Remarks on Abnormal Conditions, Repair or Maintenance Work Involving Raw Water, Filter, Distribution System, or Groundwater
				Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow	Disinfectant Contact Time (CT) at C Measurement Point During Peak Flow	Disinfectant Provided Before Peak Flow (C) at Customer During Peak Flow							
1/1	00:00	24.0	17,000									1.1		
1/1	01:00	24.0	17,000		1.4							1.0		
1/1	02:00	24.0	14,000									1.0		
1/1	03:00	24.0	9,000		1.0							0.8		
1/1	04:00	24.0	8,500		1.0							0.8		
1/1	05:00	24.0	10,593									1.0		
1/1	06:00	24.0	10,999									1.0		
1/1	07:00	24.0	10,533		0.8							1.0		
1/1	08:00	24.0	11,500		1.2							1.2		
1/1	09:00	24.0	11,500		1.9							1.2		
1/1	10:00	24.0	11,500		1.9							1.0		
1/1	11:00	24.0	15,667									1.0		
1/1	12:00	24.0	15,667		1.7							1.2		
1/1	13:00	24.0	7,500		1.8							1.2		
1/1	14:00	24.0	7,000		1.8							1.2		
1/1	15:00	24.0	7,000		1.8							1.2		
1/1	16:00	24.0	2,567									1.0		
1/1	17:00	24.0	2,567		1.7							1.0		
1/1	18:00	24.0	4,000		1.9							1.2		
1/1	19:00	24.0	7,000		2.1							1.4		
1/1	20:00	24.0	7,000		2.1							1.4		
1/1	21:00	24.0	7,333									1.2		
1/1	22:00	24.0	7,333		1.8							1.2		
1/1	23:00	24.0	7,933									1.2		
1/1	00:00	24.0	15,000									1.2		
1/1	01:00	24.0	15,000									1.2		
1/1	02:00	24.0	17,000									1.2		

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-653.900(9)
 Effective August 28, 2003

LEW BURG

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

Form A: Public Water System (PWS) Information. Fields include PWS Name, PWS Identification Number, 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, PWS Owner, Contact Person, Contact Person's Title, Contact Person's Mailing Address, Contact Person's Telephone Number, Contact Person's Fax Number, and Contact Person's E-Mail Address.

B. Water Treatment Plant Information

Form B: Water Treatment Plant Information. Fields include Plant Name, Plant Telephone Number, Plant Address, City, State, Zip Code, Type of Water Treatment by Plant (Raw Ground Water, Purchased Finished Water), Permitted Maximum Day Operating Capacity of Plant, gallons per day, and Plant Category. Includes a table for Operator Information with columns for Name, License Class, License Number, and Day(s) Shift.

II. Certification by Lead/Chief Operator

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

Signature and Date: Steve Fells 3-7-06

Printed or Typed Name: Steve Fells

License Number: 7519

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

PWS Identification Number: 0581546217701 Plant Name: Robbie Oaks

III. Daily Data for the Month/Year of: January 2000 January 2000

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

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

Month	Day	Hours plant in operation	Net Quantity of Finished Water Produced (gpd)	Disinfection Conditions				UV Dose			Lowest Residual Disinfectant Concentration at Remote Point of Distribution (mg/l)	Emergency or Abnormal Operating Conditions Reported/ Maintenance Work that Involves Taking Water System Out of Service (Include Date)
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing (mg/l)	Disinfectant Contact Time (CT) at C Measurement Point During Peak Flowing (minutes)	Lowest CT Provided Before or During Peak Flowing (mg-min/l)	Temp of Water (°F)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm ²)		
		24.0	13,000	1.9							1.6	
		24.0	10,000	1.8							1.2	
		24.0	7,000	1.6							0.9	
		24.0	9,333	1.8								
		24.0	9,333	1.8								
		24.0	8,000	1.5							1.0	
		24.0	8,000	1.3							0.9	
		24.0	11,000	1.5							1.0	
		24.0	8,000	1.2							0.9	
		24.0	10,000	1.7							1.1	
		24.0	9,000	1.4								
		24.0	19,000	1.2							0.8	
		24.0	11,000	1.4							0.9	
		24.0	5,000	1.7							1.0	
		24.0	10,000	1.8							1.1	
		24.0	15,000	1.8							1.6	
		24.0	10,000	1.8							0.7	
		24.0	10,500	2.2							1.2	
		24.0	15,000	1.3							1.0	
		24.0	15,000	1.2							0.9	
		24.0	14,000	1.2							0.8	
		24.0	15,000	1.2							0.8	
		24.0	12,000									
		24.0	12,000	1.0							0.7	
		24.0	9,000	1.2							0.8	
		24.0	29,000									
		24.0	29,000									
		24.0	15,000									

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 02-555.900(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Wadean PWS Identification Number:
 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:
 PWS Owner: Aqua Utilities Florida
 Contact Person: Bill Deane Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6960 Professional Parkway, Suite 112 City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7434 Contact Person's Fax Number: 941-907-7400
 Contact Person's E-Mail Address: Wadean@aquautilities.com

B. Water Treatment Plant Information

Plant Name: Plant Telephone Number:
 Plant Address: City: Deale, Wales State: Florida Zip Code:
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):

Operator Name	License Class	License Number	Day(s) of Shift Worked
Steve Fuller	B	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.

Steve Fuller 4/10/06
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 85815463 Plant Name: Rosale Oaks

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

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

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

Days in Month	Station	Flow (MGD)	Net Quantity of Water Produced (MG)	Calculations of CT Dose (Most Applicable for Inactivation at Applicable)										Emergency or Abnormal Conditions (Repair, Malfunction, etc. Involves Taking Water System Components Out of Operation)		
				Flow (MGD)	Residual (mg/L)	Disinfectant Contact Time (min)	Lowest Residual (mg/L)	Disinfectant Measurement Point	Lowest CT Provided Before or After Customer-During Peak Flow (min)	pH of Water	Minimum CT Required (mg-min)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	
1		24.0	15,000			1.2									0.9	
2		24.0	7,000			1.2									0.8	
3		24.0	19,000			1.3									0.8	
4			11,000													
5		24.0	11,000			1.2									0.8	
6		24.0	15,000			1.1									0.7	
7		24.0	19,000			1.7									0.9	
8		24.0	12,000			1.9									0.9	
9		24.0	10,000			1.3									1.0	
10			14,333													
11			17,333													
12		24.0	14,333			2.0									1.4	
13		24.0	16,000			1.8									1.0	
14		24.0	7,600			1.8									1.2	
15		24.0	12,000			1.3									0.9	
16		24.0	15,000			1.2									1.0	
17			9,667													
18			9,667													
19		24.0	9,667			1.4									1.2	
20		24.0	14,000			1.3									0.9	
21		24.0	10,000			1.4									1.0	
22		24.0	34,000			1.2									0.9	
23		24.0	12,000			1.3									1.1	
24			11,000													
25			11,000													
26		24.0	11,000			1.1									0.9	
27		24.0	12,000			1.2									0.9	
28		24.0	12,000			1.2									1.0	
29		24.0	18,000			1.2									0.9	
30		24.0	10,000			1.3									1.0	
31			10,000													
			13,000													
			9,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)
 Effective August 28, 2003

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



Candice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: [Redacted] PWS Identification Number: [Redacted]
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: [Redacted] Total Population Served at End of Month: [Redacted]
 PWS Owner: Aqua Utilities Florida
 Contact Person: Bill Deane Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: Florida Zip Code: [Redacted]
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7400
 Contact Person's E-Mail Address: Wadean@aquaautilities.com

B. Water Treatment Plant Information

Plant Name: [Redacted] Plant Telephone Number: [Redacted]
 Plant Address: [Redacted] City: Lakeland State: Florida Zip Code: [Redacted]
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: [Redacted]
 Plant Category (per subsection 62-699.310(4), F.A.C.): [Redacted] Plant Class (per subsection 62-699.310(4), F.A.C.): [Redacted]

Operator's Position	Name	License Class	License Number	Day(s) Shift
Chief Operator	Steve Fuller	B	7519	[Redacted]
Operator				
Operator				
Operator				
Operator				
Operator				
Operator				
Operator				
Operator				
Operator				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

Steve Fuller 5-8-06
 Signature and Date

[Redacted]
 Printed or Typed Name

[Redacted]
 License Number

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

PWS Identification Number: 3530646 Plant Name: Rosalia Oaks

III. Daily Data for the Month/Year of: April 2000

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

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

Day of the Month	Day of the Operation	Hours of Operation	Net Quantity of Finished Water Produced (MG)	Calculations for UV Dose and Free Chlorine Residuals for Log Virus Inactivation (if Applicable)										Emergencies (one or more operations involving the WWS system components) or other
				Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C ₁ Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)			
1	24.0	22,333												
2	24.0	22,333												
3	24.0	19,000			1.0								0.8	
4	24.0	12,000			0.9								1.0	
5	24.0	12,000			1.2								0.9	
6	24.0	12,000			1.2								0.9	
7	24.0	12,000			1.3								0.8	
8	24.0	7,000			1.2								0.8	
9	24.0	8,000			1.1								0.9	
10	24.0	10,000			1.2								0.8	
11	24.0	9,000			1.1								0.7	
12	24.0	13,000			1.2								0.8	
13	24.0	13,000			1.2								0.8	
14	24.0	10,000			1.1								0.6	
15	24.0	12,000			1.2								0.7	
16	24.0	10,000			1.1								0.6	
17	24.0	9,667												
18	24.0	9,667												
19	24.0	9,667			1.0								0.6	
20	24.0	8,000			1.1								0.6	
21	24.0	7,000			1.0								0.6	
22	24.0	8,000			1.0								0.7	
23	24.0	10,000			1.0								0.6	
24	24.0	14,000												
25	24.0	14,000												
26	24.0	14,000												
27	24.0	14,000												
28	24.0	14,000												
29	24.0	14,000												
30	24.0	14,000												
31	24.0	14,000												
32	24.0	14,000												
33	24.0	14,000												
34	24.0	14,000												
35	24.0	14,000												
36	24.0	14,000												
37	24.0	14,000												
38	24.0	14,000												
39	24.0	14,000												
40	24.0	14,000												
41	24.0	14,000												
42	24.0	14,000												
43	24.0	14,000												
44	24.0	14,000												
45	24.0	14,000												
46	24.0	14,000												
47	24.0	14,000												
48	24.0	14,000												
49	24.0	14,000												
50	24.0	14,000												
51	24.0	14,000												
52	24.0	14,000												
53	24.0	14,000												
54	24.0	14,000												
55	24.0	14,000												
56	24.0	14,000												
57	24.0	14,000												
58	24.0	14,000												
59	24.0	14,000												
60	24.0	14,000												
61	24.0	14,000												
62	24.0	14,000												
63	24.0	14,000												
64	24.0	14,000												
65	24.0	14,000												
66	24.0	14,000												
67	24.0	14,000												
68	24.0	14,000												
69	24.0	14,000												
70	24.0	14,000												
71	24.0	14,000												
72	24.0	14,000												
73	24.0	14,000												
74	24.0	14,000												
75	24.0	14,000												
76	24.0	14,000												
77	24.0	14,000												
78	24.0	14,000												
79	24.0	14,000												
80	24.0	14,000												
81	24.0	14,000												
82	24.0	14,000												
83	24.0	14,000												
84	24.0	14,000												
85	24.0	14,000												
86	24.0	14,000												
87	24.0	14,000												
88	24.0	14,000												
89	24.0	14,000												
90	24.0	14,000												
91	24.0	14,000												
92	24.0	14,000												
93	24.0	14,000												
94	24.0	14,000												
95	24.0	14,000												
96	24.0	14,000												
97	24.0	14,000												
98	24.0	14,000												
99	24.0	14,000												
100	24.0	14,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : April 2006										
Community Water System (CWS) Name: Rosalie Oaks										
Public Water System (PWS) Identification Number: 353-1548										
Plant Name	State Name	County Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name
Plant 1 Well 1										
Reported Maximum Day Operating Capacity of Each Plant (gallons per day)										
264,000										264,000
Net Quantity of Finished Water Produced by Each Plant (gallons)										
22,333										22,333
22,333										22,333
22,333										22,333
19,000										19,000
12,000										12,000
12,000										12,000
18,000										18,000
12,000										12,000
12,000										12,000
12,000										12,000
7,000										7,000
8,000										8,000
10,000										10,000
9,000										9,000
13,000										13,000
13,000										13,000
13,000										13,000
13,000										13,000
10,000										10,000
12,000										12,000
10,000										10,000
9,667										9,667
9,667										9,667
9,667										9,667
8,000										8,000
7,000										7,000
8,000										8,000
10,000										10,000
0										0
0										0
Total										
										344,000
										11,467
										22,333

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May 2005

A. Public Water System (PWS) Information

PWS Name: _____ PWS Identification Number: _____
 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: _____
 PWS Owner: Aqua America Florida
 Contact Person: Wadean Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6980 Professional Parkway East City: Sarasota State: Florida Zip Code: _____
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: Wadean@aquamerica.com

B. Water Treatment Plant Information

Plant Name: _____ Plant Telephone Number: _____
 Plant Address: _____ City: Lake Wales State: Florida Zip Code: _____
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): _____ Plant Class (per subsection 62-699.310(4), F.A.C.): _____

Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Steve Fuller	B	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 feedrates; 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.

Steve Fuller 6-8-06 _____
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 053146 Plant Name: Rosalia Oaks

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

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

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

Station Number	Station Name	Date	Quantity of Finished Water Produced (gpd)	Disinfection Calculations to demonstrate how a log virus inactivation is applicable										Notes
				CT Calculation					UV Dose					
				Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) (min)	Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) (min)	Minimum CT Required, mg-min/L	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Station or Component Involvement		
			27,000	1.0									0.6	
			15,000	1.0									0.5	
			9,000	1.0									0.6	
			10,000	1.1									0.6	
			12,000	1.1									0.6	
			13,667											
			13,667	1.0									0.6	
			12,000	0.9									0.5	
			6,000	0.9									0.5	
			10,000	1.0									0.5	
			10,000	1.1									0.6	
			8,000	1.2										
			8,000	1.0										
			8,000											
			10,000										0.5	
			10,000										0.6	
			7,000	0.9									0.5	
			8,000	0.9									0.7	
			7,000	1.0									0.3	
			11,000											
			11,000											
			11,000	0.9									0.5	
			12,000	0.9									0.5	
			5,000	0.8									0.3	
			12,000	1.0									0.6	
			8,000	1.0									0.7	
			7,667											
			7,667											
			7,667	0.9									0.4	
			10,000	0.9									0.5	
			10,000	0.9									0.4	
			15,000											
			15,000											
			27,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-658.000(3)
 Effective August 28, 2003

cancel

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

Form with fields for PWS Name, PWS Type, Number of Service Connections, PWS Owner, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Plant Address, Type of Water Treatment, Capacity, and Operator License Information table.

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.

Signature and Date: Steve Fuller 7-8-06

Printed or Typed Name: Steve Fuller

License Number: [Redacted]

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

PWS Identification Number: 0599346 Plant Name: Rosalie Oaks

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

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

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

Day of Month	Days Plant Started	Hours plant Operates (Clock)	Net Quantity of Water Produced (gpd)	Calculations for UV Dose or Disinfectant Four-Log Virus Inactivation, if applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that involves taking water system components out of service during operation	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at O ₃ Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (min/L)	Temp. of Water (°C)	pH of Water, if Applicable	Minimum CT Required (mg·min/L)	Lowest Operating UV Dose (mW·sec/cm ²)	Minimum UV Dose Required (mW·sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)		
1	X	24.0	22		0.9									0.5	
2	X	24.0	10,000		1.0									0.5	
3	X	24.0	6,333												
4	X	24.0	6,333												
5	X	24.0	28,000		1.2									0.5	
6	X	24.0	13,000		1.3									0.6	
7	X	24.0	13,000		1.2									0.8	
8	X	24.0	14,000		1.1									0.6	
9	X	24.0	10,667												
10	X	24.0	10,667												
11	X	24.0	10,667		1.2									0.6	
12	X	24.0	16,000		1.1									0.5	
13	X	24.0	8,000		1.2									0.4	
14	X	24.0	8,000		1.0									0.5	
15	X	24.0	8,000		0.8									0.5	
16	X	24.0	7,333												
17	X	24.0	7,333												
18	X	24.0	7,333		1.1									0.5	
19	X	24.0	6,000		0.9									0.5	
20	X	24.0	11,000		1.0									0.6	
21	X	24.0	6,000		1.0									0.5	
22	X	24.0	7,000		1.0									0.5	
23	X	24.0	8,667												
24	X	24.0	8,667												
25	X	24.0	8,667		1.1									0.4	
26	X	24.0	8,000		0.9									0.4	
27	X	24.0	16,000		0.9									0.5	
28	X	24.0	7,000		1.0									0.6	
29	X	24.0	8,000		0.9									0.5	
30	X	24.0	8,000												
31	X	24.0	8,000												

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

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



Conduce

See Pages 4 for Instructions.

I. General Information for the Month/Year of: 08/2006

A. Public Water System (PWS) Information

PWS Name: [Redacted] PWS Identification Number: [Redacted]
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: [Redacted] Total Population Served at End of Month: [Redacted]
 PWS Owner: Aquaterra Florida
 Contact Person: [Redacted] Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: Florida Zip Code: [Redacted]
 Contact Person's Telephone Number: 941-907-7449 Contact Person's Fax Number: 941-290-7760
 Contact Person's E-Mail Address: Wadean@aquaterra.com

B. Water Treatment Plant Information

Plant Name: Rosalie [Redacted] Plant Telephone Number: 941-699-4644
 Plant Address: Rosalie Circle City: Lake Wales State: Florida Zip Code: [Redacted]
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: [Redacted]
 Plant Category (per subsection 62-699.310(4), F.A.C.): [Redacted] Plant Class (per subsection 62-699.310(4), F.A.C.): [Redacted]

Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Steve Fuller	B	7519	Days 1st Shift
Robert Paver	C	12040	

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.

Steve Fuller 8-9-06
 Signature and Date

[Redacted]
 Printed or Typed Name

[Redacted]
 License Number

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

PWS Identification Number: 3591546 Plant Name: ROSAM OAKS

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

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

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

Day in Month	Shift/Operator	Hours plant in operation	Net Quantity of Finished Water Produced (gals)	CT Calculations for Free Chlorine		CT Calculations for Chlorine Dioxide		CT Calculations for Ozone		CT Calculations for Combined Chlorine		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal operating Conditions (repair or maintenance work that involves taking water system components out of service)
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flowing (minutes)	Lowest CT Provided Before or at First Customer During Peak Flowing (min/L)	Temp of Water (°C)	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²		
1		24.0	10,000										
2		24.0	10,000										
3		24.0	10,000		0.9							0.4	
4		24.0	7,500		0.9							0.7	
5		24.0	7,000		0.9							0.6	
6		24.0	8,000		0.9							0.6	
7		24.0	8,000		1.3							0.8	
8		24.0	6,500		1.1							0.6	
9		24.0	8,000		1.3							1.1	
10		24.0	8,000		1.3							1.1	
11		24.0	7,333		1.2							0.9	
12		24.0	7,333		1.2							0.9	
13		24.0	4,500		1.4							1.0	
14		24.0	4,500		1.4							1.0	
15		24.0	5,000		1.4							1.1	
16		24.0	6,000		1.5							1.1	
17		24.0	6,000		1.5							1.1	
18		24.0	6,000		1.5							1.1	
19		24.0	6,000		1.5							1.1	
20		24.0	6,000		1.5							1.1	
21		24.0	6,000		1.5							1.1	
22		24.0	6,000		1.5							1.1	
23		24.0	6,000		1.5							1.1	
24		24.0	6,000		1.5							1.1	
25		24.0	6,000		1.5							1.1	
26		24.0	6,000		1.5							1.1	
27		24.0	6,000		1.5							1.1	
28		24.0	6,000		1.5							1.1	
29		24.0	6,000		1.5							1.1	
30		24.0	6,000		1.5							1.1	
31		24.0	6,000		1.5							1.1	

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-254.900(3)
 Effective August 28, 2003

MC MONTHLY OPERATION REPORT FOR PWSs TREATING SURFACE OR GROUND WATER OR PURCHASED FINISHED WATER



CANAL

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: [Redacted] PWS Identification Number: [Redacted]
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 91 Total Population Served at End of Month: [Redacted]
 PWS Owner: Aquafinities Florida
 Contact Person: Bill Dean Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6950 Professional Parkway East City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7454 Contact Person's Fax Number: 941-907-7400
 Contact Person's E-Mail Address: Wadean@aquafinities.com

B. Water Treatment Plant Information

Plant Name: [Redacted] Plant Telephone Number: [Redacted]
 Plant Address: [Redacted] City: Lake Wales State: Florida Zip Code: [Redacted]
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: [Redacted]

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
License Class	Name	License Class	License Number	Days Shift Worked
Operator	Steve Fuller	B	7519	Days 1st Shift
Operator	Robert Paver	C	12040	

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.

Steve Fuller 8-7-06
 Signature and Date

[Redacted]
 Printed or Typed Name

[Redacted]
 License Number

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

PWS Identification Number: 5531546 Plant Name: Roselle Oaks

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

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

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

Day of Month	Shift	Operator	Hours plant operated	Net Quantity of Finished Water Produced (gals)	C.T. Calculations for UV Dose, or Chlorine Dioxide, or Ozone, or Other (if Applicable)										Remarks		
					Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (min)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp of Water (°C)	pH of Water (at peak flow)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)		Sanitary or Operational Conditions, Repairs, Maintenance Work, or Involvement of Other Personnel or Operations	
1			24.0	6,500													
2			24.0	6,500			1.6										1.0
3			24.0	9,000			1.5										0.9
4			24.0	11,667			1.2										0.5
5			24.0	11,667			1.2										0.5
6			24.0	10,000			1.0										0.4
7			24.0	15,000			1.2										0.7
8			24.0	13,333			1.3										0.5
9			24.0	13,333			1.3										0.5
10			24.0	12,000			1.0										0.4
11			24.0	12,000			1.0										0.4
12			24.0	6,500			1.2										0.7
13			24.0	7,667			1.2										0.7
14			24.0	7,667			1.2										0.7
15			24.0	6,500			0.9										0.4
16			24.0	5,000			1.0										0.6
17			24.0	3,000			1.1										0.4
18			24.0	6,000			1.1										0.4
19			24.0	6,000			1.1										0.4
20			24.0	6,000			1.1										0.4
21			24.0	6,000			1.1										0.4
22			24.0	6,000			1.1										0.4
23			24.0	6,000			1.1										0.4
24			24.0	6,000			1.1										0.4
25			24.0	6,000			1.1										0.4
26			24.0	6,000			1.1										0.4
27			24.0	6,000			1.1										0.4
28			24.0	6,000			1.1										0.4
29			24.0	6,000			1.1										0.4
30			24.0	6,000			1.1										0.4
31			24.0	6,000			1.1										0.4

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-656,000(3)
 Effective August 28, 2003

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



Carloce

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Rosalie Oaks PWS Identification Number: 3531546
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 91 Total Population Served at End of Month: 192
 PWS Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: Wadean@aguaamerica.com

B. Water Treatment Plant Information

Plant Name: Rosalie Oaks Plant Telephone Number: 352-369-4881
 Plant Address: Rosalie Oaks Blvd City: Lake Wales State: Florida Zip Code: 33853
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Steve Fuller	B	7519	Days 1st Shift
Eddie Christmas	C	13244	
Robert Payer	C		

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.

Steve Fuller 10-4-06
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number

Carlow

MONTHLY OPERATION REPORT FOR PWS'S TREATING ~~N.W.~~ GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Status for Visited by Operation	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm ²	Minimum UV Dose Required, mW·sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24.0	4,000		1.3									0.9	
		24.0	5,333												
		24.0	5,333												
	X	24.0	5,333		1.2									0.7	
	X	24.0	10,000		1.0									0.5	
	X	24.0	6,000		1.2									0.9	
	X	24.0	7,000		1.1									0.6	
	X	24.0	6,000		1.1									0.4	
		24.0	6,000												
		24.0	6,000												
	X	24.0	6,000		1.6									0.4	
	X	24.0	8,000		1.1									0.5	
	X	24.0	8,000		1.1									0.6	
	X	24.0	5,000		0.9									0.5	
	X	24.0	5,000		0.9									0.4	
		24.0	8,000												
		24.0	8,000												
	X	24.0	8,000		0.7									0.3	
	X	24.0	7,000		0.6									0.3	
	X	24.0	6,000		0.8									0.3	
	X	24.0	7,000		0.9									0.4	
	X	24.0	8,000		0.9									0.5	
		24.0	6,667												
		24.0	6,667												
	X	24.0	6,667		1.0									0.3	
	X	24.0	9,000		1.0									0.4	
	X	24.0	5,000		1.1									0.8	
	X	24.0	7,000		0.9									0.4	
	X	24.0	10,000		1.0									0.6	
		24.0													
			197,000												
			6,567												
			10,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 82-555.800(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Rosalie Oaks		PWS Identification Number: 3531546	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 91		Total Population Served at End of Month: 192	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota State: Florida Zip Code: 34240	
Contact Person's Telephone Number: 941-907-7444		Contact Person's Fax Number: 941-907-7401	
Contact Person's E-Mail Address: Wadean@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Rosalie Oaks		Plant Telephone Number: 352-369-4881	
Plant Address: Rosalie Oaks Blvd		City: Lake Wales State: Florida Zip Code: 33853	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Operator Name	License Class	License Number	Days/Shift Worked
Steve Fuller	B	7519	Days-1st Shift
Robert Paver	C	12344	
Jerry Hahn	C	14331	

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.

Steve Fuller 11/9/06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Day of the Week	Hours plant in operation	Net Quantity of Finished Water Produced, gal	CT Calculations, of UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
		24.0	13,500												
X		24.0	13,500			1.0								0.5	
		24.0	13,000												
X		24.0	13,000			1.3								1.1	
		24.0	9,000												
X		24.0	9,000			1.1								0.9	
		24.0	10,667												
X		24.0	10,667			1.0								0.6	
		24.0	10,500												
X		24.0	10,500			1.2								0.8	
		24.0	9,500												
X		24.0	9,500			1.0								0.6	
		24.0	8,333												
		24.0	8,333												
X		24.0	8,333			1.1								0.6	
		24.0	6,000												
X		24.0	6,000			0.9								0.7	
		24.0	3,500												
X		24.0	3,500			1.1								0.6	
		24.0	6,333												
		24.0	6,333												
X		24.0	6,333			0.8								0.5	
		24.0	6,000												
X		24.0	6,000			0.9								0.5	
		24.0	5,000												
X		24.0	5,000			1.5								0.7	
		24.0	5,667												
		24.0	5,667												
X		24.0	5,667			0.8								0.5	
		24.0													
			244,999												
			7,903												
			13,500												

* Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-999, 9/03 Effective August 28, 2003

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



CANDICE

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
		State:	Florida
		Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	Wadean@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4881
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales
		State:	Florida
		Zip Code:	33863
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
	Name	License Class	License Number
	Steve Fuller	B	7519
	Jerry Hahn	C	14331
			Days 1st Shift
			Day

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.

Steve Fuller 12/5/06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING *N* GROUND WATER OR PURCHASED FINISHED WATE.

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Day of the Month	Days Plant Started/Stopped/Operated (Place)	Hours plant in operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions/Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (min)	Lowest CT Provided Before or at First Customer During Peak Flow (mg·min/L)	Temp of Water (°C)	pH of Water (Applicable)	Minimum CT Required (mg·min/L)	Lowest Operating UV Dose (mW·sec/cm ²)	Minimum UV Dose Required (mW·sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)		
		24.0	13,000		0.8									0.5	
		24.0	6,000												
		24.0	6,000		1.1									0.6	
		24.0	10,000												
		24.0	10,000												
		24.0	10,000		1.2									0.6	
		24.0	10,000												
		24.0	10,000		1.2									0.8	
		24.0	8,500												
		24.0	8,500		1.2									0.6	
		24.0	8,000												
		24.0	8,000												
		24.0	8,000		1.0									0.5	
		24.0	9,500												
		24.0	9,500		1.6									0.9	
		24.0	4,000												
		24.0	4,000		1.5									0.7	
		24.0	10,000												
		24.0	10,000												
		24.0	10,000		1.6									0.8	
		24.0	5,000												
		24.0	5,000		1.6									0.7	
		24.0	1,000												
		24.0	1,000		1.6									0.8	
		24.0	8,333												
		24.0	8,333												
		24.0	8,333		1.4									0.7	
		24.0	9,500												
		24.0	9,500		1.4									0.8	
		24.0													
		24.0													
			229,000												
			7,887												
			13,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62005.000 (3)
 Effective August 28, 2003



LAVILE

MONTHLY OPERATION REPORT FOR PWSs TREATING FRESH OR PURCHASED FINISHED WATER

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks	PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	91	Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
Contact Person's Telephone Number:	941-907-7444	State:	Florida
Contact Person's E-Mail Address:	Wadean@aquamerica.com	Zip Code:	34239
		Contact Person's Fax Number:	941-907-7401

B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks	Plant Telephone Number:	352-369-4888
Plant Address:	Rosalie Oaks Blvd	City:	Lake Wales
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	500,000	Zip Code:	33853
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Operator Name	License Class	License Number	Day(s) Shift(s)
Steve Fuller	B	7519	
Jerry Flath	C	14331	

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.

Steve Fuller 1/9/07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

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

Date	Day of Week	Hours plant is in operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions Requiring Maintenance Which Involves Taking Water System Out of Service
				CT Calculations					UV Dose					
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
		24.0	12,000		1.4								1.0	
		24.0	10,000											
		24.0	10,000											
X		24.0	10,000		1.3								0.8	
		24.0	10,000											
X		24.0	10,000		1.0								0.7	
		24.0	7,500											
X		24.0	7,500		1.6								1.0	
		24.0	6,333											
		24.0	6,333											
X		24.0	6,333		1.1								0.6	
		24.0	4,500											
X		24.0	4,500		1.0								0.6	
		24.0												
X		24.0	4,333		1.0								0.6	
		24.0	5,333											
X		24.0	5,333		1.0								0.7	
		24.0	9,500											
X		24.0	9,500		1.0								0.6	
		24.0	9,500											
X		24.0	9,500		1.2								0.7	
		24.0	8,667											
		24.0	8,667											
X		24.0	8,667		1.3								0.7	
		24.0	10,500											
X		24.0	10,500		1.2								0.6	
		24.0	11,500											
X		24.0	11,500		1.0								0.6	
			223,000											
			7,194											
			12,000											

* Refer to the instructions for this report to determine which plants must provide this information. Effective August 28, 2003

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5800 US 1 North Fort Pierce, FL 34946 FDOH # E96060
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83508
 307 Coolidge Ave. Lighthouse Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 34609 FDOH # ED4418

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-1884

Lab Receipt Date and Time: 12/6/07 1255
 Received for Laboratory By: M. Monomath
 Analysis Date and Time: 12/6/07 1304
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 7°C
 Disinfectant Check: Not Detected >0.1 mg/l

HBEL Report Number: 2407729 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Collect Membrane Filtration PWS LD. 3531546

System Name: Rosalie Oaks

System Address: Camp Mack Rd / Rosalie Oaks Blvd

City: Lake Wales FL System or Owner's Phone #: 863-858-2504 Fax #: 863-863-4937

Collector: JH Collector's Phone #: 863-869-2504

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12-6-07 Date/Time: 12-6-07 Date/Time: 12-6-07 12:55

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

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

Sample Collection Date(s): 12-6-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222E (Collect) SM9222B

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Collect) SM9222B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			<u>2407729 003</u>
	A			<u>001</u>
	A			<u>002</u>

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid ¹ mg/l	pH
<u>1</u>	<u>Raw</u>	<u>9:45</u>	<u>R</u>	<u>0</u>	
<u>2</u>	<u>lot 3</u>	<u>9:35</u>	<u>D</u>	<u>0.7</u>	
<u>3</u>	<u>lot 60</u>	<u>9:38</u>	<u>D</u>	<u>0.8</u>	

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

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.75

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# C14331) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: M. Monomath Technical Director or Designee

Date: 12/7/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAP guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report

Steve Fuller
415 W. Daugherty Rd
Lakeland, FL 33809



Page 1 of 1

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

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: October 23, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: Rosalie Oaks DW THM/HAA5

[2025906]

Received: 8/29/06 10:30

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

18331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/23/2006



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Rosalie Oaks DW THM/HAA5
Received: 9/29/06 10:30

[2025906]

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

HBEL Sample

Method Narratives (if Applicable)

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2025806001	Dist. Lot #59 Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North
Fort Pierce, FL 34946
FDOH # E86080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/23/2006



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 288 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2025906]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Rosalie Oaks DW THM/HAA5

Parameter	Qualifier	Result ¹	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025906001						Sampled: 09/28/06 11:32		Received: 09/29/06 10:30			
Sample ID: Dist. Lot #59 Grab						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		6.2	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/10/06 3:15	WR	E96080
Bromoform		0.50 I	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/10/06 3:15	WR	E96080
Chloroform		6.3	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/10/06 3:15	WR	E96080
Dibromochloromethane		4.2	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/10/06 3:15	WR	E96080
Total THMs		19	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/10/06 3:15	WR	E96080
Dibromoacetic Acid		0.64 I	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 1:09	JL	E96080
Dichloroacetic Acid		2.7	ug/L	0.65	2.6	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 1:09	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	1.1	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 1:09	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.68	3.5	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 1:09	JL	E96080
Total HAAs		3.9	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 1:09	JL	E96080
Trichloroacetic acid		0.56 I	ug/L	0.20	0.80	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 1:09	JL	E96080

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

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

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

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

System Name: Rosalie OAKS PWS I.D. #: 3531546

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Rosalie OAKS Blvd.

City: LAKE WALES State: FL ZIP Code: 33898

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: s1fuller@aguaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025906001 Location Code (if known): _____

Sample Date: 09/28/06 Sample Time: 11:32 AM

Sample Location (be specific): Dist. Lot #59 Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

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

*See 62-550.500(6) for requirements and restrictions. ** See 62-550.550(4) for requirements and attach a results page for each site.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: s1fuller@aguaamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller, Senior Operator
Print Name Print Title

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

Signature: Steve Fuller Date: 10-27-06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID: Rosalie Oaks DW THM/HAA5
 Sample Location: Dist. Lot #59 Grab Disinfectant Residual (mg/L) 1.0
 Sample Number: 2025906001 PWS ID 353-1546
 Sampling Date: 9/28/06 11:32
 Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88	U	EPA 552.1	0.88	10/06/06	1:09 AM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	2.7		EPA 552.1	0.68	10/06/06	1:09 AM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.66	I	EPA 552.1	0.20	10/06/06	1:09 AM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28	U	EPA 552.1	0.28	10/06/06	1:09 AM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	0.84	I	EPA 552.1	0.18	10/06/06	1:09 AM	E96080
2456	Total Haloacetic Acids (HAAs)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	8.3		EPA 524.2	0.25	10/10/06	3:15 AM	E96080
2942	Bromoform	[NA]	ug/L	0.50	I	EPA 524.2	0.41	10/10/06	3:15 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	6.2		EPA 524.2	0.25	10/10/06	3:15 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	4.2		EPA 524.2	0.30	10/10/06	3:15 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

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

1800 US 1 North
Fort Pierce, FL 34946
DOH # 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 34801
FDOH # E84418

Printed: 10/23/2006

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 8, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Rosalie Oaks DW Recollect [2025546]
Received: 8/23/06 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
FDOH # E96080

4185 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: 9/8/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 467-2400, Ext. 205 Fax (772) 467-5984

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Rosalie Oaks DW Recollect
Received: 8/23/06 10:00

[2025546]

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

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

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North
Fort Pierce, FL 34946
FDOH # E98090

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: 9/8/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-5284

CERTIFICATE OF ANALYSIS

[2025546]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Rosalie Oaks DW Recollect

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2025546001						Sampled: 08/22/06 11:52		Received: 08/23/06 10:00			
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.0	T.O.M.	1.0	SM2150 B	WCGE26153		08/23/06 11:25	GG	E96080	
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26234	08/31/06 12:30	09/1/06 17:21	GG	E96080	

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

18331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 9/8/06

Page 3 of 4



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-8400, Ext. 285 Fax: (772) 467-5384

Chain-of-Custody

and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33938

FDOH # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725

FDOH # E84418
2614 Osawaw Blvd.
Spring Hill, FL 34607



Company: Aqua Utilities

Address: 415 W. Daugherty Rd

Lakeland, Fla Zip: 33809

Phone: 863-958-2504 Fax: 863-853-4337

Client Contact: Steve Fuller

Project Name: ROSALIE OAKS

Sampled By: DAVID EVANS

Method(s) of Shipment: HDL

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

For Lab Use Only

Temperature Checked N Y AD
Dissolved Oxygen Checked Y AD
pH Checked Y N

LAB # 2025546

PRESERVATIVE		ANALYSES REQUESTED	
U	NA OH	A	S
odor	CN		

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

COMMENTS

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	8-22-06	11:50am	G	DW		POE CL ² - 1.0
	8-22-06	11:52am	G	DW		POE CL ² - 1.0

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4/4	RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME <u>8/22/06 3:15 PM</u>	DATE/TIME	DATE/TIME
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME	DATE/TIME	DATE/TIME <u>9-23-06 10:00</u>

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

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

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

System Name: Rosalie OAKS PWS I.D. #: 3531546

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Rosalie OAKS Blvd

City: LAKE WALES State: FL ZIP Code: 33853

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: stfuller@aquamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025546001 Location Code (if known): _____

Sample Date: 08/22/08 Sample Time: 11:52 AM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: stfuller@aquamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller Senior Operator
Print Name Print Title

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

Signature: Steve Fuller Date: 9-20-06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1): 353-1546 Date Sample(s) Received: 8/23/06
 Lab Assigned Report Number or Job ID: 2025546001 Sample Number (From Page 1): _____

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)
 do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).
 Signature Cindy Cromer Date: 08-Sep-06

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____
 Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 225 Fax: (772) 467-5984

INORGANIC ANALYSIS

62 - 550.310 (1)

(PWS030)

Client: Aqua Utilities Florida, Inc. Workorder: Rosalie Oaks DW Recollect
Sample Location: POE Grab
Sample Number: 2025546001
Sampling Date: 8/22/06 11:52
Preservative: Nitric Acid, Sodium Hydroxide, or None
Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
----	-----------	-----	--------	--------	-----	------	--------

1024	Cyanide	[0.2]	0.0047 U mg/L	SM4500CN E	0.0047	9/01/06	E96080
------	---------	-------	---------------	------------	--------	---------	--------

theast Florida
OH # E96080
ted: 9/8/06

Central Florida
FDCH # E83509



Southwest Florida
FDCH # E85370

West Central Florida
FDCH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34945
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

SECONDARY CHEMICAL ANALYSIS

62 - 550.320

(PWS031)

Client: Aqua Utilities Florida, Inc. Workorder: Rosalie Oaks DW Recollect
Sample Location: POE Grab
Sample Number: 2025546001
Sampling Date: 8/22/06 11:52
Preservative: Nitric Acid or None
Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
----	-----------	-----	--------	--------	-----	------	--------

1920	Odor - Dechlorinated [3]	1.0	T.O.N.	SM2150 B	1.0	8/23/06 11:25	E96080
------	--------------------------	-----	--------	----------	-----	---------------	--------

East Florida
DOH # E96080
dated: 8/8/06

Central Florida
FDOH # E83509



Southwest Florida
FDOH # E85370

West Central Florida
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 12, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: Rosalie Oaks Tri-annual DW
Received: 7/27/06 10:15

[2025279]

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: 9/12/06



Page 1 of 7

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 205 Fax (772) 467-594

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Rosalie Oaks Tri-annual DW
Received: 7/27/06 10:15

[2025279]

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

HBEL Sample Number	Sample ID	Analytical Method	Description
2025279001	POE Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2025279002	Dist. Lot #59 Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505	PEST4761		
2025279001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

EPA 524.2
1,2-Dibromo-3-chloropropane Accuracy - Outside acceptance limits in the LCS.

EPA 552.1
PEST4783
2025279002 2,3-Dibromopropionic Acid Surrogate - Outside acceptance Limits.

During extraction of 552.1 HAAs, the samples were not spiked with the surrogate. The IS was used to evaluate performance. Precision and Accuracy were determined with the LCS.



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

6600 U.S. 1 North, Fort Pierce, FL 34946
 Phone (772) 467-2400, Ext. 2200 Fax (772) 467-1584

CERTIFICATE OF ANALYSIS

[2025279]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Rosalie Oaks Tri-annual DW

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025279001 Sample ID: POE Grab										
Sampled: 07/26/06 14:15 Received: 07/27/06 10:15 Matrix: Water Results reported on Wet Weight Basis										
pH [6.5-8.5]	Q	8.11	SU	0.200	EPA 150.1	WC026036		08/3/06 18:35	GS	E96080
Aluminum		0.036	mg/L	0.0030	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Barium		0.019	mg/L	0.0018	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Copper		0.0031	mg/L	0.0014	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Iron		0.044	mg/L	0.025	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Sodium		6.6	mg/L	0.50	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8058		08/9/06 1:30	DM	E96080
Lead		0.00081 U	mg/L	0.00081	EPA 200.9	META8053		08/7/06 21:40	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 15:07	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8049		08/5/06 9:37	DM	E96080
Mercury		0.000080 U	mg/L	0.000080	EPA 245.1	META8064	08/9/06 18:48	08/10/06 20:11	DM	E96080
Chloride		14	mg/L	5.0	EPA 300.0	IC887		08/1/06 3:09	JL	E96080
Nitrate as N		0.027	mg/L	0.0030	EPA 300.0	IC883		07/27/06 14:33	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC883		07/27/06 14:33	JL	E96080
Sulfate		2.8	mg/L	1.4	EPA 300.0	IC887		08/1/06 3:09	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4762	07/28/06 12:35	07/28/06 4:33	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4762	07/28/06 12:35	07/28/06 4:33	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4761	07/27/06 12:41	07/28/06 1:31	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:14	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:14	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:14	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:14	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:14	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 22:14	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080

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

CERTIFICATE OF ANALYSIS

[2025279]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Rosalie Oaks Tri-annual DW

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2670		08/1/06 22:21	WR	E96080
Alachlor		0.65 U	ug/L	0.65	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
Atrazine		0.51 U	ug/L	0.51	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
Benzo(a)pyrene		0.074 U	ug/L	0.074	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
bis(2-ethylhexyl)phthalate		0.90 U	ug/L	0.90	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
Di(2-ethylhexyl)adipate		0.72 U	ug/L	0.72	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
Hexachlorobenzene		0.32 U	ug/L	0.32	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
Hexachlorocyclopentadiene		0.25 U	ug/L	0.25	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
Simazine		0.67 U	ug/L	0.67	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 16:02	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 20:29	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 20:29	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2321		08/8/06 14:51	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2427	08/2/06 13:52	08/3/06 19:01	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2318	07/27/06 12:55	07/27/06 14:09	JJM	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	BAL1017		08/7/06 15:48	SAL	EB4129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1017		08/2/06 12:40	SAL	EB4129
Color		4.0	CU	1.8	SM2120 B	WCGE25996		07/28/06 9:35	TCL	E96080
Odor		3.8	T.O.N.	1.0	SM2150 B	WCGE26012		07/27/06 12:30	EE	E96080
Total Dissolved Solids		120	mg/L	16	SM2540 C	WCGE26007		07/31/06 12:30	EE	E96080
Cyanide	Y	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/4/06 8:30	08/4/06 15:22	GG	E96080
Fluoride		0.092	mg/L	0.020	SM4500F C	WCGE25978		07/28/06 11:15	GG	E96080
Surfactants as LAS, Mol.wt.340		0.822 U	mg/L	0.022	SM5540 C	WCGE25996	07/27/06 12:00	07/27/06 17:55	GG	E96080

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 FDOH # E96080

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 Brooksville, FL 34801
 FDOH # E84418



Printed: 9/12/06

Page 4 of 7

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 200 Fax: (772) 467-5384

CERTIFICATE OF ANALYSIS

[2025279]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Rosalie Oaks Tri-annual DW

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2025279002						Sampled: 07/26/06 14:30		Received: 07/27/06 10:15			
Sample ID: Dist. Lot #59 Grab						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		7.6	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 22:55	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 22:55	WR	E96080	
Chloroform		11	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 22:55	WR	E96080	
Dibromochloromethane		4.6	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 22:55	WR	E96080	
Total THMs		23	ug/L	0.50	EPA 524.2	VOC2670		08/1/06 22:55	WR	E96080	
Dibromoacetic Acid	Q	0.67	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:18	JL	E96080	
Dichloroacetic Acid	Q	3.1	ug/L	0.66	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:18	JL	E96080	
Monobromoacetic Acid	Q	0.28 U	ug/L	0.28	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:18	JL	E96080	
Monochloroacetic Acid	Q	0.88 U	ug/L	0.88	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:18	JL	E96080	
Total HAAs	Q	4.5	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:18	JL	E96080	
Trichloroacetic acid	Q	0.74	ug/L	0.20	EPA 552.1	PEST4783	09/7/06 13:07	09/8/06 6:18	JL	E96080	

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2025279003						Sampled: 07/26/06 0:00		Received: 07/27/06 10:15			
Sample ID: Trip Blank						Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2670		08/1/06 23:29	WR	E96080	

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FDOH # E85370

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Brooksville, FL 34801
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**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2025279]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Rosalie Oaks Tri-annual DW

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
-----------	-----------	--------	-------	--------------------	--------	--------------------------	-------------------	-----------------------	---------	-----------

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

- Q Sample held beyond the accepted holding time.
- Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

5600 US 1 North
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FDOH # E90080

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Sanford, FL 32771
FDOH # E83509

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FDOH # E85370

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FDOH # E84418

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5384

Chain-of-Custody

and
Agreement to Perform Services

USE BALL POINT PEN

PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information.

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

FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33938

FDOH # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725

FDOH # E84418
2514 Osawaw Blvd.
Spring Hill, FL 34807



Company: Aqua Utilities

Address: 415 W. Daugherty Rd

LAKE LAND FL Zip: 33809

Phone: 863-858-2504 Fax: 863-853-4937

Client Contact: Steve Fuller

Project Name: Rosalie OAKS

Sampled By: Steve Fuller

Method(s) of D.H.L
Shipment: Over night

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

For Lab Use Only										LAB # <u>2025071</u>					
Temperature Checked	Chain of Custody	Seals Intact	pH Checked												
<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y												
PRESERVATIVE										Preservation Key					
N	S	H	U	U	U	U	H	ST	H=Hydrochloric Add P=Phosphoric Acid N=Nitric Add ST=Sodium S=Sulfuric Add ThioSulfate SH=Sodium Hydroxide U=Unpreserved						
ANALYSES REQUESTED															
A	B	C	D	E	F	H	G								
1+2 Metals	Cyanide	NO3 NO2 CL SO4 F	PH COLOR TDS	odor	MBAS	VOGS	SDY								
001	7/26/06	1:30-5:15 pm	G	DW	12	P.O.E C12 1.0		1	1	1	1	1	3	3	Collection time when LAST Bottle Collected
3					3	TRIP BLANK							3	3	

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION
	DATE	TIME				As Will Appear On Report
001	7/26/06	1:30-5:15 pm	G	DW	12	P.O.E C12 1.0
3					3	TRIP BLANK

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater N=Marine

Report Page 7 of 7	RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME <u>7-26-06 5:20 pm</u>	DATE/TIME	DATE/TIME
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY <u>Good</u>
	DATE/TIME	DATE/TIME	DATE/TIME <u>7-27-06 10:15</u>

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

CHAIN PAGE 1 of 3



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 238 Fax: (772) 467-5884

Chain-of-Custody

and Agreement to Perform Services

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

Laboratory not responsible for omitted information
 FDOH # E96080 FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34948 Lehigh Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Utilities
 Address: 415 W. Daugherty Rd
LAKELAND FL Zip: 33809
 Phone: 863-858-2504 Fax: 863-853-4937
 Client Contact: Steve Fuller
 Project Name: Rosalie OAKS
 Sampled By: Steve Fuller

Method(s) of Shipment: D.H.L.
Over Night

e-mail: _____
 Standard Laboratory Turn Around Time
 or
 Rush In _____ Business Days
 Requires Laboratory Approval

For Lab Use Only										
Temperature		Custody Seals		pH		LAB # <u>2005279</u>				
Checked	Intact	Checked	Intact	Checked	Intact					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
PRESERVATIVE										
ST	ST	ST	ST	S	ST					
ANALYSES REQUESTED										
L	H	N	O	P	R					
1515	1505	1515	1547	1548	1549	1505				COMMENTS
1	1	1	1	3	1	3				
<p>* Sample Type: G=Grab C=Composite * Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine</p>										
Report Page <u>7 of 7</u>	RELINQUISHED BY <u>Steve Fuller</u>					RELINQUISHED BY _____				
	DATE/TIME <u>7-26-06 5:20 pm</u>					DATE/TIME _____				
	RECEIVED BY _____					RECEIVED BY _____				
	DATE/TIME _____					DATE/TIME _____				
					RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>					
					DATE/TIME <u>7-27-06 1015</u>					

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

CHAIN PAGE 2 of 3

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

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

System Name: Rosalie OAKS PWS I.D. #: 3531546

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Rosalie OAKS Blvd.

City: LAKE Wales State: FL ZIP Code: 33853

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: SFuller@aquamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025279001 Location Code (if known): _____

Sample Date: 07/26/06 Sample Time: 2:15 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: SFuller@aquamerica.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller
Print Name

Senior Operator
Print Title

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

Signature: Steve Fuller Date: 9-20-06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/27/06
 PWS ID (From Page 1): 353 1546 Sample Number (From Page 1): _____
 Lab Assigned Report Number or Job ID: 2025279001

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 12-Sep-06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-5400, Ext. 255 Fax: (772) 467-5584

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Rosalie Oaks Tri-annual DW
Sample Location: POE Grab
Sample Number: 2025279001
Sampling Date: 7/26/06 14:15
Date Received: 7/27/06 10:15

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	8/01/06 22:21	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 22:21	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/01/06 22:21	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/01/06 22:21	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 22:21	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/01/06 22:21	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/01/06 22:21	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/01/06 22:21	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/01/06 22:21	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/01/06 22:21	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 22:21	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/01/06 22:21	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/01/06 22:21	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/01/06 22:21	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/01/06 22:21	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/01/06 22:21	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/01/06 22:21	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/01/06 22:21	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/01/06 22:21	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 22:21	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 22:21	E96080

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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? 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. If a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

10 US 1 North
1 Pierca, FL 34946
OH # 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 34607
FDOH # E84418

dated: 9/12/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 208 Fax (772) 467-884

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Rosalie Oaks Tri-annual DW
Sample Location: POE Grab
Sample Number: 2025279001
Sampling Date: 7/26/06 14:15
Date Received: 7/27/06 10:15

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
1040	Nitrate as N	[10]	0.027	mg/L		EPA 300.0	0.0030	7/27/06 14:33	E96080
1041	Nitrite as N	[1]	0.0022 U	mg/L		EPA 300.0	0.0022	7/27/06 14:33	E96080
1005	Arsenic	[0.01]	0.0010 U	mg/L		EPA 200.9	0.0010	8/02/06 12:40	E84129
1010	Barium	[2]	0.019	mg/L		EPA 200.7	0.0018	8/09/06 1:30	E96080
1015	Cadmium	[0.005]	0.00070 U	mg/L		EPA 200.7	0.00070	8/09/06 1:30	E96080
1020	Chromium	[0.1]	0.0018 U	mg/L		EPA 200.7	0.0018	8/09/06 1:30	E96080
1024	Cyanide	[0.2]	0.0047 U	mg/L	Y	SM4500CN E	0.0047	8/04/06 15:22	E96080
1025	Fluoride	[4]	0.092	mg/L		SM4500F C	0.020	7/28/06 11:15	E96080
1030	Lead	[0.015]	0.00061 U	mg/L		EPA 200.9	0.00061	8/07/06 21:40	E96080
1035	Mercury	[0.002]	0.000060 U	mg/L		EPA 245.1	0.000060	8/10/06 20:11	E96080
1036	Nickel	[0.1]	0.0020 U	mg/L		EPA 200.7	0.0020	8/09/06 1:30	E96080
1046	Selenium	[0.05]	0.0022 U	mg/L		EPA 200.9	0.0022	8/04/06 15:07	E96080
052	Sodium	[160]	0.6	mg/L		EPA 200.7	0.50	8/09/06 1:30	E96080
074	Antimony	[0.006]	0.0010 U	mg/L		SM 3113 B	0.0010	8/07/06 15:46	E96080
075	Beryllium	[0.004]	0.00010 U	mg/L		EPA 200.7	0.00010	8/09/06 1:30	E96080
085	Thallium	[0.002]	0.0010 U	mg/L		EPA 200.9	0.0010	8/05/06 9:37	E96080

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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are 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 avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

10 US 1 North
Fort Pierce, FL 34946
Tel # E96080
dated: 9/12/06

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



307 Coolidge Avenue
Lehigh Acres, FL 33938
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34607
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.
 Sample Location: POE Grab
 Sample Number: 2025279001
 Sampling Date: 7/26/06 14:15
 Date Received: 7/27/06 10:15

Workorder: Rosalie Oaks Tri-annual DW

ID	Parameter	MCL	Result	Units	Qual.*	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	0.10 U	ug/L		EPA 505	0.10	7/27/06	7/28/06 1:31	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.020 U	ug/L		EPA 505	0.020	7/27/06	7/28/06 1:31	E96080
2015	Methoxychlor	[40]	0.043 U	ug/L		EPA 505	0.043	7/27/06	7/28/06 1:31	E96080
2020	Toxaphene	[3]	0.59 U	ug/L		EPA 505	0.59	7/27/06	7/28/06 1:31	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	8/02/06	8/03/06 22:14	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	7/27/06	7/27/06 14:09	E96080
2033	Endothal	[100]	2.8 U	ug/L		EPA 548.1	2.8	8/02/06	8/03/06 19:01	E96080
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		8/08/06 14:51	E96080
2035	Di(2-ethylhexyl)adipate	[400]	0.72 U	ug/L		EPA 525.2	0.72	8/04/06	8/18/06 16:02	E96080
2036	Oxamyl	[200]	0.41 U	ug/L		EPA 531.1	0.41		8/01/06 20:29	E96080
2037	Simazine	[4]	0.67 U	ug/L		EPA 525.2	0.67	8/04/06	8/18/06 16:02	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	0.90 U	ug/L		EPA 525.2	0.90	8/04/06	8/18/06 16:02	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	8/02/06	8/03/06 22:14	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	8/02/06	8/03/06 22:14	E96080
2042	Hexachlorocyclopentadiene	[50]	0.25 U	ug/L		EPA 525.2	0.25	8/04/06	8/18/06 16:02	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		8/01/06 20:29	E96080
2050	Atrazine	[3]	0.51 U	ug/L		EPA 525.2	0.51	8/04/06	8/18/06 16:02	E96080
2051	Alachlor	[2]	0.65 U	ug/L		EPA 525.2	0.65	8/04/06	8/18/06 16:02	E96080
2065	Heptachlor	[0.4]	0.036 U	ug/L		EPA 505	0.036	7/27/06	7/28/06 1:31	E96080
2067	Heptachlor epoxide	[.2]	0.027 U	ug/L		EPA 505	0.027	7/27/06	7/28/06 1:31	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	8/02/06	8/03/06 22:14	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	8/02/06	8/03/06 22:14	E96080
2274	Hexachlorobenzene	[1]	0.32 U	ug/L		EPA 525.2	0.32	8/04/06	8/18/06 16:02	E96080
2306	Benzo(a)pyrene	[.2]	0.074 U	ug/L		EPA 525.2	0.074	8/04/06	8/18/06 16:02	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	8/02/06	8/03/06 22:14	E96080
2383	PCB	[.5]	0.14 U	ug/L		EPA 505	0.14	7/27/06	7/28/06 1:31	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.0020 U	ug/L		EPA 504.1	0.0020	7/28/06	7/29/06 4:33	E96080
2946	1,2-Dibromoethane	[.02]	0.0047 U	ug/L		EPA 504.1	0.0047	7/28/06	7/29/06 4:33	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	7/27/06	7/28/06 1:31	E96080

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

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >90% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

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 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 3460
 FDOH # E84418

Printed: 9/12/06



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

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

System Name: Rosalie OAKS PWS I.D. #: 3531546

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Rosalie OAKS Blvd

City: LAKE WALES State: FL ZIP Code: 33853

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: s1fuller@agua-america.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025279002 Location Code (if known): _____

Sample Date: 07/26/06 Sample Time: 2:30 PM

Sample Location (be specific): Dist. Lot #59 Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence*
- Composite of Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly (Which Qtr? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: s1fuller@agua-america.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller
Print Name

Senior Operator
Print Title

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

Signature: Steve Fuller

Date: 9-20-06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/27/06
 PWS ID (From Page 1): 353-1546 Sample Number (From Page 1): _____
 Lab Assigned Report Number or Job ID: 2025279002

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

- | | | | |
|--|--|---|---|
| Inorganics
<input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | Synthetic Organics
<input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | Volatile Organics
<input type="checkbox"/> All 21
<input type="checkbox"/> Partial

Radionuclides
<input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | Disinfection Byproducts
<input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite

Secondaries
<input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|---|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 12-Sep-06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5500 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 467-2400, Ext. 265 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Rosalie Oaks Tri-annual DW
 Sample Location: Dist. Lot #59 Grab Disinfectant Residual (mg/L) _____
 Sample Number: 2025279002 PWS ID _____
 Sampling Date: 7/26/06 14:30
 Date Received: 7/27/06 10:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88 U	Q	EPA 552.1	0.68	9/08/06	6:18 AM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	3.1	Q	EPA 552.1	0.68	9/08/06	6:18 AM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.74	Q	EPA 552.1	0.20	9/08/06	6:18 AM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28 U	Q	EPA 552.1	0.28	9/08/06	6:18 AM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	0.67	Q	EPA 552.1	0.18	9/08/06	6:18 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	11		EPA 524.2	0.25	8/01/06	10:55 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	8/01/06	10:55 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	7.6		EPA 524.2	0.25	8/01/06	10:55 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	4.6		EPA 524.2	0.30	8/01/06	10:55 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-100, 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 avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

90 US 1 North
 1 Pierce, FL 34946
 OH # E96080
 dated: 8/12/06

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



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E86370

16331 Cortez Blvd
 Brooksville, FL 3460
 FDOH # E84418

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

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

System Name: Rosalie OAKS PWS I.D. #: 3531546

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: Rosalie OAKS Blvd

City: LAKE WALES State: FL ZIP Code: 33853

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: sifulla@aquamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025279003 Location Code (if known): _____

Sample Date: 07/26/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

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

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: _____

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____
Print Name Print Title

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1): 353-1546 Date Sample(s) Received: 7/27/06
 Lab Assigned Report Number or Job ID: 2025279003 Sample Number (From Page 1): _____

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Cindy Cromer Date: 12-Sep-06

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5800 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1994

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Rosalie Oaks Tri-annual DW
Sample Location: Trip Blank Disinfectant Residual (mg/L _____
Sample Number: 2025279003 PWS ID 353 1546
Sampling Date: 7/26/06 0:00
Date Received: 7/27/06 10:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 824.2	0.25	8/01/06	11:29 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 824.2	0.41	8/01/06	11:29 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 824.2	0.25	8/01/06	11:29 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 824.2	0.30	8/01/06	11:29 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

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

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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-100, Table 1. Results Qualified with A, F, H, M, 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 avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5800 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Updated: 8/12/06

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 3460
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 255 Fax: (772) 467-5584

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Rosalie Oaks Tri-annual DW
Sample Location: Trip Blank
Sample Number: 2025279003
Sampling Date: 7/26/06 0:00
Date Received: 7/27/06 10:15

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	8/01/06 23:29	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 23:29	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/01/06 23:29	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/01/06 23:29	E96080
2968	1,2-Dichlorobenzene	[800]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 23:29	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/01/06 23:29	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/01/06 23:29	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/01/06 23:29	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/01/06 23:29	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/01/06 23:29	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 23:29	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/01/06 23:29	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/01/06 23:29	E96080
2984	Trichloroethane	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/01/06 23:29	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/01/06 23:29	E96080
2987	Tetrachloroethane	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/01/06 23:29	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/01/06 23:29	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/01/06 23:29	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/01/06 23:29	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 23:29	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/01/06 23:29	E96080

Reporting Format 62-650.730
Effective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results qualified with A, F, H, N, O, T, Z, 7, 8, 9 are not acceptable for compliance with 62-650. 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. If a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5500 US 1 North
Fort Pierce, FL 34946
OH # 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 34607
FDOH # E84418

Printed: 8/12/06



SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Oceanographic Institution Inc.
Drinking Water As, Sb
Sample ID: 2025279 001

August 8, 2006
Sample No.: 61923.05
PWS ID: _____

Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	08/02/06	12:40	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	08/07/06	15:46	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1534
CHAIN OF CUSTODY RECORD

U1423

Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: Southern Analytical

The samples are to be shipped by Fed. Ex to arrive on 7-28-06. TAT: Std.

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>As, Sb Furnace DW</u>							PRESERVATIVE					
SAMPLE TYPE: Composite = C, Grab = G			Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₃ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = U				Z					
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O												
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HBEL SAMPLE ID	# Batches	As, Sb				SAMPLE COMMENTS	
01	AUF	DW	7-25-06	1500	G	2025256 001						1
02	AUF	DW	7-25-06	1415	G	2025257 001	1	✓				
03	CMT	DW	7-26-06	1415	G	2025276 001	1	✓				
14	AUF	DW	7-26-06	1535	G	2025278 001	1	✓				
15	AUF	DW	7-26-06	1415	G	2025279 001	1	✓				
16	AUF	DW	7-26-06	1635	G	2025280 001	1	✓				
17		DW	7-25-06	0858	G	2176392 001	1	✓				
RELINQUISHED BY:		DATE		TIME		RECEIVED BY:		DATE		TIME		
<u>As Nutt</u>		7-27-06		1600		<u>Sherry Drum</u>		07-28-06		0815		
RELINQUISHED BY:		DATE		TIME		LABORATORY NAME AND RECEIVED BY:		DATE		TIME		
<u>FedEx</u>						<u>Sherry Drum</u>		07-28-06		0815		



Jeb Bush
Governor

M. Rony Francois, MD, MSPH, PhD
Secretary

October 24, 2006

CS/Rosalie Oaks
PWS: Id. No. 3531546

Aqua America
Rosalie Oaks
6960 Professional Parkway Ste. 400
Sarasota, FL 34240

Aqua America:

A sanitary survey of your water system conducted on October 13, 2006 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

Deficiencies are listed below:

1. The well is not properly sealed. *Chapter 62-532.200(24)* requires the well be protected at all times by a sanitary seal, threaded caps, or a welded flange to prevent entrance of contaminating material.
2. Apparently, the hydro pneumatic tank does not have an adequately sized pressure relief valve. *Chapter 62-555.330* requires conformance with standard engineering practices. If feasible, please ensure that the tank is equipped with a protected and adequately sized pressure relief valve.
3. The hydro pneumatic tank has no air release valve. *Chapter 62-555.350(2)* requires suppliers of water shall keep all necessary public water system components in good operating condition so the components may function as intended.
4. The system is not being flushed as necessary. *Chapter 62-555.350(2)* indicates that all dead end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water. Please submit a copy of the flushing plan to this Department.
5. The well casing is not equipped with a proper vent. *Chapter 62-555.320(8)(c)* and *Section 3.2.7.5 in Recommended Standards for Water Works, 1997 Edition* require that

POLK COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL ENGINEERING DIVISION

3090 East Clower Street, Bartow, FL 33838

Phone (863) 919-8330 / SC 515-7365 / FAX (863) 934-0245

Daniel O. Haight
Director

Lyane M. Sadtler, MD, MPH
Assistant Director

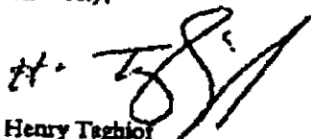
CS/Rosalie Oaks
Page 2

wells be equipped with a protected vent. This item must be brought into compliance during the next well alteration.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and notify the Department in writing. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,



Henry Toghior
Engineering Specialist III

HT/clg

Cc: Steve Fuller

AQUA
Utilities Florida.

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34749-0310

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

November 17, 2006

Henry Taghiof
Engineering Specialist III
Polk Couth Health Department
2090 East Clower Street
Bartow FL 33830

**RE: Reply to Sanitary Survey
Rosalie Oaks PWS
PWS IS No. 3531546
Polk County**

Dear Mr. Taghiof:

The purpose of the correspondence is to provide a written response as requested in your October 24, 2006 letter regarding the public water system sanitary survey conducted at the referenced facility.

1. *The well is not properly sealed.*

Response:

The seal will be repaired on November 20, 2006.

2. *Apparently, the hydropneumatic tank does not have an adequately sized pressure relief valve.*

Response:

The pressure relief valve will be replaced on November 20, 2006.

3. *The hydropneumatic tank has no air release valve.*

Response:

An air release valve will be installed within 30 days from the date of this letter.

4. *The system is not being flushed as necessary.*

Response:

Attached is a copy of the flushing plan for the distribution system as well as a copy of the last flushing records.

5. *The well casing is not equipped with a proper vent.*

Response:

Proper venting will be installed during the next well alteration.

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

Sincerely,

AQUA UTILITIES FLORIDA, INC.

Patrick A. Farris
Compliance Specialist

Attachment

CC: Steve Fuller, Aqua Utilities Florida, Inc.

PATRICK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

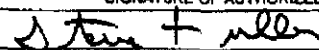
REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Raod & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 01/01/2007 To: 01/31/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.013				0		
PARM Code 50050 Mon. Site No. FLW-01	Y Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.011				0		
PARM Code 50050 Mon. Site No. FLW-01	I Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3		0		
PARM Code 80082 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.7		0		
PARM Code 00530 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			2.0	2.0	0		
PARM Code 00530 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III		813-267-2074	15/07/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
 MONTH/YEAR: January-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.9	7.9		0	
	PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement	6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Grab
Coliform, Fecal	Sample Measurement		13			0	
	PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement	200 (An. Avg.)		#/100mL		Monthly Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0		0	
	PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement	Report (Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0			0	
	PARM Code 50080 Mon. Site No. EFA-01	Permit Requirement	0.5 (Min.)		mg/L		5 Days/Week Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.1			0	
	PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement	12.0 (Max.)		mg/L		Monthly Grab
Flow	Sample Measurement	0.008890856				0	
	PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		59%			0	
	PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Percent		Monthly Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		200.0			0	
	PARM Code 80082 Mon. Site No. INF-01	Permit Requirement	Report		mg/l		Annual Each January Grab
Solids, Total Suspended	Sample Measurement		78.0			0	
	PARM Code 00530 Mon. Site No. INF-01	Permit Requirement	Report		mg/l		Annual Each January Grab
Sludge Production, Total	Sample Measurement					0	
	PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Gallons		Monthly Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011045

 Facility Name: Rosalie Oaks WWTP

 MONITORING PERIOD 01/01/2007

 To: 01/31/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.033					7.9		2.0	
2	0.011	2.0	200	2.0	78	7.0	1	2.2	1.1
3	0.009					7.0		1.2	
4	0.009					7.1		2.2	
5	0.013					7.4		1.6	
6	0.010								
7	0.010								
8	0.010					7.0		1.0	
9	0.009					7.2		1.6	
10	0.009					7.1		2.1	
11	0.009					7.2		2.2	
12	0.009					6.9		2.2	
13	0.010								
14	0.010								
15	0.010					7.0		2.2	
16	0.009					7.0		2.2	
17	0.011					7.1		2.2	
18	0.006					7.0		2.2	
19	0.008					7.0		2.2	
20	0.009								
21	0.009								
22	0.009					7.0		2.2	
23	0.010					7.0		2.2	
24	0.009					7.1		2.2	
25	0.009					7.0		2.2	
26	0.014					7.1		1.3	
27	0.011								
28	0.011								
29	0.011					7.1		1.4	
30	0.011					7.1		1.8	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: _____	Certification No.: _____	Name: _____

 Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 02/01/2007 To: 02/28/2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012					0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD					Monthly	Calculated
Flow	Sample Measurement	0.013					0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2			0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4			0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			2.2	2.2		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	24/07/03

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
MONTH/YEAR: February-2007

Permit NO.: FLA011046

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.8	8.1		0	
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		8.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1			0	
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0		0	
PARM Code. 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.5			0	
PARM Code. 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		6.7			0	
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.010294328				0	
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		69%			0	
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0	
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement					0	
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement					0	
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011045

 Facility Name: Rosalie Oaks WWTP

 MONITORING PERIOD 02/01/2007

 To: 02/28/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.011					7.3		1.5	
2	0.011					7.4		1.8	
3	0.016								
4	0.016								
5	0.016					7.2		1.1	
6	0.014					7.1		1.3	
7	0.014					7.0		1.1	
8	0.015					7.1		1.0	
9	0.014					7.1		2.2	
10	0.013								
11	0.013								
12	0.013					7.1		2.2	
13	0.011	2.0		2.2		7.1	1	2.2	6.7
14	0.014					7.1		2.2	
15	0.011					7.2		2.2	
16	0.015					7.4		2.2	
17	0.013								
18	0.013								
19	0.013					7.4		0.5	
20	0.011					7.1		2.2	
21	0.011					7.2		2.2	
22	0.013					7.4		2.0	
23	0.011					7.1		2.2	
24	0.011								
25	0.011								
26	0.011					6.8		1.0	
27	0.011					8.1		2.2	
28	0.011					7.0		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: _____	Certification No.: _____	Name: _____

 Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

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, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 03/01/2007 To: 03/30/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.016 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.009				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8	2.8	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.4	1.4	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	24/07/04

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
 MONTH/YEAR: March-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
PH	Sample Measurement		7.0	8.0			
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		8.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1				
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0			
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0				
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		2.1				
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.010967229					
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		73%				
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement						
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 03/01/2007 To: 03/30/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.008					7.1		2.2	
2	0.008					7.2		2.0	
3	0.011								
4	0.011								
5	0.011					8.0		2.2	
6	0.011					7.5		2.2	
7	0.011					8.0		2.2	
8	0.005					7.4		2.2	
9	0.009					7.2		22.0	
10	0.009								
11	0.009								
12	0.009					7.6		1.2	
13	0.008	2.8		1.4		7.7	1	2.2	2.1
14	0.010					7.5		2.2	
15	0.008					7.1		1.3	
16	0.009					7.2		1.4	
17	0.008								
18	0.008								
19	0.008					7.1		1.6	
20	0.007					7.1		1.8	
21	0.009					7.3		2.0	
22	0.008					7.0		1.0	
23	0.009					7.2		2.2	
24	0.009								
25	0.009								
26	0.009					7.3		2.2	
27	0.008					7.2		2.2	
28	0.009					7.4		2.2	
29	0.006					7.3		2.2	
30	0.008					7.4		2.2	
31	#REF!								

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 04/01/2007 To: 04/30/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.006				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			2.3	2.3	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i> 5/24/07	813-267-2074	24/07/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: **Rosalie Oaks WWTP**
 MONTH/YEAR: **April-2007**

Permit NO.: **FLA011045**

DISCHARGE POINT NO.: **R001**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH							
	Sample Measurement		6.9	7.9	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code. 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0		0		
PARM Code. 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		8.1		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.009458338			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		63%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 04/01/2007 To: 04/30/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.011								
2	0.008					7.3		2.2	
3	0.007					7.4		2.2	
4	0.006					7.4		2.2	
5	0.007					7.3		2.2	
6	0.007					7.4		2.2	
7	0.007								
8	0.007								
9	0.007					7.4		22.0	
10	0.007					7.5		2.2	
11	0.010					7.3		2.2	
12	0.007					7.5		2.2	
13	0.007					7.4		2.0	
14	0.007								
15	0.007								
16	0.007					7.5		2.2	
17	0.007	2.0		2.3		7.4	1	2.2	8.1
18	0.005					7.5		2.2	
19	0.006					7.3		2.2	
20	0.008					6.9		2.0	
21	0.005								
22	0.005								
23	0.005					7.0		2.2	
24	0.006					7.1		2.2	
25	0.005					7.6		2.2	
26	0.005					6.9		2.2	
27	0.005					7.0		2.2	
28	0.005								
29	0.005								
30	0.005					7.9		2.2	
31									

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, Including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 05/01/2007 To: 05/31/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011				0		
PARM Code 50050 Mon. Site No. FLW-01	Y Permit Requirement	0.016 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.005				0		
PARM Code 50050 Mon. Site No. FLW-01	I Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		0		
PARM Code 80082 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	3.0	0		
PARM Code 80082 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7		0		
PARM Code 00530 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			2.3	2.3	0		
PARM Code 00530 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	18/07/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: **Rosalie Oaks WWTP**
 MONTH/YEAR: **May-2007**

Permit NO.: **FLA011045**

DISCHARGE POINT NO.: **R001**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.7	7.9	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code. 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.5		0		
PARM Code. 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.06		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.00909444			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD		0	Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		61%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045

Facility Name: Rosalie Oaks WWTP

 MONITORING PERIOD 05/01/2007

 To: 05/31/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	YRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.002								
2	0.006					7.5		2.2	
3	0.005					7.6		2.2	
4	0.005					7.6		2.2	
5	0.005								
6	0.005								
7	0.005					6.7		2.2	
8	0.005	3.0		2.3		7.0	1	2.2	0.06
9	0.008					7.1		2.2	
10	0.006					7.1		2.2	
11	0.006					7.2		2.2	
12	0.004								
13	0.004								
14	0.004					7.2		2.2	
15	0.005					7.3		2.2	
16	0.010					7.0		2.2	
17	0.007					7.2		2.2	
18	0.007					7.0		2.2	
19	0.005								
20	0.005								
21	0.005					7.0		2.2	
22	0.008					7.0		2.2	
23	0.002					7.1		2.2	
24	0.007					6.8		2.2	
25	0.003					6.9		2.2	
26	0.005								
27	0.005								
28	0.005					7.2		0.5	
29	0.002					7.1		2.2	
30	0.005					7.4		2.2	
31	0.005					7.3		2.2	

Day shift Operator Class: C Certification No.: 13632 Name: Jerry Hahn
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller
 Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

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

7/13/07

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3561, 2600 Blair Stone Road, Tallahassee, FL 32389-2400

PERMITTEE NAME: Aqua Utilities Florida, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 06/01/2007 To: 06/30/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011				0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.005				0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.2		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	25/07/07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Decrease air and resample nitrate)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
June-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH			6.7 7.6		0		
PARM Code 00400 Mon. Site No. EFA-01	A						
	Sample Measurement						
	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal					0		
PARM Code 74055 Mon. Site No. EFA-01	Y						
	Sample Measurement		1				
	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal					0		
PARM Code 74055 Mon. Site No. EFA-01	A						
	Sample Measurement		1.0	1.0			
	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)					0		
PARM Code 50060 Mon. Site No. EFA-01	A						
	Sample Measurement		0.9				
	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)					0		
PARM Code 00620 Mon. Site No. EFA-01	A						
	Sample Measurement		20.0/4.6				
	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow					0		
PARM Code 50050 Mon. Site No. FLW-01	P						
	Sample Measurement	0.006790929					
	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100					0		
PARM Code 001800 Mon. Site No. OTH-01	P						
	Sample Measurement		45%				
	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C					0		
PARM Code 80082 Mon. Site No. INF-01	G						
	Sample Measurement						
	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended					0		
PARM Code 00530 Mon. Site No. INF-01	G						
	Sample Measurement						
	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total					0		
PARM Code 49019 Mon. Site No. OTH-01	P						
	Sample Measurement						
	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 06/01/2007 To: 06/30/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.003					7.4		2.2	
2	0.006								
3	0.006								
4	0.006					7.6		2.2	
5	0.005	2.1		1.2		7.5	1	2.2	20.0
6	0.005					7.0		2.2	
7	0.005					7.1		2.2	
8	0.010					7.1		2.2	
9	0.007								
10	0.007								
11	0.007					6.8		2.2	
12	0.005					6.9		2.2	
13	0.005					6.9		2.2	4.6
14	0.010					6.8		2.2	
15	0.005					7.0		2.2	
16	0.006								
17	0.006								
18	0.006					6.7		2.2	
19	0.005					6.9		2.2	
20	0.005					6.9		2.2	
21	0.003					6.9		1.5	
22	0.005					7.0		0.9	
23	0.005								
24	0.005								
25	0.005					6.9		2.2	
26	0.005					6.9		2.2	
27	0.006					6.8		2.2	
28	0.003					6.9		2.2	
29	0.003					7.0		2.2	
30									
31									

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, Including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 07/01/2007 To: 07/31/2007

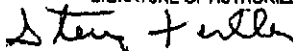
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.014			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.1	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO.

813-267-2074

dd/yy/mm

22/07/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalia Oaks WWTP
July-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH							
	Sample Measurement		7.0	7.3			
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1				
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0			
PARM Code. 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0				
PARM Code. 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		7.8				
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.0084467					
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		56%				
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement						
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 07/01/2007 To: 07/31/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50080	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.008								
2	0.009					7.1		2.2	
3	0.005					7.1		2.2	
4	0.005					7.0		2.2	
5	0.008	3.2		1.1		7.1	1	2.2	7.8
6	0.005					7.0		2.2	
7	0.015								
8	0.015								
9	0.015					7.1		2.2	
10	0.013					7.0		2.2	
11	0.005					7.2		2.2	
12	0.020					7.1		2.2	
13	0.006					7.2		2.2	
14	0.013								
15	0.013								
16	0.013					7.1		2.2	
17	0.013					7.2		2.2	
18	0.011					7.1		2.2	
19	0.013					7.3		2.0	
20	0.009					7.0		2.2	
21	0.017								
22	0.017								
23	0.017					7.0		2.2	
24	0.034					7.2		2.2	
25	0.028					7.1		2.2	
26	0.024					7.0		2.2	
27	0.022					7.3		2.2	
28	0.020								
29	0.020								
30	0.020					7.0		2.2	
31	0.017					7.2		2.0	

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

FATRICK

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 32389-2400

PERMITTEE NAME: Aqua Utilities Florida, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, Fl 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 08/01/2007 To: 08/31/2007

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.013			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.6	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.6	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.0	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

Steve Fuller

TELEPHONE NO.

813-267-2074

dd/yy/mm

20/07/09

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

High Fecal Due to contaminated Sample Dipper. Resample Fecal

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
August-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.3		0	
PARM Code 00400 Mon. Site No. EFA-01	A Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		76			0	
PARM Code 74055 Mon. Site No. EFA-01	Y Permit Requirement		200 (Ar. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		42.4	1,800		0	
PARM Code. 74055 Mon. Site No. EFA-01	A Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5			0	
PARM Code. 50060 Mon. Site No. EFA-01	A Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.06			0	
PARM Code 00620 Mon. Site No. EFA-01	A Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.01071152				0	
PARM Code 50050 Mon. Site No. FLW-01	P Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		71%			0	
PARM Code 001800 Mon. Site No. OTH-01	P Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0	
PARM Code 80082 Mon. Site No. INF-01	G Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement					0	
PARM Code 00530 Mon. Site No. INF-01	G Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement					0	
PARM Code 49019 Mon. Site No. OTH-01	P Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011045

 Facility Name: Rosalie Oaks WWTP

 MONITORING PERIOD 08/01/2007

 To: 08/31/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.016					7.1		2.2	
2	0.022					7.0		2.2	
3	0.023					7.1		2.2	
4	0.019								
5	0.019								
6	0.019					7.1		2.2	
7	0.014					7.1		2.2	
8	0.013					7.1		2.2	
9	0.011					7.0		2.2	
10	0.011					7.0		2.2	
11	0.012								
12	0.012								
13	0.012					7.0		2.2	
14	0.011	6.6		1.0		7.0	1,800	2.2	0.06
15	0.007					7.1		2.2	
16	0.011					7.1		2.2	
17	0.010					7.0		2.2	
18	0.010								
19	0.010								
20	0.010					7.2		2.0	
21	0.006					7.3	1	1.5	
22	0.005					7.2		1.9	
23	0.010					7.1		2.0	
24	0.009					7.2		2.2	
25	0.015								
26	0.015								
27	0.015					7.1		2.2	
28	0.014					7.1		2.2	
29	0.021					7.0		2.1	
30	0.015					7.0		2.2	
31	0.017					7.3		2.2	

 Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn

 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

 Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

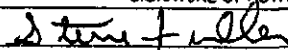
REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 09/01/2007 To: 09/28/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010				0		
PARM Code 50050 Mon. Site No. FLW-01	Y Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.010				0		
PARM Code 50050 Mon. Site No. FLW-01	I Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6		0		
PARM Code 80082 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7		0		
PARM Code 00530 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.9	1.9	0		
PARM Code 00530 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III		813-267-2074	17/07/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
September-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.5			
PARM Code 00400 Mon. Site No. EFA-01	A	Permit Requirement	6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1				
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Requirement	200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1			
PARM Code. 74055 Mon. Site No. EFA-01	A	Permit Requirement	Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.8				
PARM Code. 50080 Mon. Site No. EFA-01	A	Permit Requirement	0.6 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		6.6				
PARM Code 00620 Mon. Site No. EFA-01	A	Permit Requirement	12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.012448133					
PARM Code 50050 Mon. Site No. FLW-01	P	Permit Requirement	0.015 (3-Mo. Avg.)	MGD		Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		83%				
PARM Code 001800 Mon. Site No. OTH-01	P	Permit Requirement	Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 Mon. Site No. INF-01	G	Permit Requirement	Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 Mon. Site No. INF-01	G	Permit Requirement	Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement						
PARM Code 49018 Mon. Site No. OTH-01	P	Permit Requirement	Report (Mo. Total)		Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 09/01/2007 To: 09/28/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.013								
2	0.013								
3	0.013					7.4		0.8	
4	0.015					7.4		1.0	
5	0.014					7.5		1.1	
6	0.016					7.4		1.1	
7	0.013					7.4		2.2	
8	0.011								
9	0.011								
10	0.011					7.4		1.3	
11	0.009	2.0		1.9		7.5	1	2.0	6.6
12	0.009					7.4		2.0	
13	0.009					7.5		2.0	
14	0.009					7.5		2.1	
15	0.010								
16	0.010								
17	0.010					7.0		2.2	
18	0.009					7.1		2.0	
19	0.009					7.0		2.0	
20	0.009					7.0		2.0	
21	0.008					7.1		2.2	
22	0.012								
23	0.012								
24	0.012					7.0		2.1	
25	0.014					7.3		2.2	
26	0.009					7.1		2.2	
27	0.009					7.1		2.2	
28	0.011					7.0		2.2	
29									
30									
31									

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn

Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 10/01/2007 To: 10/31/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010				0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.017				0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
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	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.6		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.0	1.0	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	19/07/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
MONTH/YEAR: October-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.5		0	
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		8.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Grab
Coliform, Fecal	Sample Measurement		1			0	
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#100mL		Monthly Calculated
Coliform, Fecal	Sample Measurement		1.0	1		0	
PARM Code. 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#100mL		Monthly Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.4			0	
PARM Code. 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L		5 Days/Week Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		3.1+3.0			0	
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L		Monthly Grab
Flow	Sample Measurement	0.0134874				0	
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD				Monthly Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		90%			0	
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent		Monthly Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0	
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l		Annual Each January Grab
Solids, Total Suspended	Sample Measurement					0	
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l		Annual Each January Grab
Sludge Production, Total	Sample Measurement					0	
PARM Code 48019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons		Monthly Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045

Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 10/01/2007

To: 10/31/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.029					7.1		2.0	
2	0.009					7.3		2.0	
3	0.023					7.2		2.1	
4	0.030					7.1		2.0	
5	0.023					7.1		2.5	
6	0.031								
7	0.031								
8	0.031					7.2		2.2	
9	0.018					7.1		2.2	
10	0.020	2.0		1.0		7.1	1	2.2	3.1
11	0.017					7.3		1.6	
12	0.020					7.2		1.8	
13	0.015								
14	0.015								
15	0.015					7.2		1.8	
16	0.018					7.3		2.2	3.0
17	0.009					7.2		2.2	
18	0.009					7.2		2.2	
19	0.009					7.3		2.2	
20	0.017								
21	0.017								
22	0.017					7.2		2.2	
23	0.009					7.3		2.1	
24	0.015					7.1		2.2	
25	0.013					7.1		2.0	
26	0.014					7.2		1.4	
27	0.013								
28	0.013								
29	0.013					7.3		2.0	
30	0.010					7.1		2.1	
31	0.009					7.2		2.2	

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn

Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

PATRICK

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 11/01/2007 To: 11/30/2007

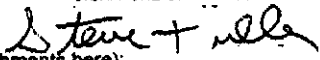
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.012			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.5	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.0	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO.

813-267-2074

dd/yyyy/mm

21/07/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
November-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.3		0	
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1			0	
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (Ar. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1		0	
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geoc. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5			0	
PARM Code 50080 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		4.5			0	
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.013033573				0	
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		87%			0	
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0	
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement					0	
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement					0	
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 11/01/2007 To: 11/30/2007

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.009					7.1		2.1	
2	0.037					7.1		2.1	
3	0.015								
4	0.015								
5	0.015					7.1		1.6	
6	0.014	2.0		1.0		7.1	1	1.6	4.5
7	0.014					7.1		1.5	
8	0.011					7.1		1.6	
9	0.013					7.2		1.9	
10	0.011								
11	0.011								
12	0.011					7.2		2.0	
13	0.011					7.1		2.2	
14	0.011					7.2		2.2	
15	0.011					7.1		2.2	
16	0.009					7.1		2.2	
17	0.010								
18	0.010								
19	0.010					7.2		2.2	
20	0.009					7.1		2.1	
21	0.010					7.1		2.2	
22	0.010					7.2		2.0	
23	0.009					7.2		2.2	
24	0.012								
25	0.012								
26	0.012					7.1		2.0	
27	0.009					7.1		2.2	
28	0.009					7.1		2.2	
29	0.009					7.3		2.2	
30	0.009					7.2		2.2	
31									

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

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

PATRICK

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, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, Including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 12/01/2007 To: 12/31/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011				0		
PARM Code 50050 Mon. Site No. FLW-01	Y Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.009				0		
PARM Code 50050 Mon. Site No. FLW-01	I Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		0		
PARM Code 80082 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.4		0		
PARM Code 00530 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.0	1.0	0		
PARM Code 00530 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	22/08/01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
December-2007

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.5		0	
PARM Code 00400 Mon. Site No. EFA-01	A	Permit Requirement	6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Grab
Coliform, Fecal	Sample Measurement		1			0	
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Requirement	200 (An. Avg.)		#/100mL		Monthly Calculated
Coliform, Fecal	Sample Measurement		1.0	1		0	
PARM Code 74055 Mon. Site No. EFA-01	A	Permit Requirement	Report (Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.5			0	
PARM Code 50060 Mon. Site No. EFA-01	A	Permit Requirement	0.5 (Min.)		mg/L		5 Days/Week Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.46			0	
PARM Code 00620 Mon. Site No. EFA-01	A	Permit Requirement	12.0 (Max.)		mg/L		Monthly Grab
Flow	Sample Measurement	0.0125044				0	
PARM Code 50050 Mon. Site No. FLW-01	P	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		83%			0	
PARM Code 001800 Mon. Site No. OTH-01	P	Permit Requirement	Report (Mo. Total)		Percent		Monthly Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0	
PARM Code 80082 Mon. Site No. INF-01	G	Permit Requirement	Report		mg/l		Annual Each January Grab
Solids, Total Suspended	Sample Measurement					0	
PARM Code 00530 Mon. Site No. INF-01	G	Permit Requirement	Report		mg/l		Annual Each January Grab
Sludge Production, Total	Sample Measurement					0	
PARM Code 49019 Mon. Site No. OTH-01	P	Permit Requirement	Report (Mo. Total)		Gallons		Monthly Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	COD5 (mg/L)	COD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.011								
2	0.011								
3	0.011					7.1		2.2	
4	0.009	2.0		1.0		7.3	1	2.2	0.46
5	0.009					7.2		2.2	
6	0.009					7.2		2.2	
7	0.010					7.1		2.2	
8	0.010								
9	0.010								
10	0.010					7.2		2.2	
11	0.006					7.1		2.2	
12	0.009					7.1		2.2	
13	0.007					7.4		2.3	
14	0.009					7.2		2.2	
15	0.007								
16	0.007								
17	0.007					7.3		2.2	
18	0.007					7.2		2.2	
19	0.007					7.2		2.2	
20	0.007					7.3		2.2	
21	0.007					7.3		2.2	
22	0.009								
23	0.009								
24	0.009					7.5		0.5	
25	0.006					7.4		0.8	
26	0.009					7.3		0.9	
27	0.005					7.4		2.4	
28	0.009					7.4		2.2	
29	0.010								
30	0.010								
31	0.010					7.3		0.6	

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge

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

Conance

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, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From 01/01/2006 To: 01/31/2006

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.021			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.020			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.9	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			4.1	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE	YY/MM/DD
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/02/03

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
 MONTH/YEAR: January-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.8		0		
PARM Code 00400 A Mon. Site No. EPA-01	Permit Requirement			8.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			136			0		
PARM Code 74056 Y Mon. Site No. EPA-01	Permit Requirement			200 (Ar. Avg.)		#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement			1.0	1.0		0		
PARM Code 74055 A Mon. Site No. EPA-01	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7			0		
PARM Code 50080 A Mon. Site No. EPA-01	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.2			0		
PARM Code 00525 A Mon. Site No. EPA-01	Permit Requirement			12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0.019					0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			128%			0		
PARM Code 00180 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			300.0			0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			92.0			0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement						0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 01/01/2006 To: 01/31/2006

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.032								
2	0.032					7.4		3.0	
3	0.015	2.8	300	4.1	92	7.4	1	3.0	0.2
4	0.025					7.3		3.5	
5	0.024					7.6		2.2	
6	0.015					7.4		1.2	
7	0.021								
8	0.021								
9	0.021					7.6		1.6	
10	0.016					7.7		1.4	
11	0.022					7.3		0.7	
12	0.015					7.6		1.6	
13	0.025					7.3		1.0	
14	0.019								
15	0.019								
16	0.019					7.7		1.5	
17	0.015					7.6		2.0	
18	0.021					7.3		1.6	
19	0.017					7.6		1.5	
20	0.016					7.4		2.0	
21	0.020								
22	0.020								
23	0.020					7.7		1.3	
24	0.015					7.5		1.1	
25	0.020					7.3		1.4	
26	0.016					7.8		1.5	
27	0.021					7.4		1.9	
28	0.016								
29	0.016								
30	0.016					7.3		2.8	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 8937 Name: Steve Fuller
 Evening Shift Operator Class: C Certification No.: 13244 Name: Eddie Christmas
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

LEES BURG

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, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, Including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalia Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From 02/01/2006 To: 02/28/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023				0		
PARM Code 50060 Mon. Site No. FLW-01	Y Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.023				0		
PARM Code 50060 Mon. Site No. FLW-01	I Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9		0		
PARM Code 80082 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6	3.6	0		
PARM Code 80082 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.5		0		
PARM Code 00930 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			10.0	10.0	0		
PARM Code 00930 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/03/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
February-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.8		0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			970			1		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement			141.4	20,000.0		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Grab Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5			0		
PARM Code 50080 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			8.5			0		
PARM Code 00920 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0.020550571					0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.016 (3-Mo. Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			137%			0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement						0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)				Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	60082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INE-D1	EFA-01	INE-D1	EFA-01	EFA-01	EFA-01	EFA-01
1	0.017					7.3		1.9	
2	0.017					7.5		2.3	
3	0.016					7.6		3.8	
4	0.033								
5	0.033								
6	0.033					7.4		3.0	
7	0.018					7.6		3.5	
8	0.026					7.4		3.5	
9	0.024					7.7		3.6	
10	0.023					7.7		3.9	
11	0.025								
12	0.025								
13	0.025					7.5		3.0	
14	0.025	3.6		10.0		7.7	20,000	1.6	8.5
15	0.016					7.8		4.0	
16	0.028					7.7		3.1	
17	0.028					7.5		2.8	
18	0.018					7.6		2.9	
19	0.028								
20	0.009					7.6		4.1	
21	0.025					7.5		2.0	
22	0.018					7.5	1	1.5	
23	0.023					7.8		3.0	
24	0.023					7.6		2.5	
25	0.021								
26	0.021								
27	0.021					7.6		2.8	
28	0.014					7.6		4.0	

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 13244 Name: Eddie Christmas
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, Including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosale Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From 03/01/2006 To: 03/31/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.022				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.016				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9		0		
PARM Code 80082 Mon. Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EPA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.9		0		
PARM Code 00530 Mon. Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			3.2	3.2	0		
PARM Code 00530 Mon. Site No. EPA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/4/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
MONTH/YEAR: March-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.8		0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			136			0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement			1.0	1.0		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			Report (No. Geo. Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3			0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			8.8			0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0.019					0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			132%			0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement			Report (No. Total)		Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement						0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (No. Total)				Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INE-01	EFA-01	INE-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.023					7.6		1.3	
2	0.014					7.6		2.3	
3	0.023					7.6		2.5	
4	0.016								
5	0.016								
6	0.016					7.6		3.1	
7	0.016					7.6		2.8	
8	0.018					7.5		2.5	
9	0.018					7.7		4.5	
10	0.014					7.6		3.0	
11	0.018								
12	0.018								
13	0.018					7.7		2.1	
14	0.018	2.0		3.2		7.6	1	2.2	8.8
15	0.010					7.7		2.4	
16	0.017					7.7		2.8	
17	0.016					7.7		2.9	
18	0.015								
19	0.015								
20	0.015					7.8		2.6	
21	0.017					7.7		2.9	
22	0.017					7.6		3.0	
23	0.016					7.6		2.8	
24	0.014					7.6		2.3	
25	0.015								
26	0.015								
27	0.015					7.6		2.4	
28	0.011					7.7		2.0	
29	0.014					7.7		2.1	
30	0.017					7.6		2.4	
31	0.011					7.7		2.1	

Evening Shift Operator Class: C Certification No.: 12040 Name: Robert Paver
 Night Shift Operator Class: C Certification No.: 13244 Name: Eddie Christmas
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

Condice

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 32389-2400

PERMITTEE NAME: Aqua Utilities Florida, incorporated
MAILING ADDRESS: 1343 Northeast 17th Road
Ocala, FL 34470

PERMIT NUMBER: FLA011045
LIMIT: Final
CLASS SIZE: N/A
MONITOR GROUP NUMBER: R001
MONITOR GROUP DESC: 2 Percolation, including Influent
NO DISCHARGE FROM SITE:

REPORT: Monthly
GROUP: Domestic

CITY: Rosalie Oaks WWTP
LOCATION: Camp Mack Road & Silver Oaks Drive
Lake Wales, FL 33853
COUNTY: Polk

MONITORING PERIOD From 04/01/2006 To 04/30/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.021				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.011				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2	3.2	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.5		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			2.0	2.0	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/05/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
 MONTH/YEAR: April-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analyte	Sample Type
pH	Sample Measurement			7.7	7.9		0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			147			0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100ml		Monthly	Calculated
Coliform, Fecal	Sample Measurement			1.0	1.0		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)	600 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.8			0		
PARM Code 60060 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			5.0			0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0.016583786					0		
PARM Code 60050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			111%			0		
PARM Code 001600 Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						0		
PARM Code 60092 Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement						0		
PARM Code 18019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)				Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA011045** Facility Name: **Rosalie Oaks WWTP**

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	B0082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	JNF-01	EFA-01	JNF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.013								
2	0.013								
3	0.013					7.7		5.0	
4	0.011					7.9		4.8	
5	0.010					7.9		5.0	
6	0.011					7.7		3.0	
7	0.015					7.8		2.8	
8	0.012								
9	0.012								
10	0.012					7.8		5.0	
11	0.014	3.2		2.0		7.9	1	4.5	5.0
12	0.009					7.8		4.3	
13	0.011					7.8		4.0	
14	0.007					7.8		4.1	
15	0.010								
16	0.010								
17	0.010					7.7		3.9	
18	0.013					7.7		3.0	
19	0.008					7.7		3.1	
20	0.010					7.7		4.5	
21	0.009					7.7		4.1	
22	0.010								
23	0.010								
24	0.010					7.7		3.5	
25	0.009					7.7		3.8	
26	0.009					7.7		3.3	
27	0.009					7.8		5.0	
28	0.007					7.8		4.0	
29									
30									

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 8937 Name: Steve Fuller
 Evening Shift Operator Class: C Certification No.: 13244 Name: Eddie Christmas
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

Condice

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, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From 05/01/2006 To: 05/31/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.009				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.3		0		
PARM Code 90530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.1	1.1	0		
PARM Code 90530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	Date YY/MM/DD
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/06/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
 MONTH/YEAR: May-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.7	7.9		0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			147			0		
PARM Code 74065 Y Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100mL		Monthly	Calculated
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		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3			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			10.0 0.00			0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0.011841781					0		
PARM Code 80050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			79%			0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						0		
PARM Code 80830 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement						0		
PARM Code 90010 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)				Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLAD11045

Facility Name: Rosalie Oaks WWTP

 MONITORING PERIOD 05/01/2006

 To: 05/31/2006

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.028							2.5	
2	0.009					7.7		3.9	
3	0.007					7.7		4.5	
4	0.009					7.8		4.3	
5	0.007								
6	0.008								
7	0.008								
8	0.008					7.8		4.1	
9	0.008	2.0		1.1		7.9	1	4.0	10.0 0.002
10	0.007					7.8		4.5	
11	0.009					7.8		3.8	
12	0.006					7.8		3.7	
13	0.007								
14	0.007								
15	0.007					7.8		4.1	
16	0.005					7.8		3.4	
17	0.011					7.8		3.8	
18	0.009					7.8		3.4	
19	0.008					7.8		2.7	
20	0.008								
21	0.008								
22	0.008					7.7		1.3	
23	0.009					7.7		4.8	
24	0.005					7.7		4.0	
25	0.007					7.7		4.1	
26	0.008					7.7		3.8	
27	0.010								
28	0.010								
29	0.010					7.7		3.5	
30	0.009					7.7		3.0	

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

 Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

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

CANDICE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From 06/01/2006 To: 06/30/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.010				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3		0		
PARM Code 90082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 90082 Mon. Site No. EFA-01	Permit Requirement			20.0 (Mo. Avg.)	80.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.0		0		
PARM Code 00630 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		mg/L	Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.8	1.8	0		
PARM Code 00630 Mon. Site No. EFA-01	Permit Requirement			20.0 (Mo. Avg.)	80.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
MONTH/YEAR: June-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.7	7.8		0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			147			0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement			1.0	1.0		0		
PARM Code: 74056 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			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			17.0			0		
PARM Code: 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0.0101392					0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			68%			0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement						0		
PARM Code 49018 B Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 06/01/2006 To: 06/30/2006

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.009					7.7		3.0	
2	0.007					7.7		3.5	
3	0.007								
4	0.007								
5	0.007					7.8		3.4	
6	0.007	2.0		1.8		7.8	1	4.0	17.0
7	0.007					7.8		3.7	
8	0.005					7.7		5.0	
9	0.007					7.8		5.0	
10	0.007								
11	0.007								
12	0.007					7.8		3.0	
13	0.007					7.7		1.5	
14	0.009					7.7		4.2	
15	0.009					7.7		4.0	
16	0.007					7.7		3.9	
17	0.018								
18	0.018								
19	0.018					7.8		3.7	
20	0.011					7.8		3.5	
21	0.018					7.8		3.7	
22	0.009					7.7		3.1	
23	0.014					7.7		1.0	5.15
24	0.011								
25	0.011								
26	0.011					7.7		2.3	
27	0.014					7.7		2.0	
28	0.014					7.7		2.1	
29	0.016					7.7		2.5	
30	0.011					7.7		3.0	

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: _____	Name: <u>Robert Paver</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

Candice

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, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, Including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

CITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From 07/01/2006 To 07/31/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017				0		
PARM Code 60050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.017				0		
PARM Code 60060 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8		0		
PARM Code 60082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 60082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.7		0		
PARM Code 00630 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.7	1.7	0		
PARM Code 00630 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/08/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
July-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.8		0		
PARM Code 00400 Mon. Site No. EFA-01	A Permit Requirement				8.0 (Min.)	8.5 (Max.)	(S.U.)		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				125			0		
PARM Code 74055 Mon. Site No. EFA-01	Y Permit Requirement				200 (Ar. Avg.)		#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement				1.0	1.0		0		
PARM Code 74055 Mon. Site No. EFA-01	A Permit Requirement				Report (Mo. Geop. Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			0		
PARM Code 60080 Mon. Site No. EFA-01	A Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				11.0			0		
PARM Code 00820 Mon. Site No. EFA-01	A Permit Requirement				12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0.012041101						0		
PARM Code 50050 Mon. Site No. FLW-01	P Permit Requirement			MGD	0.015 (3-Mo. Avg.)				Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement				80%			0		
PARM Code 001800 Mon. Site No. OTH-01	P Permit Requirement				Report (Mo. Total)		Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							0		
PARM Code 80082 Mon. Site No. INF-01	G Permit Requirement				Report		mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement							0		
PARM Code 00530 Mon. Site No. INF-01	G Permit Requirement				Report		mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement							0		
PARM Code 49019 Mon. Site No. OTH-01	P Permit Requirement				Report (Mo. Total)		Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 07/01/2006 To: 07/31/2006

	Flow (MGD)	CBOD5 (mg/L)	CAOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.013								
2	0.013								
3	0.013					7.7		3.4	
4	0.014					7.7		3.0	
5	0.009	2.0		1.7		7.7	1	3.1	11.0
6	0.011					7.7		4.0	
7	0.018					7.7		3.6	
8	0.020								
9	0.020								
10	0.020					7.7		3.5	
11	0.021					7.8		2.0	
12	0.013					7.8		2.5	
13	0.021					7.8		2.1	
14	0.020					7.3		1.2	
15	0.016								
16	0.016								
17	0.016					7.2		2.2	
18	0.025					7.7		2.5	
19	0.028					7.7		2.7	
20	0.023					7.7		2.9	
21	0.017					7.8		3.0	
22	0.018								
23	0.018								
24	0.018					7.7		3.1	
25	0.023					7.7		2.5	
26	0.014					7.7		2.8	
27	0.018					7.7		2.6	
28	0.014					7.7		2.7	
29	0.014								
30	0.014								

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 8937 Name: Steve Fuller
 Evening Shift Operator Class: C Certification No.: 8948 Name: Robert Paver
 Night Shift Operator Class: C Certification No.: 13244 Name: Eddie Christmas
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, Fl 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Raod & Silver Oaks Drive
 Lake Wales, Fl 33853
 COUNTY: Polk

MONITORING PERIOD From 08/01/2006 To: 08/31/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.016				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (Ar. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.014				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (Ar. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	2.4	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.3		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (Ar. Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.3	1.3	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	08/09/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
August-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	8.0			0		
PARM Code 00400 Mon. Site No. EPA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			125				0		
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement			200 (Ar. Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement			1.0	1.0			0		
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement			Report (Mo. Gea. Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0				0		
PARM Code 50060 Mon. Site No. EPA-01	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			7.8				0		
PARM Code 00620 Mon. Site No. EPA-01	Permit Requirement			12.0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0.013558019						0		
PARM Code 50060 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			90%				0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)			Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							0		
PARM Code 80062 Mon. Site No. INF-01	Permit Requirement			Report			mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement							0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement			Report			mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement							0		
PARM Code 19019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 08/01/2006 To: 08/31/2006

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.014	2.4		1.3		8.0	1	4.0	7.8
2	0.011					7.9		33.8	
3	0.016					7.5		2.0	
4	0.009					7.7		3.2	
5	0.010								
6	0.010								
7	0.010					7.8		2.1	
8	0.015					7.7		2.5	
9	0.008					7.7		2.2	
10	0.011					8.0		4.5	
11	0.010					7.9		3.2	
12	0.010								
13	0.010								
14	0.010					7.9		3.1	
15	0.008					7.7		4.0	
16	0.009					7.8		3.7	
17	0.011					7.8		3.1	
18	0.010					7.8		3.3	
19	0.010								
20	0.010								
21	0.010					7.8		2.9	
22	0.021					7.9		4.0	
23	0.021					7.9		3.7	
24	0.016					7.8		3.5	
25	0.016					7.8		3.1	
26	0.018								
27	0.018								
28	0.018					7.8		3.0	
29	0.020					7.8		3.5	
30	0.014					7.9		3.2	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 8937 Name: Steve Fuller
 Evening Shift Operator Class: C Certification No.: 8946 Name: Robert Paver
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

Cardice

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, Fl 34470

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

CILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, Fl 33853
 COUNTY: Polk

MONITORING PERIOD From: 09/01/2006 To: 09/30/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.016				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.020				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	2.2	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			2.3	2.3	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	Telephone #	Date yy/mm/dd
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/10/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
September-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.6	7.8		0	
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		52.8			0	
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0		0	
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0			0	
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		4.0			0	
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.017068973				0	
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		114%			0	
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0	
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement					0	
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement					0	
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 09/01/2006 To: 09/30/2006

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.023					7.8		2.7	
2	0.033								
3	0.033								
4	0.033					7.7		2.5	
5	0.044					7.7		2.0	
6	0.025					7.8		2.1	
7	0.025					7.7		2.5	
8	0.029					7.7		2.3	
9	0.023								
10	0.023								
11	0.023					7.7		2.4	
12	0.023					7.6		3.1	
13	0.018	2.2		2.3		7.7	1	2.3	4.0
14	0.021					7.7		2.0	
15	0.018					7.8		2.1	
16	0.018								
17	0.018								
18	0.018					7.7		2.2	
19	0.018					7.7		2.8	
20	0.018					7.7		2.6	
21	0.016					7.6		3.0	
22	0.017					7.7		3.1	
23	0.013								
24	0.013								
25	0.013					7.8		2.7	
26	0.014					7.7		3.0	
27	0.014					7.7		3.1	
28	0.010					7.8		3.2	
29	0.011					7.8		3.3	
30									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

CANDICE

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, incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: **FLA011045**
 LIMIT: Final
 CLASS SIZE: N/A
 MONITOR GROUP NUMBER: R001
 MONITOR GROUP DESC: 2 Percolation, Including Influent
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic

CITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Raod & Silver Oaks Drive
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING PERIOD From: 10/01/2006 To: 10/31/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.016				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.009				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	80.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.9		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			2.2	2.2	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	80.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	Date (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/11/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
MONTH/YEAR: October-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.8	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		52		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code. 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.8		0		
PARM Code. 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.0		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.01428553			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		95%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA011045**

 Facility Name: **Rosalie Oaks WWTP**

 MONITORING PERIOD **10/01/2006**

 To: **10/31/2006**

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.016								
2	0.016					7.8		3.1	
3	0.011					7.8		2.0	
4	0.011					7.8		2.1	
5	0.009					7.8		2.3	
6	0.009					7.8		2.0	
7	0.009								
8	0.009								
9	0.009					7.8		2.1	
10	0.009	2.0		2.2		7.8	1	2.2	1.0
11	0.009					7.8		1.8	
12	0.011					7.8		2.8	
13	0.007					7.8		2.5	
14	0.009								
15	0.009								
16	0.009					7.8		2.7	
17	0.007					7.8		3.1	
18	0.009					7.8		2.2	
19	0.007					7.8		2.0	
20	0.007					7.8		2.1	
21	0.008								
22	0.008								
23	0.008					7.7		2.2	
24	0.006					7.8		2.2	
25	0.006					7.4		2.2	
26	0.007					7.2		2.2	
27	0.007					7.3		2.2	
28	0.008								
29	0.008								
30	0.008					7.2		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Evening Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

 Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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

Candice

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470

PERMIT NUMBER: **FLA011045**
 LIMIT: **Final**
 CLASS SIZE: **N/A**
 MONITOR GROUP NUMBER: **R001**
 MONITOR GROUP DESC: **2 Percolation, Including Influent**
 NO DISCHARGE FROM SITE:

REPORT: **Monthly**
 GROUP: **Domestic**

CILITY: **Rosalie Oaks WWTP**
 LOCATION: **Camp Mack Road & Silver Oaks Drive**
Lake Wales, FL 33853
 COUNTY: **Polk**

MONITORING PERIOD From: 11/01/2006 To: 11/30/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.015				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.007				0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.7		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.3	1.3	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	06/12/12

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

Please see Nitrate average 2 samples

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP
 MONTH/YEAR: November-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH PARM Code 00400 Mon. Site No. EFA-01	Sample Measurement		7.0	7.5	0		
	Permit Requirement		8.0 (Min.)	8.5 (Max.)		S.U.	5 Days/Week Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-01	Sample Measurement		13		0		
	Permit Requirement		200 (An. Avg.)			#/100mL	Monthly Calculated
Coliform, Fecal PARM Code, 74055 Mon. Site No. EFA-01	Sample Measurement		1.0	1.0	0		
	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)		#/100mL	Monthly Grab
Total Residual Chlorine (For Disinfection) PARM Code, 50060 Mon. Site No. EFA-01	Sample Measurement		2.2		0		
	Permit Requirement		0.6 (Min.)			mg/L	5 Days/Week Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-01	Sample Measurement		8.1 avg.	13+ 4.1=17.1	0		
	Permit Requirement		12.0 (Max.)			mg/L	Monthly Grab
Flow PARM Code 50050 Mon. Site No. FLW-01	Sample Measurement	0.01191308			0		
	Permit Requirement	0.015 (3-Mo. Avg.)	MGD				Monthly Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100 PARM Code 001800 Mon. Site No. OTH-01	Sample Measurement		79%		0		
	Permit Requirement		Report (Mo. Total)			Percent	Monthly Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-01	Sample Measurement				0		
	Permit Requirement		Report			mg/l	Annual Each January Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-01	Sample Measurement				0		
	Permit Requirement		Report			mg/l	Annual Each January Grab
Sludge Production, Total PARM Code 49019 Mon. Site No. OTH-01	Sample Measurement	5,000			0		
	Permit Requirement	Report (Mo. Total)				Gallons	Monthly Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 11/01/2006 To: 11/30/2006

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.007					7.3		2.2	
2	0.006					7.2		2.2	
3	0.007					7.2		2.2	
4	0.008								
5	0.008								
6	0.008					7.2		2.2	
7	0.007	2.0		1.3		7.2	1	2.2	13.0
8	0.006					7.3		2.2	
9	0.007					7.0		2.2	
10	0.009					7.2		2.2	
11	0.007								
12	0.007								
13	0.007					7.3		2.2	
14	0.007					7.2		2.2	
15	0.005					7.2		2.2	4.1
16	0.005					7.4		2.2	
17	0.009					7.4		2.2	
18	0.007								
19	0.007								
20	0.007					7.5		2.2	
21	0.007					7.4		2.2	
22	0.007					7.4		2.2	
23	0.006					7.3		2.2	
24	0.009					7.3		2.2	
25	0.006								
26	0.006								
27	0.006					7.3		2.2	
28	0.007					7.4		2.2	
29	0.007					7.4		2.2	
30	0.003					7.4		2.2	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 8937 Name: Steve Fuller
 Evening Shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: _____ Certification No.: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

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

~~Steve~~ PATRICK

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 32309-2400

PERMITTEE NAME: Aqua Utilities Florida, incorporated
MAILING ADDRESS: 1343 Northeast 17th Road
Ocala, FL 34470

PERMIT NUMBER: FLA011045
LIMIT: Final
CLASS SIZE: N/A
MONITOR GROUP NUMBER: R001
MONITOR GROUP DESC: 2 Percolation, including Influent
NO DISCHARGE FROM SITE:

REPORT: Monthly
GROUP: Domestic

FACILITY LOCATION: Rosalie Oaks WWTP
Camp Mack Road & Silver Oaks Drive
Lake Wales, FL 33853
COUNTY: Polk

MONITORING PERIOD From: 12/01/2006 To: 12/31/2006

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.014				0		
PARM Code 50050 Mon. Site No. FLW-01	Y Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.007				0		
PARM Code 50050 Mon. Site No. FLW-01	I Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		0		
PARM Code 80082 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	80.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.3		0		
PARM Code 00530 Mon. Site No. EFA-01	Y Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			1.2	1.2	0		
PARM Code 00530 Mon. Site No. EFA-01	A Permit Requirement			30.0 (Mo. Avg.)	80.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	dd/yy/mm
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	22/07/01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:
MONTH/YEAR

Rosalie Oaks WWTP
December-2006

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.9	7.4	0		
PARM Code 00400 Mon. Site No. EFA-01	A	Permit Requirement	6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		13		0		
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Requirement	200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code. 74055 Mon. Site No. EFA-01	A	Permit Requirement	Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		0		
PARM Code. 50060 Mon. Site No. EFA-01	A	Permit Requirement	0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		5.8		0		
PARM Code 00620 Mon. Site No. EFA-01	A	Permit Requirement	12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement		0.007558869		0		
PARM Code 50050 Mon. Site No. FLW-01	P	Permit Requirement	0.015 (3-Mo. Avg.)	MGD		Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		50%		0		
PARM Code 001800 Mon. Site No. OTH-01	P	Permit Requirement	Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	G	Permit Requirement	Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	G	Permit Requirement	Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	P	Permit Requirement	Report (Mo. Total)		Gallons	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 12/01/2006 To: 12/31/2006

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.005					7.4		2.2	
2	0.007								
3	0.007								
4	0.007					7.4		2.2	
5	0.007	2.0		1.2		7.4	1	2.2	5.8
6	0.006					7.0		1.0	
7	0.006					7.2		2.2	
8	0.007					7.3		2.2	
9	0.006								
10	0.006								
11	0.006					7.1		2.2	
12	0.005					7.1		2.2	
13	0.007					7.0		2.2	
14	0.005					7.1		2.2	
15	0.009					6.9		2.2	
16	0.007								
17	0.007								
18	0.007					6.9		1.9	
19	0.007					7.1		2.2	
20	0.007					7.1		2.2	
21	0.007					7.1		2.2	
22	0.005					7.0		2.2	
23	0.007								
24	0.007								
25	0.007					7.3		2.0	
26	0.013					7.2		2.2	
27	0.009					7.1		2.2	
28	0.013					7.1		2.2	
29	0.011					7.0		2.2	
30									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

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

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



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Incorporated

RESPONSIBLE AUTHORITY:

Glenn Labrecque
President
1343 Northeast 17th Road
Ocala, FL 34470

(352) 369-4881

FACILITY:

Rosalie Oaks WWTP
Camp Mack Road & Silver Oaks Drive
Lake Wales, FL 33853
Polk County
Latitude: 27° 56' 06" N Longitude: 81° 25' 58" W

PERMIT NUMBER: FLA011045
PA FILE NUMBER: FLA011045-004-DW3P
ISSUANCE DATE: March 9, 2005
EXPIRATION DATE: March 8, 2010

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

TREATMENT FACILITIES:

An existing 0.015 mgd three month average daily flow (3MADF) Type III extended aeration domestic wastewater treatment facility consisting of: three aeration basins having a total volume 15,000 gallons, two clarifiers of 12,400 gallons with 128 square feet of total surface area, one chlorine contact chamber of 4,600 gallons, and seven digesters of 35,000 gallons. This facility is operated to provide secondary treatment with sodium hypochlorite used for basic disinfection.

"More Protection, Less Process"

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

REUSE:

Land Application: An existing 0.015 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapid infiltration basin (RIB) system (R-001). R-001 consists of two RIBs of 33,000 square feet of bottom surface area. R-001 is located approximately at latitude 27° 56' 06" N, longitude 81° 25' 58" W.

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

FA IITY: Rosalie Oaks WWTP
 PERMITTEE: Aqua Utilities Florida, Inc.

P IIT NUMBER: FLA011045

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.015	Report	-	-	5 Days/Week	Meter	FLW-01	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	-	-	-	10.0	Monthly	Grab	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100M L	Maximum	See Permit Condition I.A.4				Monthly	Grab	EFA-01	
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	Monthly	Grab	EFA-01	

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

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	Description of Monitoring Location
EFA-01	Effluent sampling point after treatment and prior to discharge to the rapid infiltration basin.
FLW-01	Flow measured at the master lift station.

3. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
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 one sample shall not exceed 800 fecal coliform values per 100 mL of sample. [62-610.510 and 62-600.440(4)(c)]
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]

PA ITY: Rosalie Oaks WWTP
 PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

B. Other Limitations and Monitoring and Reporting Requirements

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

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Flow, Total Plant	MGD	Maximum	.015 3MADF	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculated	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually	Grab	INF-01	See Cond.I.B.4
Residuals	Gallons	Total	-	Report Mo. Total	-	-	Monthly	Calculation	OTH-01	See Cond.II.2.

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

Monitoring Location	Description of Monitoring Location
FLW-01	Flow measured at the master lift station.
INF-01	Influent sampling point prior to treatment and ahead of the return activated sludge line.
OTH-01	Volume of residuals transported off site.

3. The three-month average daily flow to the treatment plant shall not exceed 0.015 MGD.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. *[62-601.500(4)]*
5. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. *[62-601.200(17)]*
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. *[62-601.500(5)]*
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

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

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

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

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

9. 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
3804 Coconut Palm Drive
Tampa, Florida 33619-1352

Phone Number - 813-744-6100

FAX Number - 813-744-8198

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 an RMF for further treatment or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Chapter 62-640.880(1)(c) along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall report the volume of residuals transported. [62-640.650(3)]
3. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
4. 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)]
5. 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]
6. 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)]
7. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8 and 62-701.300(1)(a)]
8. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

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

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

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basin(s) (R-001)

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
3. The annual average hydraulic loading rate to the rapid infiltration basin(s) shall be limited to a maximum of 0.72 inches per day (as applied to the entire bottom area). [62-610.523(3)]
4. Rapid infiltration basins normally shall be loaded for 1-7 days and shall be rested for 5-14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

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

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

A Class D or higher operator for 3 nonconsecutive visits/week for a total of 1 ½ hours a week. The lead operator must be a Class D operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that flow, pH and total residual chlorine (for disinfection) are monitored in accordance with Part I of this permit. *[62-699.311(1)]*
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries;

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater, or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

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

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
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)]*

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.[62-620.610(17)]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.[62-620.610(18)]
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
 - c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

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

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.

FACILITY: Rosalie Oaks WWTP
PERMITTEE: Aqua Utilities Florida, Inc.

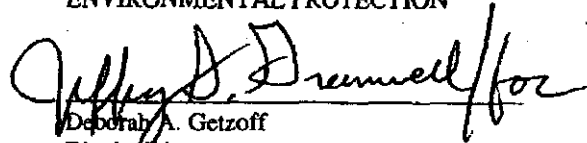
PERMIT NUMBER: FLA011045

- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

{62-620.610(23)}

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Deborah A. Getzoff
District Director
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Incorporated
 MAILING ADDRESS: 1343 Northeast 17th Road
 Ocala, FL 34470
 FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

REPORT: Monthly
 GROUP: Domestic

COUNTY: Polk

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement							
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011045

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement									
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement									
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement									
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011045
From: _____

To: _____

Facility: Rosalie Oaks WWTP
R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1								
2								
3								
4								
5								
6								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 23rd of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data. When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

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

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

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

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

SIGNATORY AUTHORITY

I, _____, a person defined by Rule 62-620.305(1),
(Print Name of Principal Executive Officer)

Florida Administrative Code, responsible for the facility known as _____
(Facility Name)

do hereby grant _____, the authority
(Print Name and/or Title of Representative)

to sign the Discharge Monitoring Reports and other operational reports in accordance to
the certification written below:

*"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 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."
[Rule 62-620.305(4), Florida Administrative Code]*

(Signature of Principal Executive Officer)

(Date)

(Signature of Representative)

(Date)



Jeb Bush
Governor

copy

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

In the Matter of an
Application for Permit by:

March 9, 2005

Aqua Utilities Florida, Inc.
Glenn Labrecque, President
1343 Northeast 17th Road
Ocala, FL 34470

PA File No. FLA011045-004-DW3P
Polk County
Rosalie Oaks WWTP
FLA011045

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA011045 to operate a domestic wastewater treatment facility, issued pursuant to Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) in accordance with Sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen (14) days of date of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3) of the Florida Statutes must be filed within fourteen (14) days of publication of the notice or within fourteen (14) days of receipt of the written notice, whichever occurs first.

Under Section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen (14) days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code.

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

"More Protection, Less Process"

Printed on recycled paper.

Aqua Utilities Florida, Inc.
Rosalie Oaks WWTP
PA File No. FLA011045-004-DW3P

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit Identification Number and the county in which the subject matter or activity is located;

(b) A statement of how and when each petitioner received notice of the Department action;

(c) A statement of how each petitioner's substantial interests are affected by the Department action;

(d) A statement of the material facts disputed by petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Department action;

(f) A statement of which rules or statutes the petitioner contends require reversal or modification of the Department action; and

(g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301.

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

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

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

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

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Deborah A. Getzoff
District Director
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 26, 2007

Mr. Glenn Labrecque, President
Aqua Utilities Florida, Inc.
1343 Northeast 17th Road
Ocala, FL 34470

Re: Compliance Evaluation Inspection
Rosalie Oaks WWTF
Facility ID No. FLA011045
Polk County

Dear Mr. Labrecque:

The above-referenced wastewater treatment facility was inspected on August 30, 2007. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

PERMIT

Domestic Wastewater Permit Number FLA011045 was issued on March 9, 2005 and will expire on March 8, 2010.

COMPLIANCE SCHEDULES

No items were required in Section VI, Schedules, of the permit.

LABORATORY

PELA, FDOH Certification E84098 is certified to perform permit requisite analysis. The laboratory was not evaluated.

SAMPLING

Sampling methods were not evaluated during the inspection.

RECORDS AND REPORTS

1. A copy of the current permit, operators' licenses, and Discharge Monitoring Reports (DMRs) were available for inspection at the facility.
2. *A review of monthly DMRs submitted for the period of January 2006 to May 2007 revealed the following errors and omissions:
 - a. *A monthly average effluent Nitrate value was entered on Part A of the November 2006 DMR. The value entered on part A must be the maximum Nitrate analysis for the month. Please submit a revised DMR for November 2006.

Mr. Glenn Labrecque
Rosalie Oaks WWTF
Facility ID No. FLA011045 - Polk County
Page 2 of 3

- b. *The annual average fecal coliform was incorrectly reported, on the February 2006 DMR, the value 970 was entered. The value should be the arithmetic average of the past twelve months of monthly geometric data. Please submit a revised DMR for February 2006.
 - c. *Please enter the number of exceedances in the "no.ex" column on the DMR when the parameter limit is exceeded.
3. *No records were available on site for the Reduced Pressure Zone (RPZ) backflow preventer device. The RPZ unit must be checked annually. Please submit the most current certification to the Department.

FACILITY SITE REVIEW

1. Jerry "Jay" Hahn, operator from Aqua Utilities, was on site replacing the diaphragm pump for bleach chlorination.
2. *The lift station high level alarm's horn is not loud enough, and the light resets when the float returns to the normal position.

FLOW MEASUREMENT

1. *An elapsed time meter is utilized to measure flow. The most recent flow calibration was performed by Florida Rural Water Association on August 8, 2006. The flow meter must be calibrated annually, please calibrate submit a copy of the calibration for 2007.
2. *The annual average flow limit of 15,000 gpd was exceeded from January 2006 through October 2006.
3. *The three-month average flow exceeded the limit of 15,000 from January through April 2006, and September 2006.
4. *The percent capacity was exceeded January through April, and September 2006. Please submit a plan and schedule to reduce flows below the permitted capacity.

OPERATION AND MAINTENANCE

1. *Please ensure that waste buckets are being covered at the facility.
2. The operator properly calibrates the pH and total residuals meters daily.
3. The clarifier and chlorine contact chamber had excellent clarity.

EFFLUENT QUALITY

1. The total chlorine residual was >2.2 mg/L at 1000 hours as measured by Department personnel.
2. *The Nitrate limit of 12 mg/l was exceeded in November 2006. The analysis result was 13 mg/l.

Mr. Glenn Labrecque
Rosalie Oaks WWTF
Facility ID No. FLA011045 - Polk County
Page 3 of 3

EFFLUENT DISPOSAL

Effluent disposal consists of a two-cell pond system. The small pond was in service. The big pond was out of service, but still needs to dry out before disking can be done. Both of the ponds had approximately four feet of freeboard. (See attached photos)

RESIDUALS MANAGEMENT

*The method of residuals disposal is by transport to Shelley's Environmental Systems Residual Management Facility (RMF) for further treatment and disposal, or disposal in a Class I or II solid waste landfill. For your information, transportation of residuals to an alternate RMF does not require a permit modification. However, use of an alternate RMF requires a copy of the agreement pursuant, along with a written notification to the Department at least 30 days before transport of the residuals. No residuals records were available at the facility. Please indicate whether Shelley's Environmental Systems is the current RMF.

GROUND WATER

Ground water monitoring is not required at this time.

The type of inspection conducted was a Compliance Sampling Inspection and the overall rating of the facility was Out of Compliance, due to the DMR file review, and the fact that the ponds were not dried out and disked before the season begins. A copy of the inspection report is attached for your review.

Please respond in writing to the Department on the asterisked (*) items previously identified within 30 days of receipt of this letter. Please direct all responses and questions to the undersigned at (813) 632-7600, ext. 313, or via email at nick.noreika@dep.state.fl.us.

Sincerely,

Nick Noreika

Nick Noreika
Environmental Specialist
Domestic Wastewater Program

Attachment

cc Aqua Utilities (email)

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

Name and Physical Location of Facility Rosalie Oaks WWTF Camp Mack Road & Silver Oaks Drive Lake Wales, FL 33853	WAPR ID: FLA011045	County Polk	Entry Date/Time 8-31-07/ 0930 hours
		Phone	@ Exit Date/Time 8-31-07/ 1100 hours
Name(s) of Field Representatives(s) Steve Fuller	Title Operator of record	Phone	
Name and Address of Permittee or Designated Representative Glenn Labrecque 1343 Northeast 17 th Road Ocala, FL 34470	Title President	Phone (352) 369-4881	@ Operator Certification #

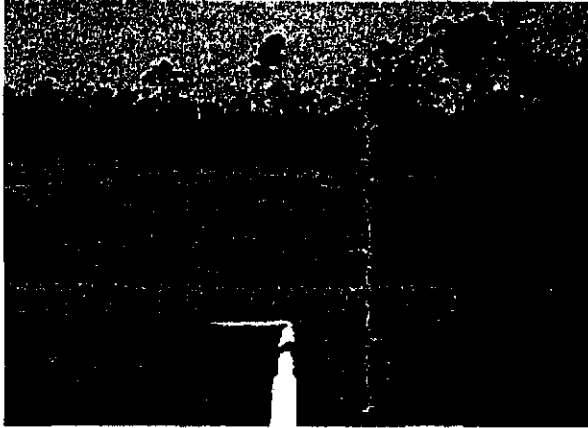
Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): N		@ Log book Volume :	@ Page	

FACILITY COMPLIANCE SCHEDULE							
PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT DISPOSAL	
IC	1. Permit	NE	3. Laboratory	IC	6. Facility Site Review	IC	9. Effluent Quality
NA	2. Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	10. Effluent Disposal
		NC	5. Records & Reports	NC	8. Operation & Maintenance	IC	11. Residuals/Sludge
NE	13. Other					NA	12. Groundwater

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input checked="" type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Letter			

Name(s) and Signature(s) of Inspector(s) Nick Noreika <i>Nick Noreika</i>	District Office/Phone Number (813) 632-7600 X 313	Date 9/20/07
<i>Vicki Wheeler</i>		
@ Signature of Reviewer Joe Squitieri <i>Joe Squitieri</i>	District Office/Phone Number (813) 632-7600 X 308	Date 9/25/07

Photographer: Nick Noreika
Facility Name: Rosalie Oaks WWTF
Facility ID No.: FLA0011045
Photographed on: 8/31/07
Type of Camera: Fuji FinePix A800
Recording Media: Fuji MemoryStick (E:)
Digital photos copied by: Nick Noreika
Digital photos copied to: C:\Documents and Settings\Noreika N\MyDocuments\My Pictures



Pic of 'small' pond as described by Aqua Utility operator on-site, Jay. Standing water is observed, with some vegetation.



Effluent was being discharged into the small pond.



The 'large' pond is not receiving effluent. It is being dried so vegetation can be removed, and the pond can be disked.



Standing water is still in the large pond. There is visible, thick vegetation as well. Both berms had at least 4 feet of freeboard.



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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

January 14, 2008

Nick Noreika
Environmental Specialist
FDEP Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

**RE: Reply to Compliance Evaluation Inspection
Rosalie Oaks WWTF
Facility ID No. FLA011045
Polk County**

Dear Mr. Norekia:

Thank you for your inspection on August 30, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

Records and Reports

2. The revised DMRs for February and November 2006 have been corrected and are enclosed. The number of exceedances column (No.Ex.) will be completed on all future DMRs.
3. The most recent certification for the RPZ is enclosed.

Facility Site Review

2. The lift station's high level alarm's horn has been replaced with a louder model.

Flow Measurement

1. The most recent flow calibration is enclosed.
2. - 4. During 2006, a high amount of I&I was received in the collection system. Aqua contracted (contractor) to inspect the system and perform repairs as needed. Upon completion of this work, the flows have returned to normal. We will continue to monitor the flow readings to head off any I&I as it develops.

Operation and Maintenance

1. The waste buckets will be covered properly in the future.

Effluent Quality

2. The operator has made the proper adjustments to the plant to bring the nitrate level down.

Residuals Management

Shelley's Environmental Systems is the current RMF.

The contact information you have on your letter is incorrect, please update your records to the following:

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Ave.
Leesburg FL 34748

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

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosures:

cc: Steve Fuller, via e-mail
Dennis Muldoon, via e-mail
Edward Pellenz, P.E., via e-mail
Michael O'Reilly, via e-mail

PATRICIA



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: **January-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		1	1.2	
2	1.0		2	1.1	
3	1.1		3	1.1	
4	1.1		4	1.1	
5	0.9		5	0.9	
6	1.1		6	1.1	
7	1.1		7	1.1	
8	1.0		8	1.2	
9	0.9		9	1.1	
10	1.0		10	1.0	
11	1.0		11	1.0	
12	1.3		12	1.1	
13	0.9		13	1.1	
14			14	1.1	
15	1.2		15	1.0	
16	1.1		16	1.1	

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 2-9-07 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquasamerica.com

II. Daily Data for the Month/Year of: February-07

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		1	1.2	
2	1.1		2		
3	0.9		3	1.1	
4			4	1.2	
5	1.0		5	1.2	
6	0.9		6	1.3	
7	1.1		7	1.2	
8	1.0		8	1.2	
9	1.0		9		
10	0.9		10	1.1	
11			11	1.0	
12	1.1		12	1.2	
13	1.0		13		
14	1.1		14		
15	0.9		15		
16	1.1		16		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 3-8-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquamerica.com

II. Daily Data for the Month/Year of: March-07

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.1		1	1.0	
2	1.1		2		
3	1.0		3	1.1	
4			4	1.1	
5	1.0		5	1.3	
6	1.3		6	1.2	
7	1.1		7	1.2	
8	1.2		8	1.1	
9	1.2		9		
10	1.0		10	1.2	
11			11	1.1	
12	1.1		12	1.3	
13	1.2		13	1.5	
14	1.2		14	1.3	
15	1.1		15	1.1	
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 4-9-07 Steve Fuller B-7519
 Signature and Date Printed or Typed Name License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water | PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 | Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean | Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East | City: Sarasota | State: FL | Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 | Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of **April-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.3	
2	1.2		18	1.2	
3	1.4		19	1.2	
4	1.3		20	1.3	
5	1.3		21	1.2	
6	1.4		22		
7	1.2		23	1.3	
8			24	1.2	
9	1.3		25	1.2	
10	1.2		26	1.3	
11	1.4		27	1.2	
12	1.3		28	1.2	
13	1.2		29		
14	1.0		30	1.3	
15					
16	1.1				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 5-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

I General Information for the Month/Year of: May-07

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II Daily Data for the Month/Year of: May-07

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			1	1.3	
2	1.3		2	1.3	
3	1.2		3	1.1	
4	1.3		4		
5	1.2		5	1.2	
6			6	1.3	
7	1.1		7	1.2	
8	1.2		8	1.1	
9	1.0		9	1.1	
10	1.2		10	1.2	
11	1.3		11		
12	1.2		12	1.3	
13			13	1.3	
14	1.3		14	1.2	
15	1.1		15	1.2	
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 6-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water | PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 | Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean | Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East | City: Sarasota | State: FL | Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 | Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: **June-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		1	1.2	
2	1.1		2	1.2	
3			3	1.1	
4	1.2		4	1.1	
5	1.1		5	0.9	
6	1.1		6	1.1	
7	1.2		7	1.2	
8	1.1		8		
9	1.0		9	1.1	
10			10	1.2	
11	1.1		11	1.1	
12	1.1		12	1.1	
13	1.2		13	1.1	
14	1.1		14	1.0	
15	1.1		15	1.1	
16	1.1		16		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 7-10-07 | Steve Fuller | B-7519

Signature and Date | Printed or Typed Name | License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month:	170	Total Population Served at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	South Region Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
Contact Person's Telephone Number:	941-907-7444	State:	FL
Contact Person's E-Mail Address:	wadean@aquaaamerica.com	Zip Code:	34240
		Contact Person's Fax Number:	941-907-7401

II. Daily Data for the Month/Year of: **July-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			1	1.0	
2	1.1		2	1.0	
3	1.0		3	1.1	
4	1.1		4	1.1	
5	1.0		5	1.0	
6	1.0		6	1.1	
7	1.1		7	1.1	
8			8	1.1	
9	1.1		9	1.1	
10	1.1		10	1.0	
11	1.0		11	1.0	
12	1.1		12	1.1	
13	1.1		13	1.1	
14	1.0		14	1.1	
15			15	1.0	
16	1.1		16		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Steve Fuller 8-3-07

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water | PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 | Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean | Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East | City: Sarasota | State: FL | Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 | Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: August-07

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		1	1.0	
2	1.1		2	1.0	
3	1.1		3	1.0	
4	1.0		4	1.0	
5			5	1.0	
6	1.0		6	1.1	
7	1.1		7	1.1	
8	1.1		8	1.0	
9	1.0		9	1.1	
10	1.1		10	1.0	
11	1.2		11	1.0	
12			12	1.0	
13	1.1		13	1.0	
14	1.1		14	1.1	
15	1.0		15	1.0	
16	1.1		16	1.0	

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Steve Fuller 9-8-07

Printed or Typed Name: Steve Fuller

License Number or Title: B-7519

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquamerica.com

II. Daily Data for the Month/Year of: **September-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			1	1.1	
2			2	1.1	
3	1.2		3	1.1	
4	1.1		4	1.0	
5	1.2		5	1.1	
6	1.1		6		
7	1.1		7	1.0	
8	1.0		8	1.1	
9			9	1.1	
10	1.1		10	1.0	
11	1.2		11	1.0	
12	1.1		12	1.1	
13	1.1		13	1.0	
14	1.0		14		
15	1.1		15		
16			16		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 10/10/07 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: October-07

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.1		1	1.0	
2	1.1		2	1.0	
3	1.0		3	1.1	
4	1.0		4	1.0	
5	1.0		5		
6	1.0		6	1.1	
7			7	1.1	
8	1.0		8	1.0	
9	1.1		9	1.2	
10	1.0		10	1.1	
11	1.0		11	1.0	
12	1.0		12		
13	1.0		13	1.1	
14			14	1.0	
15	1.1		15	1.1	
16	1.0				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Steve Fuller 11-8-07

Printed or Typed Name: Steve Fuller

License Number or Title: B-7519

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquamerica.com

II. Daily Data for the Month/Year of: **November-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		1		
2	1.1		2	1.0	
3			3	1.1	
4	1.0		4	1.1	
5	1.0		5	1.0	
6	1.0		6	1.0	
7	1.1		7	1.0	
8	1.0		8		
9	1.0		9	1.0	
10			10	1.0	
11	1.0		11	1.1	
12	1.1		12	1.1	
13	1.1		13	1.0	
14	1.0		14	1.0	
15	1.0		15		
16	1.1		16		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 12-10-07 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East Contact Person's Telephone Number: 941-907-7444 City: Sarasota State: FL Zip Code: 34240

Contact Person's E-Mail Address: wadean@aquaamerica.com Contact Person's Fax Number: 941-907-7401

II. Daily Data for the Month/Year of: **December-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		1	1.0	
2	1.1		2	1.0	
3	1.1		3	1.0	
4	1.0		4	1.1	
5	1.0		5	1.1	
6	1.0		6	1.1	
7	1.0		7	1.0	
8	1.0		8	1.1	
9	1.1		9	1.0	
10	1.1		10	1.2	
11	1.1		11	1.3	
12	1.0		12	1.3	
13	1.1		13	1.0	
14	1.1		14	1.1	
15	1.0		15	1.1	
16			16		
17			17		
18			18		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Steve Fuller 1-8-08

Printed or Typed Name: Steve Fuller

License Number or Title: B-7519

-GADSDON CANDACE



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: January-06

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

Day	Disinfectant Residual Concentration (mg/L)	Disinfectant Residual Concentration (mg/L)	Disinfectant Residual Concentration (mg/L)
	0.0		1.2
	1.2		1.3
	1.2		1.0
	1.3		1.1
	1.2		1.2
	1.1		0.0
	1.1		1.1
	0.0		1.0
	1.2		1.1
	1.1		1.2
	1.0		0.9
	1.1		1.1
	1.2		0.0
	1.2		0.9
	0.0		0.9
	1.1		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 2-9-06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

Leesburg



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

I. General Information for the Month/Year of: February-06 PWS Identification Number: 6532779

Consecutive System Name: Village Water Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: January-06

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

Day of Month	Free Chlorine Residual (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
	0.8		0.9
	1.0		1.0
	1.0		0.0
	0.9		0.8
	0.0		0.9
	1.0		1.0
	1.0		0.8
	1.1		0.9
	1.0		1.0
	1.2		0.0
	0.9		0.9
	0.0		0.8
	1.0		
	0.9		
	0.8		
	0.8		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Steve Fuller 3-7-06

Printed or Typed Name: Steve Fuller

License Number or Title: B-7519



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: **Village Water** PWS Identification Number: **6532779**

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: **170** Total Population Served at End of Month: **493**

Consecutive System Owner: **Aqua Utilities Florida**

Contact Person: **Bill Dean** Contact Person's Title: **South Region Manager**

Contact Person's Mailing Address: **6960 Professional Parkway East** City: **Sarasota** State: **FL** Zip Code: **34240**

Contact Person's Telephone Number: **941-907-7444** Contact Person's Fax Number: **941-907-7401**

Contact Person's E-Mail Address: **wadean@aquaaamerica.com**

II. Daily Data for the Month/Year of: **March-06**

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

Date	Free Chlorine Concentration (mg/L)	Combined Chlorine Concentration (mg/L)	Chlorine Dioxide Concentration (mg/L)
	0.9		0.7
	0.8		0.8
	0.9		
	0.8		0.9
			0.8
	0.9		0.9
	0.7		1.0
	0.8		1.0
	0.9		0.9
	0.8		
	0.8		0.8
			0.9
	0.7		0.9
	0.9		1.0
	0.8		
	0.9		1.1

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 4/10/06
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number or Title

CANDICE



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquasystem.com

II. Daily Data for the Month/Year of: April-06

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

Day of Month	Free Chlorine Residual (mg/L)	Combined Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)
	0.9		1.0
	0.0		0.9
	1.0		
	0.9		0.9
			0.9
	1.0		0.8
	0.9		0.0
	0.8		0.9
	0.0		0.7
	1.0		
	0.8		0.7
			0.9
	0.7		0.8
	0.9		0.0
	0.8		
	0.0		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 5-8-06 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: **Village Water** PWS Identification Number: **6532779**

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: **170** Total Population Served at End of Month: **493**

Consecutive System Owner: **Aqua Utilities Florida**

Contact Person: **Bill Dean** Contact Person's Title: **South Region Manager**

Contact Person's Mailing Address: **6960 Professional Parkway East** City: **Sarasota** State: **FL** Zip Code: **34240**

Contact Person's Telephone Number: **941-907-7444** Contact Person's Fax Number: **941-907-7401**

Contact Person's E-Mail Address: **wadean@aguaamerica.com**

II. Daily Data for the Month/Year of: **May-06**

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

Day of the Month	Disinfectant Residual Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Disinfectant Residual Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	0.9			0.0	
	0.6			0.7	
	0.8			0.8	
	1.0			0.7	
	0.9			0.0	
	0.9			0.8	
	0.0			0.8	
	0.8			0.8	
	0.7			0.7	
	0.7			0.8	
	0.8			0.9	
	0.9			0.0	
	0.7			0.5	
	0.0			0.5	
	0.8			0.4	
	0.8				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 6-8-06 Signature and Date

Steve Fuller Printed or Typed Name

B-7519 License Number or Title

Cond 2



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: **Village Water** PWS Identification Number: **6532779**

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: **170** Total Population Served at End of Month: **493**

Consecutive System Owner: **Agua Utilities Florida**

Contact Person: **Bill Dean** Contact Person's Title: **South Region Manager**

Contact Person's Mailing Address: **6960 Professional Parkway East** City: **Sarasota** State: **FL** Zip Code: **34240**

Contact Person's Telephone Number: **941-907-7444** Contact Person's Fax Number: **941-907-7401**

Contact Person's E-Mail Address: **wadean@aguaamerica.com**

II. Daily Data for the Month/Year of: **June-06**

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

Day of Month	Free Chlorine Residual Concentration (mg/L)	Combined Chlorine Residual Concentration (mg/L)	Chlorine Dioxide Residual Concentration (mg/L)
	0.7		0.6
	0.8		
	0.6		0.7
	1.0		0.6
	0.7		0.6
	0.6		0.5
	0.7		0.6
	0.8		0.6
	0.6		
			0.7
	0.7		0.6
	0.8		0.6
	0.6		0.6
	0.7		0.5
	0.7		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 7-8-06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

Conduce



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: **Village Water** PWS Identification Number: **6532779**

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: **170** Total Population Served at End of Month: **493**

Consecutive System Owner: **Aqua Utilities Florida**

Contact Person: **Bill Dean** Contact Person's Title: **South Region Manager**

Contact Person's Mailing Address: **6960 Professional Parkway East** City: **Sarasota** State: **FL** Zip Code: **34240**

Contact Person's Telephone Number: **941-907-7444** Contact Person's Fax Number: **941-907-7401**

Contact Person's E-Mail Address: **wadean@aquaamerica.com**

II. Daily Data for the Month/Year of: **July-06**

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

Day of Month	Disinfectant Residual Concentration (mg/L)	Disinfectant Residual Concentration (mg/L)
0.6	0.6	
0.7	0.5	
0.6	0.6	
0.7	0.6	
0.6	0.5	
0.6	0.6	
0.7	0.7	
0.6	0.6	
0.7	0.7	
0.6	0.6	
0.5	0.6	
0.6	0.6	
0.6	0.6	
0.5	0.6	
0.6	0.7	

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Steve Fuller 8-9-06 Printed or Typed Name: Steve Fuller License Number or Title: B-7519

Conduce



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean

Contact Person's Mailing Address: 6960 Professional Parkway East Contact Person's Title: South Region Manager

Contact Person's Telephone Number: 941-907-7444 City: Sarasota State: FL Zip Code: 34240

Contact Person's E-Mail Address: wadean@aguaamerica.com Contact Person's Fax Number: 941-907-7401

II. Daily Data for the Month/Year of: August-06

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

Day	Free Chlorine Residual (mg/L)	Combined Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)
	0.6		0.5
	0.5		0.5
	0.6		0.4
	0.5		
	0.5		0.5
	0.6		0.5
	0.5		0.6
	0.5		0.5
	0.6		0.6
	0.5		0.5
	0.6		0.6
	0.5		0.5
	0.6		0.5
	0.4		0.6

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 8-7-06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

CANDACE



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: September-06

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

Day of the Month	Highest Residual Disinfectant Concentration in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	0.6				
	0.5				
				0.5	
				0.6	
	0.4			0.5	
	0.4			0.4	
	0.5			0.5	
	0.4				
	0.5				
				0.5	
				0.5	
	0.5			0.5	
				0.4	
	0.5			0.4	
	0.6				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 10-4-06 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title

Candice



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: **Village Water** PWS Identification Number: **6532779**

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: **170** Total Population Served at End of Month: **493**

Consecutive System Owner: **Aqua Utilities Florida**

Contact Person: **Bill Dean** Contact Person's Title: **South Region Manager**

Contact Person's Mailing Address: **6960 Professional Parkway East** City: **Sarasota** State: **FL** Zip Code: **34240**

Contact Person's Telephone Number: **941-907-7444** Contact Person's Fax Number: **941-907-7401**

Contact Person's E-Mail Address: **wadean@aquaaamerica.com**

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

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

Day of the Month	Highest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	0.5			0.5	
	0.4			0.4	
	0.5			0.7	
	0.5			0.4	
	0.6			0.5	
	0.5			0.9	
	0.5			0.8	
	0.4			0.8	
	0.4			0.9	
	0.4			1.1	
	0.5			0.5	
	0.5			1.2	
	0.5			1.0	

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 11-9-06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

CANDICE



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

I. General Information for the Month/Year of: November-06	
Consecutive System Name: Village Water	PWS Identification Number: 6532779
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 170	Total Population Served at End of Month: 493
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Bill Dean	Contact Person's Title: South Region Manager
Contact Person's Mailing Address: 6960 Professional Parkway East	City: Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number: 941-907-7444	Contact Person's Fax Number: 941-907-7401
Contact Person's E-Mail Address: wadean@aquaaamerica.com	

II. Daily Data for the Month/Year of: November-06					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	0.8			1.0	
	1.3			0.8	
	1.0				
	1.0			0.9	
				0.9	
	0.9			1.0	
	0.9			0.9	
	0.8			1.0	
	0.9			0.9	
	1.0				
	0.8			1.0	
				1.0	
	0.9			0.9	
	1.0			1.0	
	1.0				
	0.9				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Steve Fuller 12-7-06

Printed or Typed Name: Steve Fuller

License Number or Title: B-7519

CANDICE



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: Village Water PWS Identification Number: 6532779

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquaaamerica.com

II. Daily Data for the Month/Year of: **December-06**

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

Disinfectant Residual Concentration at Remote Point in Distribution System	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
0.8				
0.9			1.0	
			0.9	
1.0			1.1	
0.9			1.0	
1.1			0.9	
1.0				
1.0			0.8	
0.9			1.0	
			0.9	
0.9			0.9	
0.8			1.0	
1.0			1.0	
1.1			1.0	
1.0				
0.9				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 1-9-07 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83508
 307 Cooldge Ave. Lehigh Acres, FL 33938 FDOH # E85370
 18334 Cortez Blvd. Brooksville, FL 34600 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-554

HBEL Report Number: 2407730 Sub-Contract Lab ID: _____

Analysis Method Requested:

Coliform Membrane Filtration PWS I.D. 6532779

System Name: Village Water

System Address: 414 Maine Ave

Lab Receipt Date and Time: 12/6/07 12:55

Received for Laboratory By: Aboroneth

Analysis Date and Time: 12/6/07 1312

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 8°C
 Disinfectant Check Not Detected >0.1 mg/l

City: Lakeland FL System or Owner's Phone #: 863-858-2504 Fax #: 863-8634937

Collector: J.H. Collector's Phone #: 863-858-2504

Relinquished By: David E. van Received By: [Signature] Relinquished By: 12-6-07 12:55

Date/Time: 12-6-07

Date/Time: 12-6-07

Date/Time: _____

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

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

Sample Collection Date(s): 12-6-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Coliform) SM9223B

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid mg/L	pH
1	1912 Christy Ln	D	11:15	1.5	
2	1995 Lasso Lane	D	11:20	1.2	

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
	A			2407230001
	A			2407730002

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.35

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: A certified operator (#C14331) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

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

Report authorized by: Aboroneth Technical Director or Designer

Date: 12/7/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report

Steve Fuller
415 W. Daugherty Rd
Lakeland FL 33809



Page 1 of 1

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

¹ DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; H-Entry to Distribution; P-Plant Test; S-Special (clearance, etc.)

² Defined in Florida Administrative Code Rule 62-160

PATRICK

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
 Sarasota, Fl. 34240
 FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801
 PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.043
 Monitoring Group Number: R001 (Perc/Evap Ponds)
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 57 % capacity
 WAFR NO: 15198
 dmr date 2/21/07

COUNTY: Polk MONITORING PERIOD-From: 01/01/2007 To: 01/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Analysis	
Flow	Sample Measurement	0.044			0		
PARM Code 50050 Y Mon.Site No.WF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.036			0		
PARM Code 50050 1 Mon.Site No.WF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
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.)		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	0		
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.7	0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/02/21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Please See LAST PAGE

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.4		1.4	0	
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
pH	Sample Measurement		7.2		7.9	0	
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		8.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement		1.0		1	0	
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.1		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement				15.0	0	
PARM Code 06520 1 Site No. EFA-01	Mon. Permit Requirement				12.0 (Max.)	MG/L	Monthly
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!			0	
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!			0	
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East	LIMIT:	Final	GROUP:	Domestic
	Sarasota, Fl. 34240	CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	CAPACITY	
		Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
FACILITY:	Village Water WWTP	PLANTSIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave.	NO DISCHARGE FROM SITE:			dmr date 1/01
	Eaton Park, Fl. 33801				

COUNTY: Polk MONITORING PERIOD--From: 01/01/2007 To: 01/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
					Ex. Analysis	
Flow	Sample Measurement				0	
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement		no flow		0	
PARM Code 50050 1 Mon.Site No.inf-01	Permit Requirement	REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
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.)	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly Grab
Solids, Total Suspended	Sample Measurement			4.7	0	
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L	Report Monthly Calculated Roll.An.Avg.

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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III

813-267-2074

07/02/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
Solids, Total Suspended			1.4	1.4	0	
Sample Measurement						
PARM Code 00530 Mon. Site No. EFA-01	1		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly Grab
Permit Requirement						
pH			7.2	7.9	0	
Sample Measurement						
PARM Code 00400 Mon. Site No. EFA-01	1		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week Grab
Permit Requirement						
Coliform, Fecal			1.1		0	
Sample Measurement						
PARM Code 74055 Mon. Site No. EFA-01	Y		200 (An. Avg.)		#/100mL	Report Monthly Calculated Roll An. Avg.
Permit Requirement						
Coliform, Fecal			1.0	1	0	
Sample Measurement						
PARM Code 74055 Mon. Site No. EFA-01	1		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly Grab
Permit Requirement						
Total Residual Chlorine (for Disinfection)			1.1		0	
Sample Measurement						
PARM Code 50060 Site No. EFA-01	1 Mon.		0.5 (Min.)		MG/L	5 Days / Week Grab
Permit Requirement						
BOD, Carbonaceous 5 day, 20C					0	
Sample Measurement						
Permit Requirement						
PARM Code 80082 01	G Mon. Site No. INF-01		#DIV/0! Annual (February)		MG/L	Annual Grab
Permit Requirement						
TSS					0	
Sample Measurement						
Permit Requirement						
PARM Code 00530 Mon. Site No. INF-01	G		#DIV/0! Annual (February)		MG/L	Annual Grab
Permit Requirement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: January-07

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

0.043

57%

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.039					7.5		5.0		
2	0.027	2.0		1.4		7.6	1.0	2.2	15.0	1.4
3	0.037					7.5		2.2		
4	0.030					7.5		2.2		
5	0.041					7.6		2.2		
6	0.030					7.7		5.0		
7	0.025									
8	0.025					7.6		2.2		
9	0.042					7.7		2.2		
10	0.036					7.7		2.2		
11	0.037					7.5		2.2		
12	0.044					7.6		1.1		
13	0.026					7.7		2.9		
14	0.024									
15	0.024					7.6		2.2		
16	0.046					7.4		2.2		
17	0.033					7.6		2.2		
18	0.045					7.3		2.2		
19	0.042					7.2		2.2		
20	0.032					7.4		4.8		
21	0.022									
22	0.022					7.6		2.2		
23	0.039					7.4		2.2		
24	0.037					7.6		2.2		
25	0.053					7.3		2.2		
26	0.047					7.2		2.2		
27	0.031					7.4		5.0		
28	0.042									
29	0.042					7.9		2.2		
30	0.050					7.8		2.2		
31	0.046					7.6		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: January-07

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village water WWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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30										
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.034
 Monitoring Group Number: R001(Perc/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 45% Capacity
 WAFR NO: 15196
 dmr date 3/21/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD-From: 02/01/2007 To: 02/28/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Analysis	
Flow	Sample Measurement	0.039			0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.037			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)		mgd		5 Days / Week	Elapsed Time Meters
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.)		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	0		
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.6	0		
PARM Code 00630 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/03/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		2.5	2.5	0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.7	0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement		8.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.8		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			2.2	0		
ParM Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		330		0		
ParM Code 80082 G Mon.Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		100		0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	<u>no flow</u>	Capacity	
		Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
FACILITY:	Village Water WWTP	PLANTSIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	NO DISCHARGE FROM SITE:		dmr date	3/21/07

COUNTY: Polk MONITORING PERIOD—From: 02/01/2007 To: 02/28/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
					Ex. Analysis	
Flow	Sample Measurement				0	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement		no flow		0	
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement		REPORT (Mo. Avg.)	mgd	5 Days / Week	Elapsed Time Meters
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.)	MG/L	Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0	
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.6		0	
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An. Avg.

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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III

813-267-2074

07/03/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality of Concentration	Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended		2.5		2.5	0		
PARM Code 00530 Mon. Site No. EFA-01	1	Sample Measurement	30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH		7.4		7.7	0		
PARM Code 00400 Mon. Site No. EFA-01	1	Sample Measurement	6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal		1.0			0		
PARM Code 74055 Mon. Site No. EFA-01	Y	Sample Measurement	200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal		1.0		1	0		
PARM Code 74055 Mon. Site No. EFA-01	1	Sample Measurement	Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)		1.6			0		
PARM Code 50060 Site No. EFA-01	1	Sample Measurement	0.5 (Min.)		MG/L	5 Days / Week	Grab
		0			0		
		0			0		
BOD, Carbonaceous 5 day, 20C		330			0		
PARM Code 80082 Mon. Site No. INF-01	G	Sample Measurement	Annual (February)		MG/L	Annual	Grab
TSS		100			0		
PARM Code 00530 Mon. Site No. INF-01	G	Sample Measurement	Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: February-07

Three-month Average Daily Flow: 0.034

(TMADF/Permitted Capacity)x100: 45%

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.045					7.5		2.2		
2	0.057					7.4		2.2		
3	0.032					7.5		4.0		
4	0.032									
5	0.032					7.7		2.2		
6	0.038					7.6		2.2		
7	0.042					7.7		2.2		
8	0.041					7.4		2.2		
9	0.036					7.7		2.2		
10	0.032					7.5		2.5		
11	0.026									
12	0.028					7.4		2.2		
13	0.038	2.0	330.0	2.5	100.0	7.6	1.0	2.2	2.2	2.5
14	0.065					7.5		2.2		
15	0.042					7.6		2.2		
16	0.044					7.6		2.2		
17	0.023					7.5		5.0		
18	0.030									
19	0.030					7.6		1.6		
20	0.038					7.6		2.0		
21	0.034					7.5		1.9		
22	0.051					7.6		2.2		
23	0.036					7.4		2.2		
24	0.027					7.4		5.0		
25	0.026									
26	0.026					7.5		2.2		
27	0.033					7.4		2.2		
28	0.052					7.6		2.2		
29										
30										
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: February-07

Three-month Average Daily Flow: no flow
(TMADF/Permitted Capacity)x100:

Village water WWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow					7.5		2.2		
2	no flow					7.4		2.2		
3	no flow					7.5		4.0		
4										
5	no flow					7.7		2.2		
6	no flow					7.6		2.2		
7	no flow					7.7		2.2		
8	no flow					7.4		2.2		
9	no flow					7.7		2.2		
10	no flow					7.5		2.5		
11										
12	no flow					7.4		2.2		
13	no flow	2.0	330.0	2.5	100.0	7.6	1.0	2.2	2.2	2.5
14	no flow					7.5		2.2		
15	no flow					7.6		2.2		
16	no flow					7.6		2.2		
17	no flow					7.5		5.0		
18										
19	no flow					7.6		1.6		
20	no flow					7.6		2.0		
21	no flow					7.5		1.9		
22	no flow					7.6		2.2		
23	no flow					7.4		2.2		
24	no flow					7.4		5.0		
25										
26	no flow					7.5		2.2		
27	no flow					7.4		2.2		
28	no flow					7.6		2.2		
29										
30										
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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: FLA013087 REPORT: Monthly
 MAILING ADDRESS: 6960 Professional Parkway East SARASOTA, FL 34240 LIMIT: Final GROUP: Domestic

CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.036 48% Capacity
 Monitoring Group Number: R001 (Perc/Evap Ponds) WAFR NO: 15196
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: dmr date 3/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD—From: 03/01/2007 To: 03/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
							Ex.	
Flow	Sample Measurement	0.039				0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd			Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.036				0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)		mgd			5 Days / Week	Elapsed Time Meters
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.)		MG/L	Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	2.4	0		
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		MG/L	Report Monthly	Calculated Roll An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/04/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15198

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		2.9	2.9	0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.7	0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.2		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			6.3	0		
Param Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
Param Code 80082 G Mon.Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, FL 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	Capacity	
FACILITY:	Village Water WWTP	Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave. Eaton Park, FL 33801	PLANTSIZE/TREATMENT TYPE:	IIIC		
		NO DISCHARGE FROM SITE:		dmr date	3/07

COUNTY: Polk MONITORING PERIOD--From: 03/01/2007 To: 03/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement				Ex. Analysis	
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow				
PARM Code 50050 1 Mon.Site No.inf-01	Permit Requirement	REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.4	2.4		
PARM Code 80082 I Site No. EFA-01	MON: Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.8			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

07/04/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency No. of Ex. Analysis	Sample Type
Solids, Total Suspended		2.9	2.9		0	
PARM Code 00530 Mon. Site No. EFA-01	1	30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH		7.4	7.7		0	
PARM Code 00400 Mon. Site No. EFA-01	1	6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal		1.0			0	
PARM Code 74055 Mon. Site No. EFA-01	Y	200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal		1.0	1		0	
PARM Code 74055 Mon. Site No. EFA-01	1	Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)		1.6			0	
PARM Code 50060 Site No. EFA-01	1 Mon.	0.5 (Min.)		MG/L	5 Days / Week	Grab
					0	
BOD, Carbonaceous 5 day, 20C					0	
					0	
PARM Code 80082 Mon. Site No. INF-01	G		Annual (February)	MG/L	Annual	Grab
TSS					0	
					0	
PARM Code 00530 Mon. Site No. INF-01	G		Annual (February)	MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: March-07

Three-month Average Daily Flow: 0.036

(TMADF/Permitted Capacity)x100:

48%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.087					7.5		2.2		
2	0.042					7.4		2.2		
3	0.034					7.5		5.0		
4	0.027									
5	0.027					7.4		2.2		
6	0.039					7.5		2.2		
7	0.040					7.5		2.2		
8	0.036					7.3		2.2		
9	0.057					7.5		2.2		
10	0.028					7.6		2.2		
11	0.019									
12	0.019					7.5		2.2		
13	0.024	2.4		2.9		7.7	1.0	2.2	6.3	2.9
14	0.053					7.5		2.2		
15	0.031					7.4		2.2		
16	0.033					7.4		2.2		
17	0.024					7.4		5.0		
18	0.022									
19	0.022					7.5		2.2		
20	0.031					7.4		2.2		
21	0.045					7.4		2.2		
22	0.035					7.5		2.2		
23	0.039					7.6		2.2		
24	0.030					7.6		5.0		
25	0.024									
26	0.024					7.6		2.2		
27	0.039					7.5		2.2		
28	0.040					7.6		2.2		
29	0.037					7.4		2.2		
30	0.045					7.5		2.2		
31	0.030					7.5		5.0		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: March-07

Three-month Average Daily Flow: no flow
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow					7.5		2.2		
2	no flow					7.4		2.2		
3	no flow					7.5		5.0		
4										
5	no flow					7.4		2.2		
6	no flow					7.5		2.2		
7	no flow					7.5		2.2		
8	no flow					7.3		2.2		
9	no flow					7.5		2.2		
10	no flow					7.6		2.2		
11										
12	no flow					7.5		2.2		
13	no flow	2.4		2.9		7.7	1.0	2.2	6.3	2.9
14	no flow					7.5		2.2		
15	no flow					7.4		2.2		
16	no flow					7.4		2.2		
17	no flow					7.4		5.0		
18										
19	no flow					7.5		2.2		
20	no flow					7.4		2.2		
21	no flow					7.4		2.2		
22	no flow					7.5		2.2		
23	no flow					7.6		2.2		
24	no flow					7.6		5.0		
25										
26	no flow					7.6		2.2		
27	no flow					7.5		2.2		
28	no flow					7.6		2.2		
29	no flow					7.4		2.2		
30	no flow					7.5		2.2		
31	no flow					7.5		5.0		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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: 8960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.036
 Monitoring Group Number: R001(Perc/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 48% Capacity
 WAFR NO: 15196
 dmr date 4-07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD-From: 04/01/2007 To: 04/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.042				0		
PARM Code 50050 Y Mon.Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.036				0		
PARM Code 50050 1 Mon.Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0		0		
PARM Code 80082 1 Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.8		0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller 5-24-07</i>	813-267-2074	07/05/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		4.9	4.9	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.3	7.7	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.2		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			0.5	0		
ParM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
ParM Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: N/A
 Three Month Average Daily Flow: no flow Capacity
 Monitoring Group Number: R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: dmr date 4/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk

MONITORING PERIOD—From: 04/01/2007 To: 04/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	no flow			Ex. 0	Analysis
PARM Code 50050 Y Mon.Site No.IRF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow			0	
PARM Code 50050 1 Mon.Site No.IRF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.1		0	
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0	
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.8		0	
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller 5-24-07

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

07/05/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
				No.	Ex. Analysis	
Solids, Total Suspended			4.9	4.9	0	
PARM Code 00530 Mon. Site No. EFA-01	1		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly Grab
pH			7.3	7.7	0	
PARM Code 00400 Mon. Site No. EFA-01	1		6.0 (Min.)	8.5 (Max)	SU	5 Days / Week Grab
Coliform, Fecal			1.0		0	
PARM Code 74055 Mon. Site No. EFA-01	Y		200 (An. Avg.)		#/100mL	Report Monthly Calculated Roll An. Avg.
Coliform, Fecal			1.0	1	0	
PARM Code 74055 Mon. Site No. EFA-01	1		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly Grab
Total Residual Chlorine (for Disinfection)			1.2		0	
PARM Code 50060 Site No. EFA-01	1	Mon.	0.5 (Min.)		MG/L	5 Days / Week Grab
					0	
BOD, Carbonaceous 5 day, 20C					0	
PARM Code 80082 01	G	Mon. Site No. INF-01	#DIV/0! Annual (February)		MG/L	Annual Grab
TSS					0	
PARM Code 00530 Mon. Site No. INF-01	G		#DIV/0! Annual (February)		MG/L	Annual Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: April-07

Three-month Average Daily Flow: 0.036
(TMADF/Permitted Capacity)x100: 48%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.022									
2	0.022					7.4		2.2		
3	0.052					7.5		2.2		
4	0.055					7.7		2.2		
5	0.053					7.4		2.2		
6	0.063					7.6		2.2		
7	0.047					7.5		5.0		
8	0.023									
9	0.047					7.5		2.2		
10	0.049					7.5		2.2		
11	0.024					7.4		2.2		
12	0.049					7.4		2.2		
13	0.044					7.5		2.2		
14	0.024					7.4		3.0		
15	0.026									
16	0.026					7.5		2.2		
17	0.033	2.0		4.9		7.4	1.0	2.2	0.5	4.9
18	0.037					7.5		2.2		
19	0.050					7.4		2.2		
20	0.044					7.6		2.2		
21	0.038					7.6		5.0		
22	0.021									
23	0.021					7.4		2.2		
24	0.034					7.3		2.2		
25	0.043					7.4		2.2		
26	0.036					7.5		2.2		
27	0.041					7.4		1.2		
28	0.026					7.4		5.0		
29	0.019									
30	0.019					7.5		2.2		
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: April-07

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	0.036	48% Capacity	
		Monitoring Group Number	R001(Perc/Evap Ponds)	WAFR NO:	15196
FACILITY:	Village Water WWTP	PLANT SIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	NO DISCHARGE FROM SITE:		dmr date	5/07

COUNTY: Polk MONITORING PERIOD--From: 05/01/2007 To: 05/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
			Sample Measurement	Permit Requirement	Ex.				
Flow	0.043					0			
PARM Code 50050 Y Mon. Site No. INF-01	0.075 (Annual Avg)	mgd						Report Monthly Calculated Roll.An.Avg.	
Flow	0.036					0			
PARM Code 50050 1 Mon. Site No. INF-01	REPORT (Mo. Avg.)	mgd						5 Days / Week Elapsed Time Meters	
BOD, Carbonaceous 5 day, 20C			2.0			0			
PARM Code 80082 Y MON. Site No. EFA-01			20.0 (An. Avg.)			MG/L		Report Monthly Calculated Roll.An.Avg.	
BOD, Carbonaceous 5 day, 20C			2.0		2.0	0			
PARM Code 80082 1 Site No. EFA-01		MON.	30.0 (Mo. Avg.)		80.0 (Max.)	MG/L		Monthly Grab	
Solids, Total Suspended			3.2			0			
PARM Code 00530 Y Mon. Site No. EFA-01			20.0 (An. Avg.)			MG/L		Report Monthly Calculated Roll.An.Avg.	

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/06/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.9	1.9	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	80.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.3	7.6	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		8.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.2		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			7.1	0		
PARM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	Capacity	
FACILITY:	Village Water WWTP	Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	PLANTSIZE/TREATMENT TYPE:	IIC		
		NO DISCHARGE FROM SITE:		dmr date	6/07

COUNTY: Polk MONITORING PERIOD--From: 05/01/2007 To: 05/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	no flow			Ex. Analysis	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow				
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0		
PARM Code 80082 MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.2			
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

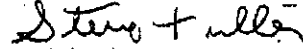
1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

07/06/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency No. of Ex. Analysis	Sample Type
Solids, Total Suspended	Sample Measurement	1.9	1.9		0	
PARM Code 00530 Mon.Site No.EFA-01	Permit Requirement	30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement	7.3	7.6		0	
PARM Code 00400 Mon. Site No.EFA-01	Permit Requirement	6.0 (Min.)	8.5(Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement	1.0			0	
PARM Code 74055 Mon.Site No.EFA-01	Permit Requirement	200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement	1.0	1		0	
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement	1.2			0	
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement	0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement				0	
	Permit Requirement					
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0	
ParM Code 80082 G 01	Mon.Site No. INF- Permit Requirement	Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0	
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement	Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: May-07

Three-month Average Daily Flow: 0.036
(TMADF/Permitted Capacity)x100:

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.016									
2	0.016					7.3		2.2		
3	0.035					7.4		2.2		
4	0.034					7.4		2.2		
5	0.020					7.4		2.2		
6	0.019									
7	0.019					7.5		2.2		
8	0.030	2.0		1.9		7.6	1.0	1.3	7.1	1.9
9	0.056					7.4		1.5		
10	0.036					7.5		2.0		
11	0.042					7.5		1.9		
12	0.030					7.5		5.0		
13	0.030									
14	0.030					7.6		2.2		
15	0.035					7.5		2.2		
16	0.040					7.4		2.2		
17	0.024					7.5		2.2		
18	0.072					7.4		2.2		
19	0.034					7.5		5.0		
20	0.040									
21	0.040					7.5		2.2		
22	0.047					7.4		2.2		
23	0.049					7.5		2.2		
24	0.045					7.4		2.2		
25	0.053					7.4		2.2		
26	0.035					7.5		5.0		
27	0.030									
28	0.030					7.6		2.2		
29	0.034					7.5		2.2		
30	0.051					7.5		2.2		
31	0.043					7.4		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: May-07

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
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29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

Office

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	0.035		48% Capacity
		Monitoring Group Number:	R001(Perc/Evap Ponds)	WAFR NO:	15196
FACILITY:	Village Water WWTP	PLANTS/SIZE/TREATMENT TYPE:	IIIIC		
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33601	NO DISCHARGE FROM SITE:			dmr date 6/07

COUNTY: Polk MONITORING PERIOD-From: 06/01/2007 To: 06/30/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.042						0			
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)		mgd						Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.034						0			
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement	REPORT (Mo.Avg.)		mgd						5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			0			
PARM Code 80082 Y MON. Site No. EPA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2		3.2	0			
PARM Code 80082 1 Site No. EPA-01	MON. Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grab
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		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-287-2074	07/07/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15186

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		7.0	7.0	0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.8	0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5(Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.2		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			1.6	0		
Parm Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
Parm Code 80082 G Mon.Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	Capacity	
		Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
FACILITY:	Village Water WWTP	PLANTS/IZE/TREATMENT TYPE:	IIC		
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	NO DISCHARGE FROM SITE:			dmr date 6/07

COUNTY: Polk MONITORING PERIOD-From: 06/01/2007 To: 06/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	no flow			0	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	no flow			0	
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.1		0	
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.2	3.2	0	
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.0		0	
PARM Code 00630 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/07/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency No. of Ex. Analysis	Sample Type
Solids, Total Suspended						
	Sample Measurement		7.0	7.0	0	
PARM Code 00630 Mon. Site No. EFA-01	1	Permit Requirement	30 (Mo. Avg.)	60.0 (Max)	MGL	Monthly Grab
pH						
	Sample Measurement		7.4	7.8	0	
PARM Code 00400 Mon. Site No. EFA-01	1	Permit Requirement	6.0 (Min.)	8.5 (Max)	SU	5 Days / Week Grab
Coliform, Fecal						
	Sample Measurement		1.0		0	
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Requirement	200 (An. Avg.)		#/100mL	Report Monthly Calculated Roll An. Avg.
Coliform, Fecal						
	Sample Measurement		1.0	1	0	
PARM Code 74055 Mon. Site No. EFA-01	1	Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly Grab
Total Residual Chlorine (for Disinfection)						
	Sample Measurement		2.2		0	
PARM Code 50060 Site No. EFA-01	1	Mon. Permit Requirement	0.5 (Min.)		MGL	5 Days / Week Grab
	Sample Measurement				0	
	Permit Requirement					
BOD, Carbonaceous 5 day, 20C						
	Sample Measurement		#DIV/0!		0	
ParM Code 80082 01	G Mon. Site No. INF-01	Permit Requirement	Annual (February)		MGL	Annual Grab
TSS						
	Sample Measurement		#DIV/0!		0	
PARM Code 00530 Mon. Site No. INF-01	G	Permit Requirement	Annual (February)		MGL	Annual Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: June-07

Three-month Average Daily Flow: 0.035

(TMADF/Permitted Capacity)x100: 46%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.043					7.4		2.2		
2	0.042					7.4		3.0		
3	0.034									
4	0.034					7.5		2.2		
5	0.039	3.2		7.0		7.6	1.0	2.2	1.6	7.0
6	0.049					7.4		2.2		
7	0.039					7.5		2.2		
8	0.044					7.4		2.2		
9	0.052					7.5		5.0		
10	0.029									
11	0.029					7.6		2.2		
12	0.035					7.8		2.2		
13	0.037					7.6		2.2		
14	0.039					7.7		2.2		
15	0.040					7.5		2.2		
16	0.021					7.5		5.0		
17	0.024									
18	0.024					7.4		2.2		
19	0.035					7.5		2.2		
20	0.040					7.4		2.2		
21	0.044					7.5		2.0		
22	0.044					7.6		2.2		
23	0.027					7.6		5.0		
24	0.020									
25	0.020					7.5		2.2		
26	0.028					7.5		2.2		
27	0.046					7.8		2.2		
28	0.020					7.4		2.2		
29	0.025					7.5		2.2		
30	0.024					7.5		2.2		
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: June-07

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village water WWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds
 Limited Wet Weather Discharge Activated: Yes No Not Applicable If yes, cumulative days of wet weather discharge
 * Attach additional sheets if necessary to list all certified operators.

DEP Form 82-620.910(10), Effective November 28, 1994
 DEP FILE NO.: FLA013087-002-DW3P

Office

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: 8960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.033
 Monitoring Group Number: R001(Perc/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR NO: 15196
 44% capacity
 dmr date 7/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD-From: 07/01/2007 To: 07/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
									Analysis	
Flow	Sample Measurement	0.041						0		
PARM Code 50050 Y Mon.Site No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd					Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement		0.029					0		
PARM Code 50050 1 Mon.Site No. INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			0		
PARM Code 60062 Y MON. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0	6.0		0		
PARM Code 60062 1 Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	80.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.2			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO	DATE (YYMMDD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/08/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		7.0	7.0	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.2	7.7	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		5.0	5	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			11.0	0		
PARM Code 08620 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: N/A
 Three Month Average Daily Flow: no flow Capacity
 Monitoring Group Number: R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: dmr d ate 7/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 07/01/2007 To: 07/31/2007

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	Frequency of	Sample Type
	Sample Measurement	Permit Requirement		Sample Measurement	Permit Requirement			
Flow	Sample Measurement: no flow						0	Ex. Analysis
PARM Code 50050 Y Mon.Site No.INF-01	Sample Measurement	0.075 (Annual Avg)	mgd					Report Monthly Calculated Roll An.Avg.
Flow	Sample Measurement	no flow					0	
PARM Code 50050 I Mon.Site No.INF-01	Sample Measurement	REPORT (Mo.Avg.)	mgd					5 Days / Week Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5			0	
PARM Code 80082 Y MON. Site No. EFA-01	Sample Measurement			20.0 (An.Avg.)		MG/L		Report Monthly Calculated Roll An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.0		6.0	0	
PARM Code 80082 I Site No. EFA-01	Sample Measurement			30.0 (Mo. Avg.)		60.0 (Max.)	MG/L	Monthly Grab
Solids, Total Suspended	Sample Measurement			3.2			0	
PARM Code 00530 Y Mon.Site No.EFA-01	Sample Measurement			20.0 (An.Avg.)		MG/L		Report Monthly Calculated Roll An.Avg.

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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III

Steve Fuller

813-267-2074

07/08/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	Frequency of Analysis	Sample Type
	No.	Ex.		No.	Ex.			
Solids, Total Suspended								
	Sample Measurement			7.0	7.0		0	
PARM Code 00530 Mon. Site No. EFA-01	1	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L		Monthly Grab
pH		Sample Measurement		7.2	7.7		0	
PARM Code 00400 Mon. Site No. EFA-01	1	Permit Requirement		6.0 (Min.)	8.5 (Max)	SU		5 Days / Week Grab
Coliform, Fecal		Sample Measurement		1.3			0	
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Requirement		200 (An. Avg.)		#/100mL		Report Monthly Calculated Roll An. Avg.
Coliform, Fecal		Sample Measurement		5.0	5		0	
PARM Code 74055 Mon. Site No. EFA-01	1	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly Grab
Total Residual Chlorine (for Disinfection)		Sample Measurement		2.0			0	
PARM Code 50060 Site No. EFA-01	1	Mon. Permit Requirement		0.5 (Min.)		MG/L		5 Days / Week Grab
		Sample Measurement					0	
		Permit Requirement						
BOD, Carbonaceous 5 day, 20C		Sample Measurement		#DIV/0!			0	
Parm Code 80082 01	G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L		Annual Grab
TSS		Sample Measurement		#DIV/0!			0	
PARM Code 00530 Mon. Site No. INF-01	G	Permit Requirement		Annual (February)		MG/L		Annual Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: July-07

Three-month Average Daily Flow: 0.033
(TMADF/Permitted Capacity)x100: 44.0/0

Village water/WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.016									
2	0.016					7.4		2.2		
3	0.038					7.4		2.2		
4	0.031					7.3		2.2		
5	0.024	6.0		7.0		7.2	5.0	2.2	11.0	7.0
6	0.034					7.3		2.2		
7	0.028					7.7		2.5		
8	0.019									
9	0.045					7.5		2.2		
10	0.036					7.4		2.2		
11	0.016					7.6		2.2		
12	0.026					7.7		2.0		
13	0.028					7.6		2.2		
14	0.027					7.6		2.5		
15	0.021									
16	0.021					7.6		2.2		
17	0.034					7.5		2.2		
18	0.036					7.5		2.2		
19	0.031					7.7		2.2		
20	0.033					7.4		2.2		
21	0.030					7.8		2.5		
22	0.023									
23	0.023					7.6		2.2		
24	0.029					7.5		2.2		
25	0.032					7.5		2.2		
26	0.045					7.6		2.2		
27	0.039					7.6		2.2		
28	0.021									
29	0.021					7.6		3.0		
30	0.037					7.5		2.2		
31	0.030					7.5		2.0		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: If yes, cumulative days of wet weather discharge
 * Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: July-07

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
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22	no flow									
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25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable

if yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

Office

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
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.033
 Monitoring Group Number: R001 (Perc/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 44% capacity
 WAFR NO: 15196
 dmr date 8/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 8/1/07 To: 08/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.041				0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.034				0		
PARM Code 50050 I Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 60062 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		MG/L	Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0		0		
PARM Code 60062 I Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)		60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.0		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		MG/L	Report Monthly	Calculated Roll An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Slids, Total Suspended	Sample Measurement		3.1	3.1	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	80.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.6	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.1		0		
PARM Code 50080 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			3.2	0		
Param Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
Param Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement						
PARM Code 00530 :G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6990 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: N/A
 Three Month Average Daily Flow: no flow Capacity
 Monitoring Group Number: R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: III C
 NO DISCHARGE FROM SITE: dmr date 8.07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD-From: 08/01/2007 To: 08/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type
					No.	of	
Flow	Sample Measurement	no flow			0	Ex. Analysis	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	no flow			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.1		0		
PARM Code 60082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 60082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.) MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.9		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

07/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
					No. of Analysis	
Solids, Total Suspended			3.1	3.1	0	
PARM Code 00530 Mon. Site No. EFA-01	1		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly Grab
pH			7.4	7.6	0	
PARM Code 00400 Mon. Site No. EFA-01	1		8.0 (Min.)	8.5 (Max)	SU	5 Days / Week Grab
Coliform, Fecal			1.0		0	
PARM Code 74055 Mon. Site No. EFA-01	Y		200 (An. Avg.)		#/100mL	Report Monthly Calculated Roll. An. Avg.
Coliform, Fecal			1.0	1	0	
PARM Code 74056 Mon. Site No. EFA-01	1		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly Grab
Total Residual Chlorine (for Disinfection)			2.1		0	
PARM Code 50060 Site No. EFA-01	1 Mon.		0.5 (Min.)		MG/L	5 Days / Week Grab
					0	
BOD, Carbonaceous 5 day, 20C						
PARM Code 80082 01	G Mon. Site No. INF-01		#DIV/0!		0	
TSS			Annual (February)		MG/L	Annual Grab
					0	
PARM Code 00530 Mon. Site No. INF-01	G		#DIV/0!		0	
			Annual (February)		MG/L	Annual Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: August-07

Three-month Average Daily Flow: 0.035
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50080	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.055					7.4		2.1		
2	0.039					7.4		2.2		
3	0.064					7.5		2.1		
4	0.031					7.5		2.5		
5	0.027									
6	0.027					7.5		2.2		
7	0.031					7.5		2.2		
8	0.038					7.4		2.2		
9	0.056					7.5		2.1		
10	0.034					7.4		2.1		
11	0.023					7.5		2.5		
12	0.020									
13	0.020					7.5		2.2		
14	0.032	2.0		3.1		7.5	1.0	2.2	3.2	3.1
15	0.042					7.4		2.1		
16	0.039					7.4		2.1		
17	0.036					7.6		2.1		
18	0.030					7.6		2.5		
19	0.020									
20	0.020					7.4		2.1		
21	0.035					7.6		2.1		
22	0.033					7.6		2.2		
23	0.027					7.5		2.1		
24	0.033					7.6		2.2		
25	0.039					7.6		2.8		
26	0.026									
27	0.026					7.5		2.2		
28	0.031					7.5		2.2		
29	0.038					7.4		2.2		
30	0.031					7.5		2.2		
31	0.038					7.4		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: August-07

Three-month Average Daily Flow: *no flow*
(TMADF/Permitted Capacity)x100:

Village water WWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

Office/CANDICE

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: 6980 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.033
 Monitoring Group Number: R001 (Per/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 44% capacity
 WAFR NO: 15198
 dmr date 9/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD-From: 09/01/2007 To: 09/29/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency		Sample Type
					No.	of	
Flow	Sample Measurement	0.041				Ex.	Analysis
PARM Code 50050 Y Mon. Site No. JNF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly Calculated Roll An. Avg.
Flow	Sample Measurement	0.034				0	
PARM Code 50050 1 Mon. Site No. JNF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0	
PARM Code 80082 Y MON. Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)			Report Monthly Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	
PARM Code 80082 1 Site No. EPA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly Grab
Solids, Total Suspended	Sample Measurement			3.0		0	
PARM Code 00530 Y Mon. Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)			Report Monthly Calculated Roll An. Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller

TELEPHONE NO.

813-267-2074

DATE (YYMMDD)

07/10/17

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

NITRATE HIGH PULL RESAMPLE

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		5.1	5.1	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.7	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		8.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.1		0		
PARM Code 50080 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			18.0	0		
PARM Code 08620 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6860 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: N/A
 Three Month Average Daily Flow: no flow Capacity
 Monitoring Group Number R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: dmr date 9/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 09/01/2007 To: 09/29/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type	Analysis	
							Ex.	No.
Flow	Sample Measurement	no flow					0	
PARM Code 50050 Y Mon.Site No.IIF-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly Calculated RollAn.Avg.
Flow	Sample Measurement	no flow					0	
PARM Code 50050 1 Mon.Site No.IIF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd					5 Days / Week Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1			0	
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Report Monthly Calculated RollAn.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0	
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly Grab
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		Report Monthly Calculated RollAn.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	07/10/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality of Concentration	Units	Ex. No.	Frequency of Analysis	Sample Type
Solids, Total Suspended							
PARM Code 00530 Mon. Site No. EFA-01	1		5.1	5.1	0		
	Sample Measurement						
	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)		Monthly	Grab
pH							
PARM Code 00400 Mon. Site No. EFA-01	1		7.4	7.7	0		
	Sample Measurement						
	Permit Requirement		6.0 (Min.)	8.5 (Max)		5 Days / Week	Grab
Coliform, Fecal							
PARM Code 74055 Mon. Site No. EFA-01	Y		1.0		0		
	Sample Measurement						
	Permit Requirement		200 (An. Avg.)			Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal							
PARM Code 74055 Mon. Site No. EFA-01	1		1.0	1	0		
	Sample Measurement						
	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)		Monthly	Grab
Total Residual Chlorine (for Disinfection)							
PARM Code 50080 Site No. EFA-01	1	Mon.	2.1		0		
	Sample Measurement						
	Permit Requirement		0.5 (Min.)			5 Days / Week	Grab
BOD, Carbonaceous 5 day, 20C							
PARM Code 80082 Mon. Site No. INF-01	G		#DIV/0!		0		
	Sample Measurement						
	Permit Requirement		Annual (February)			Annual	Grab
TSS							
PARM Code 00530 Mon. Site No. INF-01	G		#DIV/0!		0		
	Sample Measurement						
	Permit Requirement		Annual (February)			Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: September-07

Three-month Average Daily Flow: 0.035

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.031									
2	0.031									
3	0.031					7.5		2.2		
4	0.024					7.7		2.2		
5	0.035					7.6		2.2		
6	0.033					7.6		2.2		
7	0.043					7.5		2.2		
8	0.028					7.6		2.5		
9	0.049									
10	0.026					7.7		2.2		
11	0.038	2.0		5.1		7.6	1.0	2.2	18.0	5.1
12	0.044					7.6		2.2		
13	0.039					7.6		2.2		
14	0.050					7.5		2.2		
15	0.031					7.6		2.8		
16	0.028									
17	0.028					7.4		2.2		
18	0.040					7.6		2.2	11.0	
19	0.035					7.5		2.2		
20	0.054					7.5		2.2		
21	0.043					7.4		2.2		
22	0.024									
23	0.024					7.5		2.8		
24	0.039					7.4		2.2		
25	0.033					7.4		2.2		
26	0.039					7.5		2.2		
27	0.055					7.4		2.2		
28	0.041					7.4		2.2		
29	0.026					7.5		2.2		
30										
31										

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
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: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: September-07

Three-month Average Daily Flow: no flow
 (TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable

If yes, cumulative days of wet weather discharge

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

DEP Form 62-620.910(10), Effective November 29, 1994
 DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.036
 Monitoring Group Number: R001 (Peric/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 48% capacity
 WAFR NO: 15196
 dmr date 10/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk

MONITORING PERIOD-From: 10/01/2007 To: 10/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.041						0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)		mgd					Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement		0.038					0		
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			0		
PARM Code 80082 Y MON. Site No. EPA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		0		
PARM Code 80082 1 Site No. EPA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.7			0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.1	1.1	0		
PARM Code 00630 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.7	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.1		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			9.5+6.4	0		
ParM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
ParM Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00630 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	Capacity	
FACILITY:	Village Water WWTP	Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	PLANTSIZE/TREATMENT TYPE:	IIIC		
		NO DISCHARGE FROM SITE:		dmr date	10/07

COUNTY: Polk MONITORING PERIOD--From: 10/01/2007 To: 10/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
					No.	
Flow	Sample Measurement	no flow			Ex. Analysis	
				0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow				
				0		
PARM Code 50050 1 Mon.Site No.inf-01	Permit Requirement	REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.1			
				0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0		
				0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly
Solids, Total Suspended	Sample Measurement		2.7			Grab
				0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

07/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Solids, Total Suspended			1.1	1.1	0		
Sample Measurement							
PARM Code 00530 Mon. Site No. EFA-01	1		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH			7.4	7.7	0		
Sample Measurement							
PARM Code 00400 Mon. Site No. EFA-01	1		6.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Colliform, Fecal			1.0		0		
Sample Measurement							
PARM Code 74055 Mon. Site No. EFA-01	Y		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Colliform, Fecal			1.0	1	0		
Sample Measurement							
PARM Code 74055 Mon. Site No. EFA-01	1		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)			2.1		0		
Sample Measurement							
PARM Code 50060 Site No. EFA-01	1	Mon.	0.5 (Min.)		MG/L	5 Days / Week	Grab
Sample Measurement					0		
Permit Requirement							
BOD, Carbonaceous 5 day, 20C			#DIV/0!		0		
Sample Measurement							
PARM Code 80082 01	G	Mon. Site No. INF-01	Annual (February)		MG/L	Annual	Grab
TSS			#DIV/0!		0		
Sample Measurement							
PARM Code 00530 Mon. Site No. INF-01	G		Annual (February)		MG/L	Annual	Grab
Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: October-07

Three-month Average Daily Flow: 0.036
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.053					7.4		2.2		
2	0.037					7.4		2.1		
3	0.042					7.6		2.2		
4	0.034					7.5		2.2		
5	0.038					7.4		2.1		
6	0.033					7.5		2.8		
7	0.038									
8	0.038					7.6		2.2		
9	0.065					7.5		2.2		
10	0.035	2.0		1.1		7.5	1.0	2.1	9.5	1.1
11	0.046					7.4		2.1		
12	0.041					7.4		2.2		
13	0.026					7.5		2.5		
14	0.030									
15	0.030					7.4		2.2		
16	0.032					7.5		2.2	6.4	
17	0.047					7.4		2.2		
18	0.039					7.4		2.2		
19	0.042					7.5		2.2		
20	0.032					7.5		2.5		
21	0.031									
22	0.031					7.4		2.1		
23	0.040					7.4		2.2		
24	0.043					7.5		2.2		
25	0.040					7.7		2.2		
26	0.047					7.6		2.2		
27	0.031					7.6		2.8		
28	0.029									
29	0.029					7.5		2.2		
30	0.041					7.4		2.2		
31	0.050					7.5		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: October-07

Three-month Average Daily Flow: no flow
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

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

DEP Form 62-520.910(10), Effective November 29, 1994

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.034
 Monitoring Group Number: R001 (Perc/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 45% capacity
 WAFR NO: 15196
 dmr d date 11/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD—From: 11/01/2007 To: 11/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	0.034			0	Ex. Analysis
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.031			0	
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0	
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0	
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.) MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.4		0	
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III



813-267-2074

07/12/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality of Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.8	1.8	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.4	7.6	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		8.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		13.8		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		150.0	150	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			3.4	0		
PARM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East	LIMIT:	Final	GROUP:	Domestic
	Sarasota, FL 34240	CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	Capacity	
FACILITY:	Village Water WWTP	Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave.	PLANTSIZE/TREATMENT TYPE:	IIIC		
	Eaton Park, FL 33801	NO DISCHARGE FROM SITE:			dmr date 11/07

COUNTY: Polk MONITORING PERIOD--From: 11/01/2007 To: 11/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
					No.	
					Ex.	Analysis
Flow	Sample Measurement	no flow			0	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd		Report Monthly Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow			0	
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)		mgd		5 Days / Week Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0	
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L	Report Monthly Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0	
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly Grab
Solids, Total Suspended	Sample Measurement		3.4		0	
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L	Report Monthly Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	07/12/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency No. of Ex. Analysis	Sample Type
Solids, Total Suspended	Sample Measurement	1.8	1.8		0	
PARM Code 00630 Mon. Site No. EFA-01	1 Permit Requirement	30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement	7.4	7.6		0	
PARM Code 00400 Mon. Site No. EFA-01	1 Permit Requirement	6.0 (Min.)	8.5 (Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement	13.8			0	
PARM Code 74056 Mon. Site No. EFA-01	Y Permit Requirement	200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement	150.0	150		0	
PARM Code 74055 Mon. Site No. EFA-01	1 Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement	2.0			0	
PARM Code 50060 Site No. EFA-01	1 Mon. Permit Requirement	0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement				0	
	Permit Requirement					
BOD, Carbonaceous 5 day, 20C	Sample Measurement	#DIV/0!			0	
Perm Code 80082 01	G Mon. Site No. INF-01 Permit Requirement	Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement	#DIV/0!			0	
PARM Code 00530 Mon. Site No. INF-01	G Permit Requirement	Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: November-07

Three-month Average Daily Flow: 0.034
(TMADF/Permitted Capacity)x100: 450%

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.045					7.4		2.2		
2	0.048					7.5		2.1		
3	0.025									
4	0.025					7.5		2.5		
5	0.036					7.5		2.2		
6	0.034	2.0		1.8		7.4	150.0	2.2	3.4	1.8
7	0.040					7.5		2.1		
8	0.043					7.4		2.2		
9	0.054					7.4		2.2		
10	0.019									
11	0.019					7.5		2.8		
12	0.028					7.4		2.2		
13	0.038					7.4		2.2		
14	0.037					7.5		2.2		
15	0.038					7.5		2.2		
16	0.031					7.5		2.2		
17	0.021									
18	0.021					7.5		2.0		
19	0.030					7.4		2.1		
20	0.042					7.4		2.1		
21	0.035					7.4		2.2		
22	0.029					7.6		2.2		
23	0.022					7.5		2.2		
24	0.017									
25	0.017					7.5		2.8		
26	0.017					7.6		2.2		
27	0.038					7.6		2.1		
28	0.040					7.5		2.2		
29	0.043					7.5		2.2		
30	0.042					7.6		2.2		
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: November-07

Three-month Average Daily Flow: no flow
 (TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP Form 62-620.910(10), Effective November 29, 1994
 DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.034
 Monitoring Group Number: R001(Perc/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 45% capacity
 WAFR NO: 15196
 dmr date 12/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk

MONITORING PERIOD-From: 12/1/07 To: 12/31/2007

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.034					0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.028					0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5			0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0		
PARM Code 80082 1 Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	80.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.3			0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	08/01/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended			1.0	1.0	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Sample Measurement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH			7.4	7.6	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5(Max)	SU	5 Days / Week	Grab
Coliform, Fecal			13.8		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Sample Measurement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal			1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)			2.0		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate				3.4	0		
PARM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C			#DIV/0!		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS			#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: N/A
 Three Month Average Daily Flow: no flow Capacity
 Monitoring Group Number R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: dmr date 12/07

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 12/01/2007 To: 12/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	no flow			Ex. Analysis	
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow				
PARM Code 50050 I Mon.Site No.IF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0		
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.3			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

08/01/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
Solids, Total Suspended						
	Sample Measurement		1.0	1.0	0	
PARM Code 00530 Mon. Site No. EFA-01	1 Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly Grab
pH						
	Sample Measurement		7.4	7.6	0	
PARM Code 00400 Mon. Site No. EFA-01	1 Permit Requirement		6.0 (Min.)	8.5 (Max)	SU	5 Days / Week Grab
Coliform, Fecal						
	Sample Measurement		13.8		0	
PARM Code 74055 Mon. Site No. EFA-01	Y Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly Calculated Roll An. Avg.
Coliform, Fecal						
	Sample Measurement		1.0	1	0	
PARM Code 74055 Mon. Site No. EFA-01	1 Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly Grab
Total Residual Chlorine (for Disinfection)						
	Sample Measurement		2.0		0	
PARM Code 50060 Site No. EFA-01	1 Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week Grab
BOD, Carbonaceous 5 day, 20C						
	Sample Measurement				0	
	Permit Requirement					
	Sample Measurement				0	
PARM Code 80082 Mon. Site No. INF-01	G Permit Requirement		Annual (February)		MG/L	Annual Grab
TSS						
	Sample Measurement		#DIV/0!		0	
PARM Code 00530 Mon. Site No. INF-01	G Permit Requirement		Annual (February)		MG/L	Annual Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: December-07

Three-month Average Daily Flow: 0.032
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.021					7.6		2.5		
2	0.024									
3	0.024					7.5		2.2		
4	0.031	2.0		1.0		7.5	1.0	2.2	1.9	1.0
5	0.040					7.4		2.2		
6	0.035					7.5		2.2		
7	0.033					7.6		2.2		
8	0.020					7.6		2.8		
9	0.045									
10	0.020					7.6		2.2		
11	0.040					7.5		2.2		
12	0.036					7.5		2.2		
13	0.024					7.6		2.2		
14	0.043					7.6		2.2		
15	0.022					7.6		2.8		
16	0.021									
17	0.021					7.5		2.2		
18	0.035					7.5		2.2		
19	0.041					7.4		2.2		
20	0.035					7.6		2.2		
21	0.034					7.4		2.2		
22	0.018					7.5		2.8		
23	0.022									
24	0.022					7.6		2.2		
25	0.007					7.6		2.2		
26	0.039					7.5		2.2		
27	0.031					7.6		2.0		
28	0.033					7.5		2.1		
29	0.018					7.6		2.8		
30	0.022									
31	0.022					7.5		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: December-07

Three-month Average Daily Flow: no flow

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow									
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									
31	no flow									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

CANDICE

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
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.043
 Monitoring Group Number: R001 (Per/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 56%Capacity
 WAFR NO: 15196
 dmr c date 1/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 01/01/2006 To: 01/31/2006

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.052					0		
PARM Code 50050 MON Site No. NF-01	Permit Requirement	0.075 (Annual Avg.)	mgd					Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement	0.033					0		
PARM Code 50060 MON Site No. NF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.1			0		
PARM Code 80082 MON Site No. EPA-01	Permit Requirement			20.0 (An Avg.)		MGL		Report Monthly	Calculated Roll An Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0		
PARM Code 80082 MON Site No. EPA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.5			0		
PARM Code 80030 MON Site No. EPA-01	Permit Requirement			20.0 (An Avg.)		MGL		Report Monthly	Calculated Roll An Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months' 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/02/03

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		3.9	3.9	0		
<small>PARM Code 00530 Mon. Site No. EPA-01</small>	Permit Requirement		30 (Mo. Avg.)	50.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.5	8.0	0		
<small>PARM Code 01400 Mon. Site No. EPA-01</small>	Permit Requirement		8.0 (Min.)	8.5 Max	SU	6 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.7		0		
<small>PARM Code 74055 Mon. Site No. EPA-01</small>	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
<small>PARM Code 74055 Mon. Site No. EPA-01</small>	Permit Requirement		Report (No. GeoMean)	800 (Max)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.7		0		
<small>PARM Code 80060 Mon. Site No. EPA-01</small>	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			9.6	0		
<small>PARM Code 06520 Mon. Site No. EPA-01</small>	Permit Requirement			12.0 (Max)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		400		0		
<small>PARM Code 80082 G Mon. Site No. NF-01</small>	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		140		0		
<small>PARM Code 00530 G Mon. Site No. NF-01</small>	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0 Capacity
 Monitoring Group Number: R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: IIIIC
 NO DISCHARGE FROM SITE: dmr c Date 1/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD-From: 01/01/2006 To: 01/31/2006

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement						0		
PARM Code 50060 Mon Site No: 01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement						0		
PARM Code 50060 Mon Site No: 01	Permit Requirement		REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.1			0		
PARM Code 80092 MON Site No: EFA01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0		
PARM Code 80092 Site No: EFA01	Permit Requirement			30.0 (Mo. Avg.)	50.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.5			0		
PARM Code 0630 Mon Site No: EFA01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/02/03

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			3.9	3.9		0		
PARM Code 00590 Mon. Site No. EFA-01	Permit Requirement			30 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement			7.5	8.0		0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.7			0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)		#/100ml		Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement			1.0	1.0		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			Report (Mo. GeoMean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			0.7			0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days / Week	Grab
	Sample Measurement						0		
	Permit Requirement								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			400			0		
PARM Code 80082 - B Mon. Site No. INF-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement			140			0		
PARM Code 00530 - G Mon. Site No. INF-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab

Leesburg

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 32389-2400

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.038 50%
 Monitoring Group Number: R001 (Perc/Evap Ponds) WAFR NO: 15196
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: dmr date 3/07/06

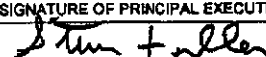
FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.052			0		
PARM Code 50050 - Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.045			0		
PARM Code 50050 - Y Mon Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.1		0		
PARM Code 80082 - Y MON Site No. EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 - MON Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	50.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		6.0		0		
PARM Code 00630 - Y Mon Site No. EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L		Report Monthly	Calculated Roll An Avg

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/03/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			9.8	9.8		0		
PARM Code 00530-1 Mon. Site No. EPA-01	Permit Requirement			30 (Mo. Avg.)	50.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement			7.5	7.9		0		
PARM Code 00400 Site No. EPA-01	Permit Requirement			8.0 (Min.)	8.5 (Min.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.3			0		
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement			200 (An. Avg.)		#/100mL		Report Monthly	Calculated Rolling Avg.
Coliform, Fecal	Sample Measurement			1.0	1		0		
PARM Code 74055-1 Mon. Site No. EPA-01	Permit Requirement			Report (Mo. Geom.)	800 (Max)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1			0		
PARM Code 50050-1 Mon. Site No. EPA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrate	Sample Measurement				3.1		0		
PARM Code 08520-1 Mon. Site No. EPA-01	Permit Requirement				12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			310			0		
PARM Code 30082-G Mon. Site No. EPA-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement			80			0		
PARM Code 00530-G Mon. Site No. EPA-01	Permit Requirement			Annual (February)		MG/L		Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

Three Month Average Daily Flow: % OF CAPACITY
 Monitoring Group Number: R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: dmr date 3/8/08

COUNTY: Polk MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement						0		
PARM Code 50050 Y MON Site No: EPA-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement						0		
PARM Code 50050 I MON Site No: EPA-01	Permit Requirement		REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.1			0		
PARM Code 80082 Y MON Site No: EPA-01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0		
PARM Code 80082 I Site No: EPA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0			0		
PARM Code D0530 Y MON Site No: EPA-01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/03/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			9.8		9.8	0	
PARM Code 00530 Mon. Site No. EPA-01	Permit Requirement			30 (Mo. Avg.)		60.0 (Max)		Monthly Grab
pH	Sample Measurement			7.5		7.9	0	
PARM Code 00400 Mon. Site No. EPA-01	Permit Requirement			6.0 (Min.)		8.5 (Min.)		5 Days / Week Grab
Coliform, Fecal	Sample Measurement			1.3			0	
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement			200 (An. Avg.)				Report Monthly Calculated Rot. An. Avg.
Coliform, Fecal	Sample Measurement			1.0		1	0	
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max)		Monthly Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1			0	
PARM Code 50160 Mon. Site No. EPA-01	Permit Requirement			0.5 (Min.)				MG/L 5 Days / Week Grab
	Sample Measurement						0	
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			310			0	
Permit Code 80082, G Mon. Site No. NF-01	Permit Requirement			Annual (February)				MG/L Annual Grab
TSS	Sample Measurement			80			0	
PARM Code 00530, G Mon. Site No. NF-01	Permit Requirement			Annual (February)				MG/L Annual Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: February-06

Three-month Average Daily Flow: 0.038

(TMADF/Permitted Capacity)x100:

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.040					7.6		1.8		
2	0.032					7.8		4.5		
3	0.039					7.8		3.5		
4	0.103					7.8		4.2		
5	0.049									
6	0.049					7.6		2.5		
7	0.041					7.6		2.4		
8	0.074					7.5		3.5		
9	0.032					7.6		3.0		
10	0.045					7.7		3.1		
11	0.048					7.8		4.0		
12	0.023									
13	0.023					7.8		3.2		
14	0.042	2.0	110.0	9.8	30.0	7.7	1.0	3.0	3.1	9.8
15	0.049					7.8		4.2		
16	0.032					7.6		2.0		
17	0.039					7.6		2.4		
18	0.032					7.6		3.0		
19	0.028									
20	0.028					7.7		2.9		
21	0.058					7.7		3.0		
22	0.044					7.6		1.0		
23	0.044					7.9		4.0		
24	0.079					7.7		3.5		
25	0.040					7.8		3.0		
26	0.059									
27	0.059					7.6		1.2		
28	0.035					7.7		1.0		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>c</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.038
 Monitoring Group Number: R001 (Per/Evap Ponds)
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR NO: 15198
 50%
 dmr c ate 4-10-06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801



COUNTY: Polk MONITORING PERIOD--From: 03/01/2006 To: 03/31/2006

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.052					0		
PARM Code 50050 Mon Site No. IFE-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.060					0		
PARM Code 50050 Mon Site No. IFE-01	Permit Requirement	REPORT (Mo. Avg.)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9			0		
PARM Code 30082 MON Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4	3.4		0		
PARM Code 30062 Site No. EPA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0			0		
PARM Code 00530 Mon Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/04/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			5.9	5.9		0		
PARM Code 00630-1 Mon. Site No. EPA-01	Permit Requirement			30 (Mo. Avg.)	80.0 (Max)	MGL		Monthly	Grab
pH	Sample Measurement			7.4	7.9		0		
PARM Code 00400 Site No. EPA-01	Permit Requirement			6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.3			0		
PARM Code 74050 Mon. Site No. EPA-01	Permit Requirement			200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement			1.0	1		0		
PARM Code 74050-1 Mon. Site No. EPA-01	Permit Requirement			Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1.0			0		
PARM Code 30050 Mon. Site No. EPA-01	Permit Requirement			0.5 (Min.)		MGL		5 Days / Week	Grab
Nitrate	Sample Measurement				2.9		0		
Parm Code 08520 Mon. Site No. EPA-01	Permit Requirement				12.0 (Max)	MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!			0		
Parm Code 80082-G Mon. Site No. INF-01	Permit Requirement			Annual (February)		MGL		Annual	Grab
TSS	Sample Measurement			#DIV/0!			0		
PARM Code 80590-G Mon. Site No. INF-01	Permit Requirement			Annual (February)		MGL		Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow:
 Monitoring Group Number R002(spray Field)
 PLANTSIZE/TREATMENT TYPE: IILC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 % OF CAPACITY
 WAFR NO: 38752
 dmr date 3/8/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD-From: 03/01/2006 To: 03/31/2006

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement						0		
PARM Code 50050 Y MON Site No. EFA-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement						0		
PARM Code 50060 1 MON Site No. EFA-01	Permit Requirement	REPORT (Mo Avg)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9			0		
PARM Code 80052 Y MON Site No. EFA-01	Permit Requirement			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4	3.4		0		
PARM Code 80082 1 MON Site No. EFA-01	Permit Requirement			30.0 (Mo Avg)	80.0 (Max)	MG/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0			0		
PARM Code D0530 Y MON Site No. EFA-01	Permit Requirement			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/04/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
							Ex.	Analysis	
Solids, Total Suspended	Sample Measurement			5.9		5.9	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30 (Mo. Avg.)		50.0 (Max.)	MG/L	Monthly	Grab
pH	Sample Measurement			7.4		7.9	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.3			0		
PARM Code 74054 Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)			#/100mL	Report Monthly	Calculated Rolling Avg.
Coliform, Fecal	Sample Measurement			1.0		1	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1			0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L	5 Days / Week	Grab
	Sample Measurement						0		
	Permit Requirement								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!			0		
PARM Code 50082, G Mon. Site No. INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab
TSS	Sample Measurement			#DIV/0!			0		
PARM Code 00530 - G Mon. Site No. INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: March-06

Three-month Average Daily Flow: 0.043

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.068					7.5		0.9		
2	0.037					7.6		2.2		
3	0.061					7.7		2.0		
4	0.038					7.8		3.3		
5	0.044									
6	0.044					7.9		2.4		
7	0.053					7.8		3.0		
8	0.066					7.7		3.2		
9	0.036					7.6		3.0		
10	0.037					7.8		2.5		
11	0.042					7.7		3.0		
12	0.036									
13	0.036					7.5		2.5		
14	0.071	3.4		5.9		7.6	1.0	3.8	2.9	5.9
15	0.043					7.4		4.5		
16	0.053					7.6		3.8		
17	0.057					7.6		3.0		
18	0.048					7.7		4.0		
19	0.044									
20	0.044					7.6		3.9		
21	0.036					7.8		3.0		
22	0.051					7.8		4.2		
23	0.055					7.8		5.0		
24	0.079					7.7		5.0		
25	0.038					7.7		4.2		
26	0.023									
27	0.023					7.7		4.0		
28	0.045					7.7		3.5		
29	0.053					7.7		4.1		
30	0.080					7.8		4.5		
31	0.114					7.8		4.3		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> Eddie Christmas </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> Robert Paver </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds
 Limited Wet Weather Discharge Activated: : Not Applicable: If yes, cumulative days of wet weather discharge
 * Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: March-06

Three-month Average Daily Flow: 0.043
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50950	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
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7										
8										
9										
10										
11										
12										
13										
14		3.4		5.9			1.0		2.9	
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31										

Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 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: or: 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

DEP FILE NO.: FLA013087-002-DW3P

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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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

Three Month Average Daily Flow:
 Monitoring Group Number
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

56 % OF CAPACITY

WAFR NO: 15196

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

dmr c ate 5/16/06

COUNTY: Polk

MONITORING PERIOD-From: 04/01/2006 To: 04/30/2006

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.050							0		
PARM Code 50050 Y Mon Site No. EPA-01	Permit Requirement	0.075 (Annual Avg)		mgd						Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.032							0		
PARM Code 50050 Y Mon Site No. EPA-01	Permit Requirement		REPORT (Mo. Avg.)	mgd						5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4				0		
PARM Code 80182 Y MON Site No. EPA-01	Permit Requirement				20.0 (An Avg.)			MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.2		8.2		0		
PARM Code 80382 Y Site No. EPA-01	MON Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.7				0		
PARM Code 10530 Y Mon Site No. EPA-01	Permit Requirement				20.0 (An Avg.)			MG/L		Report Monthly	Calculated Roll An Avg

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	08/05/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				5.1	5.1		0		
PARM Code 00530 - 1 Mon. Site No. EFA-01	Permit Requirement				30 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.7	7.9		0		
PARM Code 00400 - 1 Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SI		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement				1.3			0		
PARM Code 74055 - 1 Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll-Av.
Coliform, Fecal	Sample Measurement				1.0	1		0		
PARM Code 74056 - 1 Mon. Site No. EFA-01	Permit Requirement				Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				2			0		
PARM Code 60060 - 1 Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)		MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement					6.3		0		
PARM Code 08520 - 1 Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				#DIV/0!			0		
PARM Code 60082 - G Mon. Site No. INF-01	Permit Requirement				Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement				#DIV/0!			0		
PARM Code 0630 - G Mon. Site No. INF-01	Permit Requirement				Annual (February)		MG/L		Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	<u>0.042</u>	% OF CAPACITY	<u>42%</u>
FACILITY:	Village Water WWTP	Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	PLANTSIZE/TREATMENT TYPE:	III C		
		NO DISCHARGE FROM SITE:		dmr c ate	5/16/06

COUNTY: Polk MONITORING PERIOD--From: 04/01/2006 To: 04/30/2006

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement						0		
PARM Code 50050 Y Mon Site No: EPA-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement						0		
PARM Code 50050 Y Mon Site No: EPA-01	Permit Requirement	REPORT (Mo Avg)	mgd					5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4			0		
PARM Code 80092 MON Site No: EPA-01	Permit Requirement			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.2	8.2		0		
PARM Code 80092 Site No: EPA-01	Permit Requirement			30.0 (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.7			0		
PARM Code 00530 Y Mon Site No: EPA-01	Permit Requirement			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/05/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		5.1		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)			Monthly	Grab
pH	Sample Measurement		7.7		0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		8.0 (Min.)			5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (Ar. Avg.)			Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)			Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)			5 Days / Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)			Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)			Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: April-06

Three-month Average Daily Flow: 0.042
 (TMADF/Permitted Capacity)x100: 01/00/1900

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.014					7.8		3.0		
2	0.021									
3	0.021					7.8		2.5		
4	0.039					7.8		2.8		
5	0.035					7.7		2.9		
6	0.026					7.8		2.8		
7	0.041					7.8		5.0		
8	0.032					7.8		3.0		
9	0.026									
10	0.026					7.8		2.7		
11	0.046	8.2		5.1		7.8	1.0	4.0	6.3	5.1
12	0.061					7.8		3.7		
13	0.050					7.8		2.8		
14	0.036					7.8		3.0		
15	0.041							3.5		
16	0.027					7.8				
17	0.027					7.8		3.2		
18	0.033					7.8		2.8		
19	0.035					7.7		2.6		
20	0.010					7.7		3.0		
21	0.030					7.7		2.8		
22	0.049					7.7		3.4		
23	0.020									
24	0.020					7.7		3.0		
25	0.042					7.9		2.6		
26	0.049					7.9		3.0		
27	0.020					7.9		2.3		
28	0.036					7.8		3.0		
29	0.033					7.8		2.8		
30										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: April-06

Three-month Average Daily Flow: 0.042
 (TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
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4										
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PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: : 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
 DEP FILE NO.: FLA013087-002-DW3P

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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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

Three Month Average Daily Flow: % OF CAPACITY
 Monitoring Group Number: R001 (Perc/Evap Ponds) WAFR NO: 15196
 PLANTS/SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: dmr date 1/01

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk

MONITORING PERIOD-From: 05/01/2006 To: 05/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Analysis	
Flow	Sample Measurement	0.047			0		
PARM Code 50050 - Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.027			0		
PARM Code 50050 - 1 Mon Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	0		
PARM Code 80082 - Y MON Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	0		
PARM Code 80082 - 1 Site No. EFA-M	Permit Requirement			30.0 (Mo. Avg.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.1	0		
PARM Code 80530 - Y Mon Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An Avg

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/06/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		10.0	10.0	0		
PARM Code 00530 1 Mon Site No. EPA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.8	7.9	0		
PARM Code 00400 Site No. EPA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Y Mon Site No. EPA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon Site No. EPA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.8		0		
PARM Code 50060 1 Mon Site No. EPA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			0.24	0		
ParM Code 08520 1 Mon Site No. EPA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
ParM Code 80082 G Mon Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency	Sample Type
						Ex.	of Analysis	
Solids, Total Suspended	Sample Measurement		10.0		10.0	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)		60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.8		7.9	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)		6.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.3			0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)			#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0		1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)		800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.8			0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)			MG/L	6 Days / Week	Grab
	Sample Measurement					0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		#DIV/0!			MG/L	Annual	Grab
TSS	Sample Measurement					0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		#DIV/0!			MG/L	Annual	Grab
	Permit Requirement		Annual (February)					

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: May-06

Three-month Average Daily Flow: 0.036

(TMADF/Permitted Capacity)x100: 01/00/1900

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.020					7.8		3.2		
2	0.006					7.9		3.3		
3	0.031					7.8		3.1		
4	0.042					7.8		3.0		
5	0.034					7.8		3.5		
6	0.019					7.9		4.0		
7	0.020									
8	0.020					7.8		4.1		
9	0.033	3.0		10.0		7.8	1.0	4.0	0.24	10.0
10	0.041					7.8		3.5		
11	0.036					7.8		4.0		
12	0.032					7.8		3.5		
13	0.031					7.9		4.5		
14	0.015									
15	0.015					7.9		4.0		
16	0.033					7.8		4.2		
17	0.039					7.8		3.3		
18	0.017					7.9		3.8		
19	0.038					7.8		4.0		
20	0.018					7.9		4.5		
21	0.023									
22	0.023					7.9		4.3		
23	0.025					7.9		3.0		
24	0.036					7.8		3.1		
25	0.032					7.8		2.8		
26	0.041					7.8		3.4		
27	0.018					7.8		3.0		
28	0.020									
29	0.020					7.8		3.1		
30	0.021					7.9		4.1		
31	0.043					7.8		3.5		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> EDDIE C. </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> </u>	Name: <u> Robert Paver </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: May-06

Three-month Average Daily Flow: 0.0.
 (TMADF/Permitted Capacity)x100:

Village water WWTP (R002)

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
50050		80082	80082	00530	00530	00400	74055	50080	00620	00530
Mon. Site	EFLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
6										
7										
8										
9		3.0		10.0			1.0		0.24	10.0
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> Eddie C. </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> </u>	Name: <u> Robert Paver </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: : 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
 DEP FILE NO.: FLA013087-002-DW3P

CAN RIVE

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
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.033
 Monitoring Group Number: R001 (Perc/Evap Ponds)
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 WAFR NO: 15196
 44% Capacity
 dmr c ate7/12/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.046						0		
PARM Code 80050 Y MON Site No INF-01	Permit Requirement	0.075 (Annual Avg)		mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.042						0		
PARM Code 80050 1 MON Site No INF-01	Permit Requirement		REPORT (Mo. Avg.)	mgd					5 Days / Week	Elapsed Time Meters
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		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.2		0		
PARM Code 80082 MON Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	50.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.5			0		
PARM Code 00530 Y MON Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
							Ex.		
Solids, Total Suspended	Sample Measurement			8.8		8.8	0		
PARM Code 00530 - 1 Mon. Site No. EFA-01	Permit Requirement			30 (Mo. Avg.)		60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement			7.8		8.1	0		
PARM Code 00400 Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.1			0		
PARM Code 74055 - Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL	Report Monthly	Calculated Roll An Avg.
Coliform, Fecal	Sample Measurement			1.0		1	0		
PARM Code 74055 - 1 Mon. Site No. EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			2			0		
PARM Code 50060 - 1 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement					0.1	0		
Param. Code 08520 - 1 Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!			0		
Param. Code 80082 - G Mon. Site No. INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab
TSS	Sample Measurement			#DIV/0!			0		
PARM Code 00530 - G Mon. Site No. INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.034
 Monitoring Group Number: R002(spray Field)
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 % OF CAPACITY 8%
 WAFR NO: 38752
 dmr date 1/01

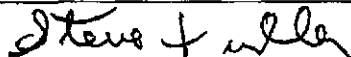
FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency	Sample Type
								of	
							Ex.	Analysis	
Flow	Sample Measurement						0		
PARM Code 50050 Y Mon Site No: INF-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	no flow					0		
PARM Code 50050 1 Mon Site No: INF-01	Permit Requirement	REPORT (Mo Avg.)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2			0		
PARM Code 80082 Y MON Site No: EPA-01	Permit Requirement			20.0 (An Avg.)		MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	2.2		0		
PARM Code 80082 MON Site No: EPA-01	Permit Requirement			30.0 (Mo Avg.)	80.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.5			0		
PARM Code 00530 Y Mon Site No: EPA-01	Permit Requirement			20.0 (An Avg.)		MG/L		Report Monthly	Calculated Roll An Avg

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		8.8	8.8		0		
PARM Code 00630 Mon. Site No. EPA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement		7.8	8.1		0		
PARM Code 00400 Mon. Site No. EPA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1			0		
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1		0		
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2			0		
PARM Code 60050 Mon. Site No. EPA-01	Permit Requirement		0.5 (Min.)		MG/L		5 Days / Week	Grab
	Sample Measurement					0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!			0		
PARM Code 80082 G Mon. Site No. RNF-01	Permit Requirement		Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement		#DIV/0!			0		
PARM Code 00530 G Mon. Site No. RNF-01	Permit Requirement		Annual (February)		MG/L		Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: June-06

Three-month Average Daily Flow: 0.033

(TMADF/Permitted Capacity)x100: 01/00/1900

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.024					7.8		4.0		
2	0.032					7.8		3.5		
3	0.032					7.8		3.0		
4	0.019									
5	0.019					7.8		2.9		
6	0.035	2.2		8.8		7.9	1.0	4.5	0.1	8.8
7	0.033					7.9		4.2		
8	0.037					7.8		3.8		
9	0.054					7.8		3.0		
10	0.018					7.8		3.2		
11	0.028									
12	0.028					7.8		4.0		
13	0.098					7.8		3.0		
14	0.081					7.8		3.2		
15	0.058					7.9		2.5		
16	0.047					7.9		3.0		
17	0.039					7.9		2.5		
18	0.028									
19	0.028					7.9		2.4		
20	0.056					8.0		3.9		
21	0.028					7.9		3.5		
22	0.044					7.9		2.5		
23	0.056					8.1		2.1		
24	0.019					7.9		2.5		
25	0.046									
26	0.046					7.8		3.0		
27	0.068					7.8		3.5		
28	0.038					7.8		3.0		
29	0.065					7.8		3.2		
30	0.056					7.8		3.5		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> Eddie Christmas </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> </u>	Name: <u> Robert Paver </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: June-06

Three-month Average Daily Flow: no flow
 (TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	no flow									
2	no flow									
3	no flow									
4	no flow									
5	no flow									
6	no flow	2.2		8.8			1.0		0.1	8.8
7	no flow									
8	no flow									
9	no flow									
10	no flow									
11	no flow									
12	no flow									
13	no flow									
14	no flow									
15	no flow									
16	no flow									
17	no flow									
18	no flow									
19	no flow									
20	no flow									
21	no flow									
22	no flow									
23	no flow									
24	no flow									
25	no flow									
26	no flow									
27	no flow									
28	no flow									
29	no flow									
30	no flow									

PLANT STAFFING:

Lead Operator	Class:	<u> B </u>	Certification No.:	<u> 8937 </u>	Name:	<u> Steve Fuller </u>
Day Shift Operator	Class:	<u> C </u>	Certification No.:	<u> 13244 </u>	Name:	<u> Eddie Christmas </u>
Day Shift Operator	Class:	<u> C </u>	Certification No.:	<u> </u>	Name:	<u> Robert Paver </u>
Day Shift Operator	Class:	<u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>
Chief Day Operator	Class:	<u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>

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

Limited Wet Weather Discharge Activated: : 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

DEP FILE NO.: FLA013087-002-DW3P

CANDOR

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
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.040
 Monitoring Group Number: R001 (Perc/Evap Ponds)
 PLANTSIZ/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 WAFR NO: 15196
 53 % capacity
 dmr c ate 8/15/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.045						0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd					Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement	0.051						0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)		mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			0		
PARM Code B0062 Y MON. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1		0		
PARM Code B0082 1 Site No. EFA-01	MON. Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.8			0		
PARM Code 00630 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i> 88937	813-267-2074	08/08/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			4.9		4.9	0		
PARM Code 00530 - 1 Mon. Site No. EFA-01	Permit Requirement			30 (Mo. Avg.)		60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement			7.9		8.0		0	
PARM Code 00400 Site No. EFA-01	Mon: Permit Requirement			6.0 (Min.)		8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.1				0	
PARM Code 74055 - Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement			1.0		1		0	
PARM Code 74055 - 1 Mon. Site No. EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			2.0				0	
PARM Code 50060 - 1 Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement					2.3		0	
PARM Code 08520 - 1 Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!				0	
PARM Code 80082 - G Mon. Site No. INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab
TSS	Sample Measurement			#DIV/0!				0	
PARM Code 00530 - G Mon. Site No. INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087 REPORT: Monthly
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: N/A
 Three Month Average Daily Flow: none
 Monitoring Group Number: R002(spray Field) WAFR NO: 38752
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: dmr c ate 8/15/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	none					0		
PARM Code 60050 Y Mon Site No JNF-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	none					0		
PARM Code 60050 1 Mon Site No JNF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9			0		
PARM Code 80082 Y MON Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	2.1		0		
PARM Code 80082 MON Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.8			0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i> B 8937	813-267-2074	06/08/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		4.9	4.9		0		
PARM Code 00530 Mon. Site No. EFA-01	1 Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement		7.9	8.0		0		
PARM Code 00400 Mon. Site No. EFA-01	1 Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1			0		
PARM Code 74055 Mon. Site No. EFA-01	Y Permit Requirement		200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll An Avg
Coliform, Fecal	Sample Measurement		1.0	1		0		
PARM Code 74055 Mon. Site No. EFA-01	1 Permit Requirement		Report (Mg. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0			0		
PARM Code 50060 Mon. Site No. EFA-01	1 Permit Requirement		0.5 (Min.)		MG/L		5 Days / Week	Grab
	Sample Measurement					0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!			0		
PARM Code 80062 Mon. Site No. INF-01	G Permit Requirement		Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement		#DIV/0!			0		
PARM Code 00530 Mon. Site No. INF-01	G Permit Requirement		Annual (February)		MG/L		Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: July-06

Three-month Average Daily Flow: 0.040

(TMADF/Permitted Capacity)x100: 53%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.034					7.8		3.5		
2	0.034									
3	0.034					7.8		3.0		
4	0.043					7.8		3.1		
5	0.072	2.1		4.9		7.8	1.0	3.4	2.3	4.9
6	0.052					7.9		3.5		
7	0.064					7.8		3.3		
8	0.083					8.0		2.5		
9	0.059									
10	0.059					8.0		3.8		
11	0.086					8.0		4.0		
12	0.067					8.0		3.5		
13	0.066					7.9		3.3		
14	0.065					7.9		3.0		
15	0.055					8.0		3.1		
16	0.043									
17	0.043					7.9		4.0		
18	0.048					8.0		2.8		
19	0.055					7.9		2.5		
20	0.042					7.9		3.0		
21	0.057					7.9		2.0		
22	0.043					7.9		2.8		
23	0.039									
24	0.039					8.0		2.9		
25	0.038					7.9		3.0		
26	0.058					7.9		2.7		
27	0.041					8.0		3.8		
28	0.072					8.0		3.1		
29	0.028					7.9		3.0		
30	0.028									
31	0.028					7.9		2.8		

PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	C	Certification No.:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:	C	Certification No.:	8946	Name:	Robert Paver
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: Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: July-06

Three-month Average Daily Flow: none
 (TMADF/Permitted Capacity)x100: no flow

Village waterWWTP (R002)

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
50050		80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	None									
2	None									
3	None									
4	None									
5	None									
6	None									
7	None									
8	None									
9	None									
10	None									
11	None									
12	None									
13	None									
14	None									
15	None									
16	None									
17	None									
18	None									
19	None									
20	None									
21	None									
22	None									
23	None									
24	None									
25	None									
26	None									
27	None									
28	None									
29	None									
30	None									
31	None									

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 8946 </u>	Name: <u> Robert Paver </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> Eddie Christmas </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: 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

DEP FILE NO.: FLA013087-002-DW3P

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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	0.050		75% of capacity
		Monitoring Group Number	R001 (Per/Evap Ponds)	WAFR NO:	15196
FACILITY:	Village Water WWTP	PLANTSIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	NO DISCHARGE FROM SITE:			dmr c ate 9/23/06

COUNTY: Polk MONITORING PERIOD--From: 08/01/2006 To: 08/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement	0.044				0		
PARM Code 50050 Y Mon. Site No. JNF-01	Permit Requirement	0.075 (Annual Avg.)	mgd				Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.057				0		
PARM Code 50050 1 Mon. Site No. JNF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 90082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 90082 1 Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.7		0		
PARM Code 00530 Y Mon. Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/09/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		2.6	2.6	0		
PARM Code 00530 - 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.8	7.9	0		
PARM Code 00400 - 1 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 - Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 - 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0		0		
PARM Code 30060 - 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			4.6	0		
PARM Code 08520 - 1 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 30082 - G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00630 - G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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 MAILING ADDRESS: 6960 Professional Parkway East Sarasota, FL 34240	PERMIT NUMBER: FLA013087 LIMIT: Final CLASS SIZE: N/A Three Month Average Daily Flow: <u>no flow</u> Monitoring Group Number: R002(spray Field) PLANTSIZE/TREATMENT TYPE: IIIC NO DISCHARGE FROM SITE:
REPORT: Monthly	GROUP: Domestic

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

APACITY: WAFR NO: 38752
 dmr c ate 9/23/06

COUNTY: Polk MONITORING PERIOD--From: 08/01/2006 To: 08/31/2006

Parameter	Quantity of Loading		Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
	Sample Measurement	Permit Requirement		Quality	Concentration	Ex.				
Flow	Sample Measurement						0			
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg	
Flow	Sample Measurement						0			
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd					5 Days / Week	Elapsed Time Months	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9			0			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			MG/L	Report Monthly	Calculated Roll An Avg	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		2.1	0			
PARM Code 80082 MON Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		50.0 (Max.)	MG/L	Monthly	Grab	
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	Report Monthly	Calculated Roll An Avg	

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/09/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency	Sample Type
						Ex.	of Analysis	
Solids, Total Suspended	Sample Measurement		2.6	2.6		0		
PARM Code 00530 Mon. Site No. EPA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement		7.8	7.9		0		
PARM Code 60400 Mon. Site No. EPA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.0			0		
PARM Code 74058 Mon. Site No. EPA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1		0		
PARM Code 74055 Mon. Site No. EPA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0			0		
PARM Code 60060 Mon. Site No. EPA-01	Permit Requirement		0.5 (Min.)		MG/L		5 Days / Week	Grab
	Sample Measurement					0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!			0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement		#DIV/0!			0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L		Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: August-06

Three-month Average Daily Flow: 0.050
(TMADF/Permitted Capacity)x100: 75%

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	ELW-01	EFA-01	INF-01	EFA-01	INE-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.050	2.1		2.6		7.9	1.0	3.0	4.6	2.6
2	0.060					7.9		2.7		
3	0.038					7.8		3.1		
4	0.076					7.8		2.7		
5	0.033					7.8		3.0		
6	0.058									
7	0.058					7.8		2.9		
8	0.047					7.8		2.7		
9	0.074					7.8		2.0		
10	0.036					7.8		2.5		
11	0.072					7.8		2.7		
12	0.024					7.8		3.2		
13	0.040									
14	0.040					7.8		3.4		
15	0.033					7.8		4.0		
16	0.068					7.9		3.9		
17	0.051					7.9		3.5		
18	0.086					7.9		3.0		
19	0.066					7.8		3.5		
20	0.049									
21	0.049					7.8		3.2		
22	0.058					7.8		3.0		
23	0.093					7.8		3.3		
24	0.046					7.7		4.0		
25	0.092					7.7		3.8		
26	0.059					7.8		3.5		
27	0.041									
28	0.041					7.8		3.2		
29	0.073					7.6		2.0		
30	0.065					7.7		2.5		
31	0.086					7.8		2.0		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 8946 </u>	Name: <u> Robert Paver </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds
 Limited Wet Weather Discharge Activated: Not Applicable If yes, cumulative days of wet weather discharge
 * Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: August-06

Three-month Average Daily Flow: no flow
(TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
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PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 8946 </u>	Name: <u> Robert Paver </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: 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

DEP FILE NO.: FLA013087-002-DW3P

Candice

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
 Sarsota, FL 34240

PERMIT NUMBER: FLAD13087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: 0.057 75% Capacity
 Monitoring Group Number: R001 (Perc/Evap Ponds) WAFR NO: 15198
 PLANTSIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: dmr date 10/12/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD-From: 09/01/2006 To: 09/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.046			0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.064			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	0		
PARM Code 80082 1 Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L	Monthly	Grab
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	Report Monthly	Calculated Roll.An.Avg.

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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III

Steve Fuller

813-267-2074

06/10/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Solids, Total Suspended			3.2	3.2	0		
Sample Measurement							
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH			7.8	7.9	0		
Sample Measurement							
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal			1.1		0		
Sample Measurement							
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal			2.0	2	0		
Sample Measurement							
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)			2.0		0		
Sample Measurement							
PARM Code 60060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate				4.0	0		
Sample Measurement							
Param Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C			#DIV/0!		0		
Sample Measurement							
Param Code 80082 G Mon.Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS			#DIV/0!		0		
Sample Measurement							
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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
 MAILING ADDRESS: 6960 Professional Parkway East
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: none
 Monitoring Group Number: R002(spray Field)
 PLANTSIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:
 REPORT: Monthly
 GROUP: Domestic
 % OF CAPACITY
 WAFR NO: 38752
 dmr date 10/12/06

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Eaton Park, Fl. 33801

COUNTY: Polk MONITORING PERIOD--From: 09/01/2006 To: 09/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement				0		
PARM Code 50050 Y Mon.Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement				0		
PARM Code 50050 1 Mon.Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	0		
PARM Code 80082 I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L	Monthly	Grab
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	Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III		813-267-2074	06/10/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		3.2		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.8	7.9	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		2.0	2	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		2.0		0		
PARM Code 50080 Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: Sep-06

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

0.057
75%

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.080					7.8		2.7		
2	0.037					7.8		2.5		
3	0.038									
4	0.038					7.8		2.8		
5	0.053					7.9		2.5		
6	0.058					7.9		2.3		
7	0.040					7.8		3.5		
8	0.067					7.8		3.1		
9	0.033					7.8		3.6		
10	0.039									
11	0.039					7.8		3.1		
12	0.045					7.8		3.5		
13	0.068					7.8		3.2		
14	0.043	2.0		3.2		7.9	2.0	2.0	4.0	3.2
15	0.086					7.9		2.4		
16	0.040					7.8		3.0		
17	0.045									
18	0.045					7.8		2.5		
19	0.081					7.8		2.0		
20	0.158					7.8		2.2		
21	0.056					7.8		2.5		
22	0.115					7.8		2.1		
23	0.056					7.8		4.0		
24	0.067									
25	0.067					7.8		3.7		
26	0.068					7.8		3.5		
27	0.132					7.8		3.1		
28	0.093					7.8		2.8		
29	0.088					7.8		2.3		
30	0.057					7.8		2.5		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> Eddie Christmas </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: September-06

Three-month Average Daily Flow: none
 (TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
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PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> Eddie Christmas </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

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

DEP Form 62-620.910(10), Effective November 29, 1994
 DEP FILE NO.: FLA013087-002-DW3P

~~DEP~~ CANDICE

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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, FL 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:			80% capacity
FACILITY:	Village Water WWTP	Monitoring Group Number	R001 (Perc/Evap Ponds)	WAFR NO:	15196
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	PLANTSIZE/TREATMENT TYPE:	IIIC		
		NO DISCHARGE FROM SITE:			dmr date 10/31/06

COUNTY: Polk MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.046			0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.056			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)		mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)		MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
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	Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.5	1.5	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.5	7.8	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			7.0	0		
ParM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
ParM Code 80082 G 01	Mon. Site No. INF-01 Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East	LIMIT:	Final	GROUP:	Domestic
	Sarasota, Fl. 34240	CLASS SIZE:	N/A		
		Three Month Average Daily Flow:		capacity	none
FACILITY:	Village Water WWTP	Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave.	PLANTSIZE/TREATMENT TYPE:	IIIC		
	Eaton Park, Fl. 33801	NO DISCHARGE FROM SITE:		dmr date	10/31/06

COUNTY: Polk MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex. <td>Analysis</td> <td></td>	Analysis	
Flow	Sample Measurement	none			0		
PARM Code 50050 Y Mon.Site No INF-01	Permit Requirement	0.075 (Annual Avg)		mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	none			0		
PARM Code 50050 1 Mon.Site No INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	0		
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.7	0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		Report Monthly	Calculated Roll.An.Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

06/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement	1.5	1.5			
PARM Code 00530 Mon. Site No. EFA-01	1 Permit Requirement	30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement	7.5	7.8			
PARM Code 00400 Mon. Site No. EFA-01	1 Permit Requirement	6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement	1.1				
PARM Code 74055 Mon. Site No. EFA-01	Y Permit Requirement	200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement	1.0	1			
PARM Code 74055 Mon. Site No. EFA-01	1 Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement	1.0				
PARM Code 50060 Site No. EFA-01	1 Mon. Permit Requirement	0.5 (Min.)		MG/L	5 Days / Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					
	Permit Requirement					
	Sample Measurement	#DIV/0!				
PARM Code 80082 Mon. Site No. INF-01	G Permit Requirement	Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement	#DIV/0!				
PARM Code 00530 Mon. Site No. INF-01	G Permit Requirement	Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: October-06

Three-month Average Daily Flow: 0.059
(TMADF/Permitted Capacity)x100: 80%

Village water WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.058									
2	0.058					7.7		2.1		
3	0.070					7.7		2.5		
4	0.071					7.7		2.3		
5	0.045					7.7		2.8		
6	0.068					7.7		2.6		
7	0.052					7.7		2.8		
8	0.055									
9	0.055					7.7		2.7		
10	0.054	2.0		1.5		7.7	1.0	2.8	7.0	1.5
11	0.067					7.8		2.9		
12	0.050					7.8		3.1		
13	0.066					7.8		3.0		
14	0.047					7.8		2.8		
15	0.046									
16	0.046					7.8		2.4		
17	0.046					7.8		3.0		
18	0.068					7.8		2.7		
19	0.058					7.8		1.7		
20	0.074					7.8		2.0		
21	0.040									
22	0.040					7.8		2.8		
23	0.055					7.8		2.0		
24	0.051					7.7		2.2		
25	0.067					7.5		1.0		
26	0.063					7.5		2.2		
27	0.060					7.6		2.2		
28	0.069					7.7		2.8		
29	0.045									
30	0.045					7.7		2.2		
31	0.054					7.8		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: October-06

No Flow

Three-month Average Daily Flow: none
 (TMADF/Permitted Capacity)x100: 0%

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
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31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

CANDICE

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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, FL 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:			69% OF CAPACITY
		Monitoring Group Number:	R001 (Perc/Evap Ponds)	WAFR NO:	15196
FACILITY:	Village Water WWTP	PLANTSIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave. Eaton Park, FL 33801	NO DISCHARGE FROM SITE:		DMR Date	11/06

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	0.044				0		
PARM Code 50050 Y Mon. Site No. INF-01	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll.An.Avg.
Flow	0.037				0		
PARM Code 50050 1 Mon. Site No. INF-01	REPORT (Mo.Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C			2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C			2.0		0		
PARM Code 80082 1 Site No. EFA-01			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended			5.4		0		
PARM Code 00530 Y Mon. Site No. EFA-01			20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's 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	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	06/12/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			1.5		1.5	0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement			30 (Mo.Avg.)		60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement			7.4		7.8	0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement			6.0 (Min.)		8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.1			0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL	Report Monthly	Calculated Roll An Avg.
Coliform, Fecal	Sample Measurement			1.0		1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement			Report (Mo. GeoMean)		800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			1			0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement			0.5 (Min.)			MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement					7.2	0		
ParM Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement					12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!			0		
ParM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab
TSS	Sample Measurement			#DIV/0!			0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Annual (February)			MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6980 Professional Parkway East	LIMIT:	Final	GROUP:	Domestic
	Sarasota, Fl. 34240	CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	No Flow	% OF CAPACITY	
		Monitoring Group Number	R002(spray Field)	WAFR NO:	38752
FACILITY:	Village Water WWTP	PLANTSIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave.	NO DISCHARGE FROM SITE:		DMR Date	11/06
	Eaton Park, Fl. 33801				

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type
					No.	Analysis	
Flow	Sample Measurement	no flow			0		
PARM Code 50050 Y Mon.Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	no flow			0		
PARM Code 50050 1 Mon.Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	
PARM Code 80082 I Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.4		0	
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		Report Monthly	Calculated Roll.An.Avg.

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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III

813-267-2074

06/12/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.5		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)		Monthly	Grab
pH	Sample Measurement		7.4	7.8	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)			Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1		0		
PARM Code 50060 Site No. EFA-01	Permit Requirement		0.5 (Min.)			5 Days / Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Annual (February)			Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Annual (February)			Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: November-06

Three-month Average Daily Flow: 0.052
(TMADF/Permitted Capacity)x100: 69%

Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.067					7.6		2.2		
2	0.048					7.8		1.8		
3	0.055					7.7		1.9		
4	0.042					7.7		5.0		
5	0.027									
6	0.027					7.8		3.5		
7	0.048	2.0		1.5		7.7	1.0	2.2	7.2	1.5
8	0.033					7.6		2.2		
9	0.040					7.5		2.2		
10	0.044					7.4		2.2		
11	0.025					7.6		5.5		
12	0.025									
13	0.025					7.6		2.2		
14	0.033					7.5		2.2		
15	0.044					7.6		2.2		
16	0.054					7.5		1.0		
17	0.055					7.5		2.1		
18	0.027					7.6		5.5		
19	0.028									
20	0.028					7.5		2.2		
21	0.031					7.6		2.2		
22	0.037					7.6		2.2		
23	0.031					7.5		2.2		
24	0.019					7.6		2.2		
25	0.024					7.5		5.0		
26	0.025									
27	0.025					7.7		2.2		
28	0.038					7.6		2.2		
29	0.035					7.8		2.2		
30	0.058					7.5		2.0		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: November-06

Three-month Average Daily Flow: no flow
(TMADF/Permitted Capacity)x100:

Village water WWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1										
2										
3										
4										
5										
6										
7										
8										
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PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable

If yes, cumulative days of wet weather discharge

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

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

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, FL 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	0.041		55% capacity
		Monitoring Group Number	R001(Perc/Evap Ponds)	WAFR NO:	15196
FACILITY:	Village Water WWTP	PLANTSIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave. Eaton Park, FL 33801	NO DISCHARGE FROM SITE:			dmr date 1/23/07

COUNTY: Polk MONITORING PERIOD-From: 12/01/2006 To: 12/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
					No. of	
					Ex. Analysis	
Flow	Sample Measurement	0.044			0	
PARM Code 50050 Y Mon.Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.029			0	
PARM Code 50050 1 Mon.Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8		0	
PARM Code 60082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0	
PARM Code 60082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly Grab
Solids, Total Suspended	Sample Measurement		4.9		0	
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

07/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		1.7		0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.5	7.7	0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5(max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		1.1		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.5		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			5.0	0		
ParM Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
ParM Code 80082 G Mon.Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (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:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East Sarasota, Fl. 34240	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	no flow	CAPACITY:	
FACILITY:	Village Water WWTP	Monitoring Group Number:	R002(spray Field)	WAFR NO:	38752
LOCATION:	4411 Main Ave. Eaton Park, Fl. 33801	PLANTSIZE/TREATMENT TYPE:	IIIC		
		NO DISCHARGE FROM SITE:		dmr date	1/23/07

COUNTY: Polk MONITORING PERIOD--From: 12/01/2006 To: 12/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex. <td>Analysis</td> <td></td>	Analysis	
Flow	Sample Measurement	none			0		
PARM Code 50050 Y Mon.Site No.IHF-01	Permit Requirement	0.075 (Annual Avg)		mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	none			0		
PARM Code 50050 1 Mon.Site No.IHF-01	Permit Requirement	REPORT (Mo.Avg.)		mgd		5 Days / Week	Elapsed Time Meters
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.)		MG/L	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.9		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L	Report Monthly	Calculated Roll.An.Avg.

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

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

07/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R002

WAFR: 38752

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis		Sample Type
					No.	Ex.	
Solids, Total Suspended							
	Sample Measurement		1.7	1.7	0		
PARM Code 00630 Mon. Site No. EFA-01	1	Permit Requirement	30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH							
	Sample Measurement			7.7	0		
PARM Code 00400 Mon. Site No. EFA-01	1	Permit Requirement	6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal							
	Sample Measurement		1.1		0		
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Requirement	200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal							
	Sample Measurement		1.0	1	0		
PARM Code 74055 Mon. Site No. EFA-01	1	Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)							
	Sample Measurement				0		
PARM Code 50060 Site No. EFA-01	1 Mon.	Permit Requirement	0.5 (Min.)		MG/L	5 Days / Week	Grab
	Sample Measurement				0		
	Permit Requirement						
BOD, Carbonaceous 5 day, 20C							
	Sample Measurement		#DIV/0!		0		
Perm Code 80082 Mon. Site No. INF-01	G	Permit Requirement	Annual (February)		MG/L	Annual	Grab
TSS							
	Sample Measurement		#DIV/0!		0		
PARM Code 00530 Mon. Site No. INF-01	G	Permit Requirement	Annual (February)		MG/L	Annual	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: December-06

Three-month Average Daily Flow: 0.041

(TMADF/Permitted Capacity)x100:

Village water/WWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.044					7.6		2.1		
2	0.030					7.6		4.8		
3	0.026									
4	0.026					7.7		2.2		
5	0.044	2.0		1.7		7.6	1.0	2.2	5.0	1.7
6	0.041					7.6		2.2		
7	0.040					7.6		2.2		
8	0.045					7.7		2.2		
9	0.023					7.6		5.5		
10	0.026									
11	0.026					7.6		2.2		
12	0.040					7.7		2.2		
13	0.040					7.6		2.2		
14	0.035					7.7		1.5		
15	0.030					7.7		2.0		
16	0.016					7.6		5.0		
17	0.017									
18	0.017					7.6		2.1		
19	0.023					7.6		2.2		
20	0.031					7.7		2.2		
21	0.028					7.7		2.2		
22	0.029					7.6		2.2		
23	0.025									
24	0.025					7.6		4.8		
25	0.016					7.7		2.2		
26	0.046					7.6		2.2		
27	0.025					7.6		2.2		
28	0.031					7.6		2.2		
29	0.038					7.5		2.2		
30	0.022					7.5		5.3		
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge Activated: Yes No Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEP FILE NO.: FLA013087-002-DW3P

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
 Month/Year: December-06

Three-month Average Daily Flow: none
 (TMADF/Permitted Capacity)x100:

Village waterWWTP (R002)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
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PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13832 </u>	Name: <u> Jerry Hahn </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

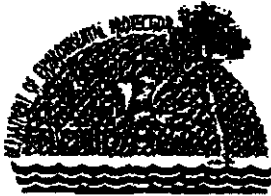
Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

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

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

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

DEP FILE NO.: FLA013087-002-DW3P



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Strubbs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:
Frank Hoffman, President
AquaSource Utility, Inc.
6960 Professional Parkway East Suite 400
Sarasota, Florida 34240

PERMIT NUMBER: FLA013087
ISSUANCE DATE: January 23, 2001
EXPIRATION DATE: January 22, 2006

DEP FILE NO.: FLA013087-002-DW3P

FACILITY:

Village Water WWTP
4411 Main Ave.
Eaton Park, Florida 33801
Polk County
Latitude: 28° 00' 38.97" N Longitude: 81° 52' 27" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code, and supersedes its antecedent permit. 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 0.075 mgd Annual Average Daily Flow (AADF), Type III, Extended Aeration domestic wastewater treatment facility. The treatment facility consists of: one (1) equalization basin of 23,948 gallons with a flow splitter box, fifteen (15) aeration basins with a total volume of 75,000 gallons, three (3) clarifiers with a total volume of 15,600 gallons and a surface area of 207 ft², one (1) chlorine contact chamber of 5,000 gallons and three (3) digesters with a total volume of 11,653 gallons. This facility is designed to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.075 mgd (AADF) permitted capacity percolation/evaporation pond (rapid infiltration system) R001 of 15 acres. R001 also incorporates an adjacent 14 acre percolation/evaporation pond as a standby system for emergency use. R001 is located approximately at latitude 28° 00' 38.97" N, longitude 81° 52' 27" W. The facility also has a 0.075 mgd (AADF) permitted capacity spray field (slow-rate restricted public access land application system) R002 of 20 acres. R002 is located approximately at latitude 28° 00' 25" N, longitude 81° 51' 35" W.

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

Notice of Permit Issuance
Village Water WWTP
Page Two

by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code.

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

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit Identification Number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by Petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301.

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

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

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

Notice of Permit Issuance
Village Water WWTP
Page Three

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 33, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within thirty (30) days from the date when the final order is filed with the Clerk of the Department.

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Tim Parker, E.
Water Facilities Administrator
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352

Phone: (813) 744-6100
FAX: (813) 744-8198

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed by certified mail, i. a., before the close of business on Jan. 23, 2001 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to s. 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Amanda Buelter 1/23/01
(Clerk) (Date)

Copies furnished to: Jeff Strattmatter, P.E., Project Engineer
John Kojek, Polk County Solid Waste Department
Steve Thompson, DEP

PERMITTEE: Frank Hoffman, President
 AquaSource, Utility, Inc.
 FACILITY: Village Water WWTF

PERMIT NUMBER: FLA013087

EXPIRATION DATE: See Page One

RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R001 & R002. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EPA-01	
Solids, Total Suspended	mg/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EPA-01	
pH	S.U.	Range	-	-	-	6.0 to 8.5	Daily 5days/week	Grab	EPA-01	
Fecal Coliforms Bacteria	See Permit Condition I.A.3.						Monthly	Grab	EPA-01	
Total Residual Chlorine (Per Disinfection)	mg/L	Maximum	-	-	-	0.5	Daily 5days/week	Grab	EPA-01	See Cond. I.A.4.
Nitrate (as N)	mg/L	Maximum	-	-	-	12.0	Monthly	Grab	EPA-01	R001 Only

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 PAGE 06
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PERMITTEE: Frank Hoffman, President
AquaSource, Utility, Inc.
FACILITY: Village Water WWTF

PERMIT NUMBER: FLA013087

EXPIRATION DATE: See Page One

- 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	Effluent after disinfection prior to discharge to the percolation/evaporation ponds and/or the spray field.

- 3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-600.440(4)(c), 12-24-96]
- 4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510(5), 8-8-99 and 62-600.440(4)(b), 12-24-96]
- 5. The following is included for FDEP WAFR informational purposes only:

Location Site Number	Description of Location
15196	R001 - Land Application to Perc/Evap Ponds
38752	R002 - Land Application to Spray Field

PERMIT NUMBER: FLA013087
 EXPIRATION DATE: See Page One

PERMITTEE: Frank Hoffman, President
 Aquasource Utility, Inc.
 FACILITY: Village Water WWT

B. Other Limitations and Monitoring and Reporting Requirements

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

Limitations		Monitoring Requirements								
Parameter	Units	Max/Min	Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	0.020				Continuous	ETMP	INF-01	
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Report	-	-	-	-	Annually (February)	Grab	INF-01	See Cond. 1.B.3.& 5.
Solids Total Suspended	mg/L	Report	-	-	-	-	Annually (February)	Grab	INF-01	See Cond. 1.B.3.& 5.

ETMP = Elapsed Time Meter on Pumps - Note the elapsed time meters will be replaced by the installation of a flow meter on the wastewater treatment plant by June 30, 2001.

PERMITTEE: Frank Hoffman, President
AquaSource Utility, Inc.
FACILITY: Village Water WWTF

PERMIT NUMBER: FLA013087

EXPIRATION DATE: See Page One

cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8), 12-24-96 and 62-640.400(6), 3-30-98]

4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited. [62-604.130(3); 12-26-96]
 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550, 12-26-96] [62-620.610(20), 12-24-96]
 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.
- [62-604.130(4), 12-26-96]
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.418(1), 1-9-96] [and 62-600.400(2)(b), 12-24-96]
 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), 4-23-97]
 9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging these 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), 12-24-96]

PERMITTEE: Frank Hoffman, President
AquaSource Utility, Inc.
FACILITY: Village Water WWTF

PERMIT NUMBER: FLA013087

EXPIRATION DATE: See Page One

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), 03-02-00]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2), 03-02-00]
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3), 03-02-00]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4), 03-02-00]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5), 03-02-00]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6), 03-02-00]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions 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), 03-02-00]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8), 03-02-00]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

PERMITTEE: Frank Hoffman, President
AquaSource Utility, Inc.
FACILITY: Village Water WWTF

PERMIT NUMBER: FLA013087

EXPIRATION DATE: See Page One

description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

a. The following shall be included as information which must be reported within 24 hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
4. Any unauthorized discharge to surface or ground waters, not otherwise reported in accordance with b. below.

b. The permittee shall report all unauthorized releases or spills of untreated or treated wastewater in excess of 1,000 gallons per incident, or where public health or the environment may be endangered, to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

1. Name, address, and telephone number of person reporting.
2. Name, address, and telephone number of permittee or responsible person for the discharge.
3. Date and time of the discharge and status of discharge (ongoing or ceased).
4. Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater).
5. Estimated amount of the discharge.
6. Location or address of the discharge.
7. Source and cause of the discharge.
8. Whether the discharge was contained on-site, and cleanup actions taken to date.
9. Description of area affected by the discharge, including name of water body affected, if any.
10. Other persons or agencies contacted.

c. * If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.
(62-620.610(20), 03-02-00)

PERMITTEE: Frank Hoffman, President
AquaSource Utility, Inc.
FACILITY: Village Water WWTF

PERMIT NUM. : FLA013087

EXPIRATION DATE: See Page One

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21), 03-02-00]*

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22), 03-02-00]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

PERMITTEE: Frank Hoffman, President
AquaSource Utility, Inc.
FACILITY: Village Water WWTF

PERMIT NUM. R: FLA013087

EXPIRATION DATE: See Page One

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

[62-620.610(23), 03-02-00]

VILLAGE
WATER

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed use this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Frank Hoffman, President
 MAILING ADDRESS: Aquasource Utility, Inc.
 6969 Professional Parkway East, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A

FACILITY: Village Water WWTP
 LOCATION: 4411 Main Ave.
 Edon Park, FL 33801

Three Month Average Daily Flow: _____ % of Capacity

REPORT GROUP: Monthly Domestic

COUNTY: Polk

MONITORING GROUP NUMBER: B001 (Peru/Zyap Ponds)
 PLANT SIZE/TREATMENT TYPE: DDC
 NO DISCHARGE FROM SITE:

WAFR NO.: 15196

DMR DATE: 1/01

MONITORING PERIOD From: _____ To: _____

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
Flow	Sample Measurement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
Solids, Total Suspended	Sample Measurement							

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

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

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

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

Feb 28 08 02:38p LAKE GIBSON
 88/86/2881 15:57 352722213
 AQUASOURCE
 18638534937
 PAGE 21 p.1

Village WATER

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village West WWTP

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: R001

WAFR: 16396

Feb 28 08 02:38p LAKE GIBSON
 08/06/2001 15:57 3527323213
 ADJUST ROE
 18638534937
 PAGE 22

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement							
pH	Sample Measurement							
Coliform, Fecal	Sample Measurement							
Coliform, Fecal	Sample Measurement							
Total Residual Chlorine (For Disinfection)	Sample Measurement							
Nitrite	Sample Measurement							
BOD, Carbonaceous 3 day, 20C	Sample Measurement							
Solids, Total Suspended	Sample Measurement							
	Sample Measurement							

VILLAGE WATER

DAILY SAMPLE RESULTS - PART B

Form Number: FLA013087
Month/Year:

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

Village Water DWTIP (R001)

Code	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Mon. Site	EPA-01	EPA-01	EPA-01	EPA-01	EPA-01	EPA-01	EPA-01
1							
2							
3							
4							
5							
6							
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31							

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators

VILLAGE
WATER

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Rick Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Frank Hoffman, President
 MAILING ADDRESS: AquaSource Utility, Inc.
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Village Water WWTP
 LOCATION: 4111 Main Ave.
 Eaton Park, FL 33801
 COUNTY: Polk

PERMIT NUMBER: FLA013087
 LIMIT: Final
 CLASS SIZE: N/A
 Three Month Average Daily Flow: _____ % of Capacity

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R002 (Spray Field)
 PLANT SIZE/TREATMENT TYPE: IGC
 NO DISCHARGE FROM SITE:

WAFR NO.: 38752

DMR DATE: 1/01

MONITORING PERIOD From: _____ To: _____

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
Flow	Sample Measurement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
Solids, Total Suspended	Sample Measurement							

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

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Village Water WWT

PERMIT NUMBER: FLA013087

MONITORING GROUP NUMBER: B002

WAFL 30752

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement							
PARAM Code 00111 Mon Site No: EPA-01	Sample Measurement							
pH	Sample Measurement							
PARAM Code 00400 Mon Site No: EPA-01	Sample Measurement							
Coliform, Fecal	Sample Measurement							
PARAM Code 00501 Mon Site No: EPA-01	Sample Measurement							
Coliform, Fecal	Sample Measurement							
PARAM Code 00502 Mon Site No: EPA-01	Sample Measurement							
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARAM Code 00601 Mon Site No: EPA-01	Sample Measurement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARAM Code 00801 Mon Site No: EPA-01	Sample Measurement							
Solids, Total Suspended	Sample Measurement							
PARAM Code 00901 Mon Site No: EPA-01	Sample Measurement							
	Sample Measurement							
	Sample Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087
Month/Year:

Village Water
Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:
Village Water WWTP (R002)

Code	CBOD5 (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)
Mon. Sec	00012 EPA-01	00530 EPA-01	00400 EPA-01	74055 EPA-01	50060 EPA-01
1					
2					
3					
4					
5					
6					
7					
8					
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31					

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

The DMR consists of four parts—A, B, C, and D—all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part C is only applicable for domestic wastewater facilities with limited wet weather discharges permitted under Chapter 62-610.360, F.A.C. Part D is used for reporting ground water monitoring well data.

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

In addition to filling in numerical results on various parts of the DMR, the following codes should be used and an explanation provided where appropriate. Note: Codes used by the lab for raw data may be different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
DPS	Insufficient Down for sampling.
LS	Lost sample.
MNR	Monitoring not required this period since limit is conditional.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.
TNTC	Too numerous to count (for fecal coliform bacteria only).

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

CODE	DESCRIPTION/INSTRUCTIONS
C	If the sampled value is less than the method detection limit (MDL), enter a less than sign followed by the laboratory's MDL value, e.g. <0.001. In cases where a laboratory reports a value which is less than the parameter's practical quantification limit (PQL), but not less than the MDL, the value should be reported as the laboratory's MDL value. For example, where the MDL = 0.001, the PQL = 0.005 and the laboratory reports <0.005 (the PQL), the value of 0.001 should be reported on the DMR.

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 submital frequency (e.g. monthly, annually, quarterly, etc.) Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following blanks in the header should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number. If there was no discharge of effluent for a particular outfall, reuse, or land application system and the DMR monitoring group includes other monitoring locations (e.g., influent sampling); the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.).

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any excursions, any upset or by-pass events, or other items which require explanation. If more space is needed, reference off attachments in this area.

Feb 28 08 02:41p
08/06/2001 15:57
LAKE GIBSON
3527323213

ADL/SOURCE

18638534937

PART B - DAILY SAMPLE RESULTS

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

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

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

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period.

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

Limited Wet Weather Discharge Activated: If this plant does not have a limited wet weather discharge permitted under the provision of Rule 62-610.960, F.A.C., check "Not Applicable." If the plant activated the wet weather discharge during the reporting month, check "Yes" and attach PART C - LIMITED WET WEATHER DISCHARGE.

PART C - LIMITED WET WEATHER DISCHARGE

This part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge permitted under Rule 62-610.960, F.A.C. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated.

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

Rainfall Information: Enter the name and location of the rainfall gauging station, the source of climatological (normal rainfall) data, the cumulative rainfall for the average rainfall year, and the cumulative rainfall to date for this calendar year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Date: Enter the date on which the discharge occurred.

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

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

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

Average Upstream Flow Rate: Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in duration of discharge. The average flow rate can be calculated based on two measurements: one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

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

CBOD: Enter the average CBOD of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

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

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

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Sampling Methods: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

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

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

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

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

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



Department of Environmental Protection

Job Bush
Governor

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

Colleen M. Castille
Secretary

August 22, 2006

RECEIVED
AUG 22 2006
SECRETARY

Mr. Frank Hoffman, President
Aqua Utilities Florida, Inc.
6960 Professional Parkway E, Suite 400
Sarasota, FL 34240

Re: Reconnaissance Inspection
Village Water WWTF
Facility ID No. FLA013087
Polk County

Dear Mr. Hoffman:

The above-referenced wastewater treatment facility was inspected on August 9, 2006. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

PERMIT

Domestic Wastewater Permit No. FLA013087 was issued on January 23, 2001 and expired on January 22, 2006. The permit renewal application was received by the Department on July 5, 2005, and is currently under review. The application was timely, thereby extending the expired permit until final agency action is taken.

RECORDS AND REPORTS

*Copies of the current permit, laboratory certification, operator's licenses, and flow calibration were made available for inspection at the facility. Please provide the most current RPZ certification.

FACILITY SITE REVIEW

No deficiencies were noted during the time of the inspection.

FLOW MEASUREMENT

Based on the facility's records, the last flow calibration was conducted on August 8, 2006.

EFFLUENT QUALITY

The total chlorine residual was 1.16 mg/l at 9:47 a.m. as measured by Department personnel.

EFFLUENT DISPOSAL

- *Inadequate progress has been made on the removal of vegetation around and in the percolation ponds. Please provide the Department the status on the clearing the vegetation on the inside and outside toe of the percolation pond berms. This is a repeat item.

More Protection, Less Process

Mr. Frank Hoffman
Village Water WWTF
FLA013087-Polk County
Page 2 of 2

2. *The operator indicated the spray field was stated that AquaSource and Southwest Florida Water Management District (SWFWMD) were still in negotiation for the spray field. The application to renew the permit did not include an agreement with SWFWMD to use the spray field. The Department hasn't received any updates since the last inspection letter.
3. *Inadequate access control around the pond.
4. *Ponds are not sized as stated in the permit renewal application.

The type of inspection conducted was a Reconnaissance Inspection, and the overall rating of the facility was Significantly Out of Compliance due to the appearance of the ponds and no agreement to use the spray field. A copy of the inspection report is attached for your review.

Please submit a written response to the Department on the asterisked (*) items identified herein within 20 days of receipt of this letter. Please direct all responses and questions to the undersigned at (813) 632-7600, extension 313, or via e-mail at frank.fulghum@dcp.state.fl.us.

Sincerely,



Frank L. Fulghum III
Environmental Specialist
Domestic Wastewater Program

Attachments

cc: Patricia Leon, DEP

COMET ENTRY DATE

___/___/___

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility <i>Village Water</i>	WAFR ID: <i>FLA 013087</i>	County <i>Polk</i>	Entry Date/Time <i>8/19/06</i>
		Phone	@ Exit Date/Time
Name(s) of Field Representative(s)		Title	Phone
Name and Address of Permittee or Designated Representative		Title	@ Operator Certification #

Inspection Type: <input checked="" type="checkbox"/> RT	Samples Taken (Y/N):	@ Sample IDs:	Sampler Spills (Y/N):
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Wet Photos Taken (Y/N):	@ Log book Volume:	@ Page:

FACILITY COMPLIANCE AREAS EVALUATED			
PERMIT SOURCE	SELF-MONITORING PROGRAM	FACILITY OPERATION	EFFLUENT DISPOSAL
<i>IC</i> 1. Permit	<i>NE</i> 3. Laboratory	<i>IC</i> 6. Facility Site Review	<i>IC</i> 9. Effluent Quality
<i>NA</i> 2. Compliance Schedules	<i>NE</i> 4. Sampling	<i>IC</i> 7. Flow Measurement	<i>IC</i> 10. Effluent Disposal
	<i>IC</i> 5. Records & Reports	<i>IC</i> 8. Operation & Maintenance	<i>WS</i> 11. Residuals/Sludge
<i>33</i> Other			<i>NA</i> 12. Groundwater

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

Recommended Action:

Name(s) and Signature(s) of Inspector(s) 	District Office/Phone Number SWD/813.632.7600	Date <i>8/16/06</i>
Signature of Reviewer Joe Squitieri	District Office/Phone Number SWD/813.632.7600	Date

(Fill Out This Section for All Surface Water Discharger Inspections (CEI-CST/CBI/PAT-XS/RI))

Transaction Code	NPDES Number	YR/MO/DA	Resp Type	Inspector	Fac Type
<i>N</i> <i>S</i>					

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1): A=PAL, B=CRIC, C=CES, D=ST, E=CS/CR, F=RI
 Inspection Code (Field 2): S=State, J=Joint (PA/State), BPA=Lead, T=Joint State/EPA, State Lead, L=Local Program
 Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Other
 Every other field is self-explanatory.



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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

September 6, 2006

Frank L. Fulghum III
Environmental Specialist
Domestic Wastewater Program
Department of Environmental Protection
Southwest District
13051 North Telecom Parkway
Temple Terrace, Fl. 33637-0926

RE: Reconnaissance Inspection
Village Water WWTF
Facility ID No. FLA013087
Polk County

Dear Mr. Fulghum:

The purpose of the correspondence is to provide a written response as requested in your August 22, 2006 letter regarding the reconnaissance inspection conducted at Village Water WWTF on August 9, 2006.

Deficiencies Listed:

RECORDS AND REPORTS

1. *Copies of the current permit, laboratory certification, operator's licenses, and flow calibration were made available for inspection at the facility. Please provide the most current RPZ certification.

Response:

The RPZ's are scheduled to be inspected and certified by 9-15-06. The certification documentation will be submitted after the inspection.

EFFLUENT DISPOSAL

2. *Inadequate progress has been made on the removal of vegetation around and in the percolation ponds. Please provide the Department the status on the clearing the vegetation on the inside and outside toe of the percolation pond berms. This is a repeat item.

Response:

Clearing and mowing is scheduled to begin 9-15-06.

3. *The operator indicated the spray field was stated that AquaSource and SouthWest Florida Water Management District (SWFWMD) were still in negotiation for the spray field. The application to renew the permit did not include an agreement with SWFWMD to use the spray field. The Department hasn't received any updates since the last inspection letter.

Response:

Aqua is still awaiting a response from the South West Florida Water Management District regarding the use of their property as an effluent spray field. Once Aqua receives a response, DEP will be immediately notified.

4. *Inadequate access control around the pond.

Response:

As indicated previously, clearing and mowing around and in the percolation ponds is scheduled to begin 9-5-06, which will also resolve pond access concerns.

5. *Ponds are not sized as stated in the permit renewal application.

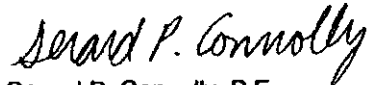
Response:

The present operating permit indicates the existing 0.75 MGD permitted capacity percolation / evaporation pond is 15 acres with an adjacent 14 acre percolation / evaporation pond as a standby for emergency use. Aqua is working with the South West Water Management District to use their property as a spray field in order to increase the treatment plant capacity but has no plans to increase the size of the percolation / evaporation ponds.

We trust this response is sufficient to meet your requirements. If you have any questions, please contact me at (352) 435-4033.

Sincerely,

AQUA UTILITIES FLORIDA, INC.



Gerard P. Connolly, P.E.
Manager of Operations