

**SEMINOLE COUNTY**

**Chuluota WTF**

Docket No. 080121-WS

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

Florida

**Volume 5  
Book 2  
Set 13 of 16**

**Part 1 of 2**

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

DOCUMENT NUMBER - DATE

04331 MAY 22 88

FPSC-COMMISSION CLERK

**Aqua Utilities Florida, Inc.**

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



See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota	PWS Identification Number:	3590186
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	1307	Total Population Served at End of Month:	4,574
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
		State:	Florida
		Zip Code:	32750
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
		Zip Code:	32766
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:	1,800,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift
Other Operators:	Terrence McCarthy	C	4617	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.

William Trendel 2/7/07      William Trendel      C6411  
 Signature and Date      Printed or Typed Name      License Number

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 FPSC-COMMISSION CLERK

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

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

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

Date (Month/Day)	Plant Started or Operator (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										Concentration at Sample Point in Distribution System, mg/L	Consistency of Additional Operations, Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Chlorine Residual Concentration (C) Before or After Distribution, mg/L	Disinfectant Contact Time (T) at C, min	Lowest CT Provided (C x T) at a Point, min-mg/L	Minimum CT Required, mg-min/L	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
	X	24.0	126,700		1.4											
	X	24.0	83,200		1.4										1.0	
	X	24.0	73,100		1.6										1.2	
	X	24.0	84,100		1.4										1.4	
	X	24.0	85,300		1.3										1.3	
	X	24.0	95,700		1.4										1.2	
	X	24.0	96,950												1.2	
	X	24.0	96,950		1.3										1.2	
	X	24.0	83,000		1.7										1.5	
	X	24.0	83,500		1.6										1.4	
	X	24.0	95,900		1.5										1.4	
	X	24.0	94,400		1.6										1.4	
	X	24.0	103,050												1.4	
	X	24.0	103,050		1.4										1.3	
	X	24.0	74,600		1.3										1.0	
	X	24.0	106,000		0.9										0.8	
	X	24.0	94,900		1.5										1.3	
	X	24.0	84,100		1.5										1.4	
	X	24.0	94,000		1.8										1.6	
	X	24.0	83,100		1.5										1.4	
	X	24.0	107,000												1.4	
	X	24.0	107,000		1.4										1.3	
	X	24.0	73,100		1.2										1.1	
	X	24.0	87,100		1.5										1.3	
	X	24.0	84,400		1.7										1.4	
	X	24.0	73,900		1.9										1.6	
	X	24.0	101,800												1.6	
	X	24.0	101,800		1.8										1.6	
	X	24.0	86,600		2.0										1.4	
	X	24.0	103,700		1.9										1.6	
	X	24.0	86,500		1.4										1.2	
Total			2,856,500													
Average			92,145													
Maximum			126,700													

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

Month	Plant	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 Operations involving Testing Water System, Distribution System, or					
				CT Calculations					UV Dose										
				Peak Daily Rate, gpd	Raw Water Residual Disinfectant Concentration (C) Below or at Time of Inflow During Peak Flow, mg/L	Retention Time (T) at Time of Measurement During Peak Flow, minutes	Volume of Water During Peak Flow, gal	Flow, mgd	Flow, mld	Flow, mgd	Flow, mld	Flow, mgd	Flow, mld		Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Key Points in Distribution System, mg/L	
	X	24.0	260,700		2.2												1.3		
	X	24.0	339,000		2.0													1.4	
	X	24.0	185,600		2.2													1.4	
	X	24.0	294,900		2.5													1.8	
	X	24.0	264,100		2.0													1.4	
	X	24.0	276,100		2.5													1.4	
	X	24.0	340,650															1.7	
	X	24.0	340,650		2.9														
	X	24.0	209,800		0.9													0.8	
	X	24.0	314,100		3.9													0.4	
	X	24.0	347,900		3.6													2.8	
	X	24.0	253,200		3.0													2.1	
	X	24.0	355,150															2.4	
	X	24.0	355,150		0.7														
	X	24.0	228,100		1.4													0.7	
	X	24.0	328,300		1.7													0.7	
	X	24.0	277,000		2.8													1.0	
	X	24.0	303,700		2.5													1.8	
	X	24.0	290,900		3.0													1.8	
	X	24.0	296,700		1.9													2.2	
	X	24.0	348,950															1.4	
	X	24.0	348,950		3.0														
	X	24.0	199,300		2.9													2.2	
	X	24.0	211,500		2.0													2.2	
	X	24.0	194,500		1.8													1.4	
	X	24.0	195,600		1.6													1.2	
	X	24.0	295,950															1.0	
	X	24.0	295,950		2.8														
	X	24.0	245,200		1.9													1.5	
	X	24.0	244,700		1.5													1.1	
	X	24.0	283,500		1.7													1.0	
			8,725,800															1.2	
Average			281,410																
Maximum			355,150																

\* 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: <b>January-07</b>										
Community Water System (CWS) Name: <b>Chuluota</b>										
Public Water System (PWS) Identification Number: <b>3590186</b>										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
	Plant 1 Well 1 & 2	Plant 2 Well 3 & 4								
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day									
Day of Month	720,000	1,080,000								1,800,000
	Daily Quantity of Finished Water Produced by Each Plant, gallons									
1	126,700	260,700								387,400
2	83,200	339,000								422,200
3	73,100	185,600								258,700
4	84,100	294,900								379,000
5	85,300	264,100								349,400
6	95,700	276,100								371,800
7	96,950	340,650								437,600
8	96,950	340,650								437,600
9	83,000	209,800								292,800
10	83,500	314,100								397,600
11	95,900	347,900								443,800
12	94,400	253,200								347,600
13	103,050	355,150								458,200
14	103,050	355,150								458,200
15	74,600	228,100								302,700
16	106,000	328,300								434,300
17	94,900	277,000								371,900
18	84,100	303,700								387,800
19	94,000	290,900								384,900
20	85,100	296,700								381,800
21	107,000	348,950								455,950
22	107,000	348,950								455,950
23	73,100	199,300								272,400
24	87,100	211,500								298,600
25	84,400	194,500								278,900
26	73,900	195,600								269,500
27	101,800	295,950								397,750
28	101,800	295,950								397,750
29	86,600	245,200								331,800
30	103,700	244,700								348,400
31	86,500	283,500								370,000
Total	2,856,500	8,725,800								11,582,300
Avg	92,145	281,410								373,622
Max	126,700	355,150								458,200

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



See Pages 4 for Instructions.

<b>I. General Information for the Month/Year of:</b>	February 2007
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## A. Public Water System (PWS) Information

PWS Name: Chuluota		PWS Identification Number: 3590186	
PWS Type: <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1307		Total Population Served at End of Month: 4,574	
PWS Owner: Aqua Utilities Florida			
Contact Person: William Trendel		Contact Person's Title: Senior Operator	
Contact Person's Mailing Address: 140 Hope Street		City: Longwood	State: Florida
		Zip Code: 32750	
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address: <a href="mailto:betrendel@aquaaamerica.com">betrendel@aquaaamerica.com</a>			

## B. Water Treatment Plant Information

Plant Name: Chuluota		Plant Telephone Number: (407) 339-5424	
Plant Address: 118 7th Street		City: Chuluota	State: Florida
		Zip Code: 32766	
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: 1,800,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift
Other Operators:	Terrence McCarthy	C	4617	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.

*William Trendel* 3/14/07  
 Signature and Date

William Trendel  
 Printed or Typed Name

C6411  
 License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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 Operated (Place 'X')	Hours Plant in Operation	Net Quantity of Treated Water Produced, gal.	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions Report or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp. of Water, °C if Applicable	pH of Water	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, mW·sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at System Exit, mg/L			
1	X	24.0	106,700		1.5										1.3	
2	X	24.0	83,000		1.4										1.2	
3	X	24.0	71,700		1.3										1.3	
4	X	24.0	95,600													
5	X	24.0	95,600		1.4										1.1	
6	X	24.0	85,500		1.3										1.2	
7	X	24.0	94,300		1.5										1.3	
8	X	24.0	105,400		1.5										1.3	
9	X	24.0	108,600		1.6										1.4	
10	X	24.0	97,300		1.5										1.4	
11	X	24.0	109,750													
12	X	24.0	109,750		1.5										1.4	
13	X	24.0	96,900		1.4										1.3	
14	X	24.0	96,200		1.7										1.5	
15	X	24.0	98,500		1.7										1.5	
16	X	24.0	95,300		1.4										1.4	
17	X	24.0	106,000		1.3										1.2	
18	X	24.0	100,050													
19	X	24.0	100,050		1.2										1.1	
20	X	24.0	105,900		1.6										1.4	
21	X	24.0	106,300		1.6										1.5	
22	X	24.0	121,000		1.9										1.6	
23	X	24.0	109,600		1.5										1.4	
24	X	24.0	100,750													
25	X	24.0	100,750		1.2										1.1	
26	X	24.0	131,300		1.2										1.0	
27	X	24.0	117,200		1.3										1.1	
28	X	24.0	108,700		1.7										1.4	
29	X	24.0														
30	X	24.0														
31	X	24.0														
Total			2,857,700													
Average			102,061													
Maximum			131,300													

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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 Month	Days Plant Treated or Operator on Duty (X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (Before or After) Custom or During Peak Flowing/s	Disinfectant Contact Time (CT) at C Measurement Point During Peak Flowing/minutes	Lowest CT Required Before or After Chlorine During Peak Flowing/mg/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Sample Point in Distribution System, mg/L			
1	X	24.0	335,800		1.9										1.3	
2	X	24.0	196,500		1.5										1.0	
3	X	24.0	203,800		2.0										1.4	
4	X	24.0	257,350													
5	X	24.0	257,350		2.2										1.6	
6	X	24.0	203,500		2.0										1.5	
7	X	24.0	286,200		2.2										1.6	
8	X	24.0	281,400		1.9										1.5	
9	X	24.0	321,500		1.8										1.5	
10	X	24.0	340,500		2.0										1.6	
11	X	24.0	336,650													
12	X	24.0	336,650		1.9										1.5	
13	X	24.0	260,700		0.6										0.9	
14	X	24.0	199,000		0.8										0.5	
15	X	24.0	338,800		2.3										1.3	
16	X	24.0	271,700		2.0										1.5	
17	X	24.0	422,000		1.9										1.5	
18	X	24.0	306,050													
19	X	24.0	306,050		1.5										1.0	
20	X	24.0	305,800		1.6										1.1	
21	X	24.0	348,500		1.9										1.4	
22	X	24.0	362,200		2.0										1.4	
23	X	24.0	299,000		2.0										1.6	
24	X	24.0	348,650													
25	X	24.0	348,650		1.8										1.1	
26	X	24.0	403,700		1.0										1.0	
27	X	24.0	335,700		1.7										1.0	
28	X	24.0	360,000		1.4										1.0	
29	X	24.0														
30	X	24.0														
31	X	24.0														
Total			8,573,700													
Average			306,204													
Maximum			422,000													

\* 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 : February 2007											
Community Water System (CWS) Name: Chuluota											
Public Water System (PWS) Identification Number: 3590186											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day											
	720,000	1,080,000									1,800,000
Net Quantity of Finished Water Produced by Each Plant, gallons											
											Total
1	106,700	335,800									442,500
2	83,000	196,500									279,500
3	71,700	203,800									275,500
4	95,600	257,350									352,950
5	95,600	257,350									352,950
6	85,500	203,500									289,000
7	94,300	286,200									380,500
8	105,400	281,400									386,800
9	108,600	321,500									430,100
10	97,300	340,500									437,800
11	109,750	336,650									446,400
12	109,750	336,650									446,400
13	96,900	260,700									357,600
14	96,200	199,000									295,200
15	98,500	338,800									437,300
16	95,300	271,700									367,000
17	106,000	422,000									528,000
18	100,050	306,050									406,100
19	100,050	306,050									406,100
20	105,900	305,800									411,700
21	106,300	348,500									454,800
22	121,000	362,200									483,200
23	109,600	299,000									408,600
24	100,750	348,650									449,400
25	100,750	348,650									449,400
26	131,300	403,700									535,000
27	117,200	335,700									452,900
28	108,700	360,000									468,700
29	0	0									0
30	0	0									0
31	0	0									0
<b>Total</b>	<b>2,857,700</b>	<b>8,573,700</b>									<b>11,431,400</b>
<b>Avg.</b>	<b>102,061</b>	<b>306,204</b>									<b>408,264</b>
<b>Max.</b>	<b>131,300</b>	<b>422,000</b>									<b>535,000</b>

**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:	Chuluota	PWS Identification Number:	3590186
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:	1307	Total Population Served at End of Month:	4,574
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
		State:	Florida
		Zip Code:	32750
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
		Zip Code:	32766
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:	1,800,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift
Other Operators:	Terrence McCarthy	C	4617	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.

William Trendel 4/8/07  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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 Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Regional 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	Consol. Residual Concentration (C) Remaining at End of Distribution, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Residual Provided Before or at End of Distribution During Peak Flow, mg/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mWsec/cm <sup>2</sup> -sec/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm <sup>2</sup>			
1	X	24.0	120,500		1.7									1.5	
2	X	24.0	94,600		1.1									1.1	
3	X	24.0	108,200		1.3									1.2	
4	X	24.0	108,550												
5	X	24.0	108,550		1.2									1.1	
6	X	24.0	118,500		1.3									1.1	
7	X	24.0	108,700		1.5									1.3	
8	X	24.0	136,100		1.5									1.4	
9	X	24.0	121,200		1.4									1.2	
10	X	24.0	135,000		1.4									1.3	
11	X	24.0	138,900												
12	X	24.0	138,900		1.1									1.0	
13	X	24.0	112,400		0.9									0.9	
14	X	24.0	123,300		1.8									1.5	
15	X	24.0	132,300		1.3									1.3	
16	X	24.0	85,400		1.4									1.2	
17	X	24.0	107,500		1.5									1.3	
18	X	24.0	113,700												
19	X	24.0	113,700		1.1									1.1	
20	X	24.0	106,500		1.3									1.2	
21	X	24.0	110,400		1.3									1.1	
22	X	24.0	109,000		1.2									1.1	
23	X	24.0	89,100		1.6									1.4	
24	X	24.0	132,500		1.7									1.4	
25	X	24.0	126,900												
26	X	24.0	126,900		1.4									1.2	
27	X	24.0	98,400		1.2									1.1	
28	X	24.0	116,000		1.3									1.2	
29	X	24.0	122,000		1.5									1.3	
30	X	24.0	110,800		1.4									1.3	
31	X	24.0	109,700		1.7									1.5	
<b>Total</b>			3,584,200												
<b>Average</b>			115,619												
<b>Maximum</b>			138,900												

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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 Month	Days Plant Started or Stopped by Operator (X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Chlorine at Remote Point of 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 Chlorine Concentration, mg/L	Disinfection Contact Time, (T) at Measurement Point During Peak Flow, minutes	Lowest UV Dose Before or After Gasoline Outlets, mJ/cm <sup>2</sup>	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mJ/cm <sup>2</sup>	Maximum UV Dose Required, mJ/cm <sup>2</sup>			
1	X	24.0	398,100		1.3									0.9	
2	X	24.0	259,800		2.5									1.6	
3	X	24.0	369,700		4.6									2.7	
4	X	24.0	305,350												
5	X	24.0	305,350		2.9									2.0	
6	X	24.0	336,000		2.6									1.9	
7	X	24.0	354,000		2.0									1.6	
8	X	24.0	297,700		0.8									0.6	
9	X	24.0	392,400		1.8									1.0	
10	X	24.0	405,300		2.2									1.3	
11	X	24.0	408,600												
12	X	24.0	408,600		2.0									1.3	
13	X	24.0	345,700		1.7									1.2	
14	X	24.0	350,100		2.4									1.4	
15	X	24.0	369,000		2.2									1.4	
16	X	24.0	249,400		2.0									1.5	
17	X	24.0	340,900		2.1									1.6	
18	X	24.0	366,500												
19	X	24.0	366,500		1.5									1.1	
20	X	24.0	332,900		1.5									1.1	
21	X	24.0	326,900		1.8									1.1	
22	X	24.0	386,000		1.8									1.0	
23	X	24.0	348,400		1.7									1.2	
24	X	24.0	384,300		1.7									1.2	
25	X	24.0	481,450												
26	X	24.0	481,450		2.5									1.0	
27	X	24.0	303,200		2.5									1.4	
28	X	24.0	450,200		2.0									1.5	
29	X	24.0	435,700		1.8									1.3	
30	X	24.0	405,600		1.4									1.0	
31	X	24.0	335,800		1.8									1.3	
Total			11,300,900												
Average			364,545												
Maximum			481,450												

\* 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: <span style="float: right;">March-07</span>											
Community Water System (CWS) Name: <b>Chuluota</b>											
Public Water System (PWS) Identification Number: <b>3590186</b>											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
Net Quantity of Finished Water Produced by Each Plant, gallons										Total	
1	120,500	398,100									518,600
2	94,600	259,800									354,400
3	108,200	369,700									477,900
4	108,550	305,350									413,900
5	108,550	305,350									413,900
6	118,500	336,000									454,500
7	108,700	354,000									462,700
8	136,100	297,700									433,800
9	121,200	392,400									513,600
10	135,000	405,300									540,300
11	138,900	408,600									547,500
12	138,900	408,600									547,500
13	112,400	345,700									458,100
14	123,300	350,100									473,400
15	132,300	369,000									501,300
16	85,400	249,400									334,800
17	107,500	340,900									448,400
18	113,700	366,500									480,200
19	113,700	366,500									480,200
20	106,500	332,900									439,400
21	110,400	326,900									437,300
22	109,000	386,000									495,000
23	89,100	348,400									437,500
24	132,500	384,300									516,800
25	126,900	481,450									608,350
26	126,900	481,450									608,350
27	98,400	303,200									401,600
28	116,000	450,200									566,200
29	122,000	435,700									557,700
30	110,800	405,600									516,400
31	109,700	335,800									445,500
<b>Total</b>	<b>3,584,200</b>	<b>11,300,900</b>									<b>14,885,100</b>
<b>Avg</b>	<b>115,619</b>	<b>364,545</b>									<b>240,082</b>
<b>Max</b>	<b>138,900</b>	<b>481,450</b>									<b>310,175</b>

**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:	Chuluota	PWS Identification Number:	3590186
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:	1410	Total Population Served at End of Month:	4,935
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
Contact Person's Telephone Number:	(407) 339-5424	State:	Florida
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com	Zip Code:	32750
		Contact Person's Fax Number:	(407) 339-7490

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
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:	1,800,000	Zip Code:	32766
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift
Other Operators:	Terrence McCarthy	C	4617	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.

William Trendel 5/2/07  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

**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 Started or Visited by Operator (Place X*)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Equipment or Abnormal Operating Conditions, Repair or Malfunctions Work Order Involves Taking Whole System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customer's Drinking Peak Flow, mg/L	Disinfectant Contact Time (T) x C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or After Customer's Drinking Peak Flow, mg-min	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Residual Point in Distribution System, mg/L		
1	X	24.0	133,350												
2	X	24.0	133,350		1.4									1.3	
3	X	24.0	111,500		1.1									1.1	
4	X	24.0	124,800		1.3									1.2	
5	X	24.0	112,300		1.3									1.3	
6	X	24.0	119,900		1.5									1.4	
7	X	24.0	105,950												
8	X	24.0	105,950		1.5									1.1	
9	X	24.0	137,100		1.1									1.0	
10	X	24.0	97,000		1.3									1.1	
11	X	24.0	72,700		1.3									1.2	
12	X	24.0	85,200		1.5									1.3	
13	X	24.0	85,900		1.5									1.4	
14	X	24.0	109,000		1.7									1.5	
15	X	24.0	96,800												
16	X	24.0	96,800		1.5									1.3	
17	X	24.0	95,300		1.4									1.3	
18	X	24.0	112,500		1.3									1.3	
19	X	24.0	108,000		1.4									1.3	
20	X	24.0	106,800		1.2									1.2	
21	X	24.0	109,700		1.5									1.3	
22	X	24.0	115,700												
23	X	24.0	115,700		1.1									1.0	
24	X	24.0	132,200		1.0									1.0	
25	X	24.0	122,300		1.2									1.1	
26	X	24.0	103,400		1.6									1.4	
27	X	24.0	140,300		1.8									1.5	
28	X	24.0	121,300		1.4									1.4	
29	X	24.0	135,150												
30	X	24.0	135,150		1.0									1.0	
31	X	24.0													
Total			3,381,100												
Average			112,703												
Maximum			140,300												

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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 Started or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Operations Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (CR) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Points During Peak Flow, minutes	Lowest CT Provided During Peak Flow, mg-min	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24.0	468,200												1.3	
2	X	24.0	468,200		1.4										1.6	
3	X	24.0	396,900		2.4										1.3	
4	X	24.0	465,800		1.8										2.0	
5	X	24.0	519,700		2.9										1.0	
6	X	24.0	449,000		1.3											
7	X	24.0	417,600												2.1	
8	X	24.0	437,600		3.5										1.0	
9	X	24.0	633,200		1.8										1.0	
10	X	24.0	294,800		1.5										1.5	
11	X	24.0	260,200		2.3										2.0	
12	X	24.0	390,300		3.3										2.0	
13	X	24.0	290,300		3.2										2.0	
14	X	24.0	419,700		3.3											
15	X	24.0	335,800												1.5	
16	X	24.0	335,800		2.1										1.5	
17	X	24.0	289,000		1.8										2.1	
18	X	24.0	382,200		3.0										2.2	
19	X	24.0	426,300		3.0										1.2	
20	X	24.0	339,800		1.9										1.1	
21	X	24.0	331,800		2.1											
22	X	24.0	436,100												0.5	
23	X	24.0	436,100		1.2										1.3	
24	X	24.0	397,900		2.5										1.3	
25	X	24.0	456,500		2.4										1.6	
26	X	24.0	427,200		2.8										1.3	
27	X	24.0	411,000		2.6										1.3	
28	X	24.0	496,700		2.3											
29	X	24.0	486,950												1.3	
30	X	24.0	486,950		2.2											
31	X	24.0														
Total			12,407,600													
Average			413,587													
Maximum			633,200													

\* 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: <span style="float: right;">April-07</span>											
Community Water System (CWS) Name: <b>Chuluota</b>											
Public Water System (PWS) Identification Number: <b>3590186</b>											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day											
	720,000	1,080,000									1,800,000
Net Quantity of Finished Water Produced by Each Plant, gallons											
											Total
1	133,350	468,200									601,550
2	133,350	468,200									601,550
3	111,500	396,900									508,400
4	124,800	465,800									590,600
5	112,300	519,700									632,000
6	119,900	449,000									568,900
7	105,950	437,600									543,550
8	105,950	437,600									543,550
9	137,100	633,200									770,300
10	97,000	294,800									391,800
11	72,700	260,200									332,900
12	85,200	390,300									475,500
13	85,900	290,300									376,200
14	109,000	419,700									528,700
15	96,800	335,800									432,600
16	96,800	335,800									432,600
17	95,300	289,000									384,300
18	112,500	382,200									494,700
19	108,000	425,300									534,300
20	106,800	339,800									446,600
21	109,700	331,800									441,500
22	115,700	436,100									551,800
23	115,700	436,100									551,800
24	132,200	397,900									530,100
25	122,300	456,500									578,800
26	103,400	427,200									530,600
27	140,300	411,000									551,300
28	121,300	496,700									618,000
29	135,150	486,950									622,100
30	135,150	486,950									622,100
31	0	0									0
<b>Total</b>	<b>3,381,100</b>	<b>12,407,600</b>									<b>15,788,700</b>
<b>Avg.</b>	<b>112,703</b>	<b>413,587</b>									<b>526,290</b>
<b>Max.</b>	<b>140,300</b>	<b>633,200</b>									<b>770,300</b>

# 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: Chuluota		PWS Identification Number: 3590186	
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: 1410		Total Population Served at End of Month: 4,935	
PWS Owner: Aqua Utilities Florida			
Contact Person: William Trendel		Contact Person's Title: Senior Operator	
Contact Person's Mailing Address: 140 Hope Street		City: Longwood	State: Florida
Contact Person's Telephone Number: (407) 339-5424		Zip Code: 32750	
Contact Person's E-Mail Address: betrendel@aquaaamerica.com		Contact Person's Fax Number: (407) 339-1490	

**B. Water Treatment Plant Information**

Plant Name: Chuluota		Plant Telephone Number: (407) 339-5424	
Plant Address: 118 7th Street		City: Chuluota	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: 1,800,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator:	William Trendel	C	6411 / Days 1st Shift
Other Operators:	Terrence McCarthy	C	4617 / 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.

Bill Trendel 6/6/07  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

Date	Plant	Operator	Hours plant in operation	Net Quantity of Purified Water Produced, gal	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Residual Point in Distribution System, mg/L	Description of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
					CT Calculations					UV Dose							
					Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration, mg/L Before and After Customer Using Peak Flow, mg/L	Disinfectant Concentration, mg/L	Length of Contact Time, minutes	Lowest Residual Disinfectant Concentration, mg/L	UV Dose, mJ/sec/cm <sup>2</sup>	Minimum CT Required, mg-min	Operating UV Dose, mJ/sec/cm <sup>2</sup>	Minimum UV Dose Required, mJ/sec/cm <sup>2</sup>	UV Dose, mJ/sec/cm <sup>2</sup>			
5/1	X		24.0	121,900		1.3										1.2	
5/2	X		24.0	134,200		1.2										1.2	
5/3	X		24.0	543,500		1.2										1.2	
5/4	X		24.0	345,700		3.0										1.6	
5/5	X		24.0	474,800		1.8										1.6	
5/6	X		24.0	318,050												0.9	
5/7	X		24.0	318,050		1.1										0.9	
5/8	X		24.0	256,300		0.9										1.5	
5/9	X		24.0	336,300		1.8										1.6	
5/10	X		24.0	350,400		1.6										1.5	
5/11	X		24.0	256,200		1.8										1.4	
5/12	X		24.0	345,600		1.4											
5/13	X		24.0	359,800												0.7	
5/14	X		24.0	359,800		0.7										1.3	
5/15	X		24.0	270,600		1.5										1.0	
5/16	X		24.0	352,200		1.2										1.2	
5/17	X		24.0	348,100		1.4										1.5	
5/18	X		24.0	239,600		2.1										1.5	
5/19	X		24.0	290,200		2.2											
5/20	X		24.0	390,550												1.1	
5/21	X		24.0	390,550		1.3										1.9	
5/22	X		24.0	363,100		2.4										2.0	
5/23	X		24.0	422,300		3.1										1.7	
5/24	X		24.0	361,900		2.3										1.6	
5/25	X		24.0	282,500		2.1											
5/26	X		24.0	384,700												1.5	
5/27	X		24.0	384,700		1.7										1.4	
5/28	X		24.0	332,500		1.6										0.5	
5/29	X		24.0	435,500		0.7										2.0	
5/30	X		24.0	391,100		2.6										1.6	
5/31	X		24.0	380,900		2.0											
Total				10,541,600													
Average				340,052													
Maximum				543,500													

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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 Month	Days Plant Staffed or V/Filtered by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, (if Applicable)*							Disinfectant Residual Concentration at Distribution System (mg/L)	Frequency of Abnormal Operating Conditions, Repair of Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) at the end of First Customer Piping Peak Flow, mg/L	Disinfectant Contact Time (T) in minutes	Lowest CT Provided Before or at First Customer Piping Peak Flow, mg/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L			Lowest Operating UV Dose, mJ/cm <sup>2</sup>
1	X	24.0	489,700		2.0							1.2	
2	X	24.0	528,200		3.3							1.7	
3	X	24.0	296,400		2.1							1.0	
4	X	24.0	273,700		2.5							1.3	
5	X	24.0	340,900		3.0							1.7	
6	X	24.0	266,450										
7	X	24.0	266,450		2.4							1.5	
8	X	24.0	208,000		2.3							1.4	
9	X	24.0	275,700		2.9							1.8	
10	X	24.0	278,900		3.1							2.0	
11	X	24.0	213,400		2.8							1.7	
12	X	24.0	268,600		2.8							1.8	
13	X	24.0	240,450										
14	X	24.0	240,450		2.4							1.5	
15	X	24.0	200,300		2.1							1.4	
16	X	24.0	317,300		2.5							1.4	
17	X	24.0	277,100		2.9							1.7	
18	X	24.0	211,000		2.9							1.8	
19	X	24.0	269,400		3.0							1.8	
20	X	24.0	267,650										
21	X	24.0	267,650		2.5							1.5	
22	X	24.0	252,600		2.2							1.4	
23	X	24.0	284,600		3.2							1.9	
24	X	24.0	278,500		3.2							2.1	
25	X	24.0	194,900		2.5							1.7	
26	X	24.0	198,200										
27	X	24.0	198,200		0.8							0.8	
28	X	24.0	350,700		2.0							1.2	
29	X	24.0	258,100		2.4							1.3	
30	X	24.0	274,700		2.9							1.7	
31	X	24.0	274,500		2.6							1.5	
Total			8,562,700										
Average			276,216										
Maximum			528,200										

\* 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: <span style="float: right;">May-07</span>											
Community Water System (CWS) Name: Chuluota											
Public Water System (PWS) Identification Number: 3590186											
Day of Month	Plant 1 Name: Plant 1 Well 1 & 2	Plant 2 Name: Plant 2 Well 3 & 4	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day											
	720,000	1,080,000									1,800,000
Net Quantity of Finished Water Produced by Each Plant, gallons											
											Total
1	121,900	489,700									611,600
2	134,200	528,200									662,400
3	543,500	296,400									839,900
4	345,700	273,700									619,400
5	474,800	340,900									815,700
6	318,050	266,450									584,500
7	318,050	266,450									584,500
8	256,300	208,000									464,300
9	336,300	275,700									612,000
10	350,400	278,900									629,300
11	256,200	213,400									469,600
12	345,600	268,600									614,200
13	359,800	240,450									600,250
14	359,800	240,450									600,250
15	270,600	200,300									470,900
16	352,200	317,300									669,500
17	348,100	277,100									625,200
18	239,600	211,000									450,600
19	290,200	269,400									559,600
20	390,550	267,650									658,200
21	390,550	267,650									658,200
22	363,100	252,600									615,700
23	422,300	284,600									706,900
24	361,900	278,500									640,400
25	282,500	194,900									477,400
26	384,700	198,200									582,900
27	384,700	198,200									582,900
28	332,500	350,700									683,200
29	435,500	258,100									693,600
30	391,100	274,700									665,800
31	380,900	274,500									655,400
<b>Total</b>	<b>10,541,600</b>	<b>8,562,700</b>									<b>19,104,300</b>
<b>Avg</b>	<b>340,052</b>	<b>276,216</b>									<b>616,268</b>
<b>Max</b>	<b>543,500</b>	<b>528,200</b>									<b>839,900</b>

# 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: <u>Chuluota</u>		PWS Identification Number: <u>3590186</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>1410</u>		Total Population Served at End of Month: <u>4,935</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>William Trendel</u>		Contact Person's Title: <u>Senior Operator</u>	
Contact Person's Mailing Address: <u>140 Hope Street</u>		City: <u>Longwood</u>	State: <u>Florida</u> Zip Code: <u>32750</u>
Contact Person's Telephone Number: <u>(407) 339-5424</u>		Contact Person's Fax Number: <u>(407) 339-7490</u>	
Contact Person's E-Mail Address: <u>betrendel@aquamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Chuluota</u>		Plant Telephone Number: <u>(407) 339-5424</u>		
Plant Address: <u>118 7th Street</u>		City: <u>Chuluota</u>	State: <u>Florida</u> Zip Code: <u>32766</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>1,800,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</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>William Trendel</u>	<u>C</u>	<u>6411</u>	<u>Days 1st Shift</u>
Other Operators:	<u>Terrence McCanthy</u>	<u>C</u>	<u>4617</u>	<u>Days 1st Shift</u>

**II. Certification by Lead/Chief Operator**

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

William Trendel 7/2/07  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

**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 Started or Visited by Operator (Plants "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	*CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Chlorine Dioxide Peak Flow	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow	Lowest CT Provided Before or at Customized Peak Flow	Temp. of Water	pH of Water	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Required Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that May Affect Disinfection Water System Components or Out of Operation		
1	X	24.0	353,500		2.1										1.5	
2	X	24.0	211,500		2.0										1.5	
3	X	24.0	309,850													
4	X	24.0	309,850		1.3										1.1	
5	X	24.0	272,200		1.3										1.1	
6	X	24.0	337,500		2.0										1.4	
7	X	24.0	284,700		1.8										1.3	
8	X	24.0	259,500		1.9										1.4	
9	X	24.0	315,600		1.8										1.3	
10	X	24.0	364,250													
11	X	24.0	364,250		1.1										0.6	
12	X	24.0	209,900		1.3										0.8	
13	X	24.0	212,600		1.3										0.8	
14	X	24.0	206,500		2.0										1.4	
15	X	24.0	156,700		1.7										1.1	
16	X	24.0	289,600		1.7										1.1	
17	X	24.0	311,500													
18	X	24.0	311,500		1.2										1.1	
19	X	24.0	312,000		1.3										0.7	
20	X	24.0	230,200		2.1										1.4	
21	X	24.0	288,400		1.9										1.4	
22	X	24.0	262,800		1.7										1.0	
23	X	24.0	348,400													
24	X	24.0	348,400		1.5										1.2	
25	X	24.0	377,100		0.8										0.4	
26	X	24.0	194,700		1.8										1.1	
27	X	24.0	310,000		3.3										2.0	
28	X	24.0	307,400		2.5										1.6	
29	X	24.0	266,400		2.1										1.5	
30	X	24.0	184,300		2.5										1.7	
31	X	24.0														
Total			8,511,100													
Average			283,703													
Maximum			377,100													

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demstrate Four-Log Virus Inactivation, If Applicable*							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				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 Residual Disinfectant Before or at First Customer During Peak Flow, mg/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg·min/L			Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>
1	X	24.0	206,900		2.5							1.5	
2	X	24.0	145,600		2.6							1.5	
3	X	24.0	233,200										
4	X	24.0	233,200		2.5							1.6	
5	X	24.0	160,300		2.0							1.4	
6	X	24.0	272,800		2.4							1.5	
7	X	24.0	197,500		2.1							1.4	
8	X	24.0	147,600		1.8							1.2	
9	X	24.0	204,800		1.8							1.2	
10	X	24.0	232,800										
11	X	24.0	232,800		2.1							1.5	
12	X	24.0	140,900		2.1							1.5	
13	X	24.0	96,800		1.9							1.5	
14	X	24.0	137,800		1.6							1.0	
15	X	24.0	96,600		1.8							1.2	
16	X	24.0	151,500		1.7							1.2	
17	X	24.0	176,600										
18	X	24.0	176,600		1.5							1.0	
19	X	24.0	148,300		1.4							0.7	
20	X	24.0	142,600		1.6							1.0	
21	X	24.0	148,700		2.0							1.4	
22	X	24.0	128,700		1.8							1.0	
23	X	24.0	208,850										
24	X	24.0	208,850		2.0							1.3	
25	X	24.0	145,700		1.8							1.3	
26	X	24.0	91,400		1.5							1.0	
27	X	24.0	202,400		2.6							1.6	
28	X	24.0	153,900		2.5							1.6	
29	X	24.0	134,000		2.3							1.5	
30	X	24.0	101,300		2.4							1.5	
31	X	24.0											
Total			5,059,000										
Average			168,633										
Maximum			272,800										

\* 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 : <span style="float: right;">June-07</span>											
Community Water System (CWS) Name: <b>Chuluota</b>											
Public Water System (PWS) Identification Number: <b>3590186</b>											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day											
	720,000	1,080,000									1,800,000
Net Quantity of Finished Water Produced by Each Plant, gallons											
1	353,500	206,900									560,400
2	211,500	145,600									357,100
3	309,850	233,200									543,050
4	309,850	233,200									543,050
5	272,200	160,300									432,500
6	337,500	272,800									610,300
7	284,700	197,500									482,200
8	259,500	147,600									407,100
9	315,600	204,800									520,400
10	364,250	232,800									597,050
11	364,250	232,800									597,050
12	209,900	140,900									350,800
13	212,600	96,800									309,400
14	206,500	137,800									344,300
15	156,700	96,600									253,300
16	289,600	151,500									441,100
17	311,500	176,600									488,100
18	311,500	176,600									488,100
19	312,000	148,300									460,300
20	230,200	142,600									372,800
21	288,400	148,700									437,100
22	262,800	128,700									391,500
23	348,400	208,850									557,250
24	348,400	208,850									557,250
25	377,100	145,700									522,800
26	194,700	91,400									286,100
27	310,000	202,400									512,400
28	307,400	153,900									461,300
29	266,400	134,000									400,400
30	184,300	101,300									285,600
31	0	0									0
<b>Total</b>	<b>8,511,100</b>	<b>5,059,000</b>									<b>13,570,100</b>
<b>Avg</b>	<b>283,703</b>	<b>168,633</b>									<b>452,337</b>
<b>Max</b>	<b>377,100</b>	<b>272,800</b>									<b>639,900</b>

**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:	Chuluota	PWS Identification Number:	3590186
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:	1410	Total Population Served at End of Month:	4,935
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood State: Florida Zip Code: 32750
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota State: Florida Zip Code: 32766
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:	1,800,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Days / Shifts Worked
Lead/Chief Operator	William Trendel	C	6411	Days 1st Shift
Other Operators	Terrence McCarthy	C	4617	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.

William Trendel 8/5/07  
 Signature and Date

William Trendel  
 Printed or Typed Name

C6411  
 License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

Month	Plant	Hours Plant in Operation	Net Quantity of Potable Water Produced (gals)	CT Calculations for UV Dose to Determine Four-Log Virus Inactivation, if Applicable										Residual Concentration in Distribution System (mg/L)	Comments on any violations that involve taking water samples from the distribution system				
				Flow Rate (gpd)	Chlorine Dioxide Concentration (mg/L)	Flow Rate (gpd)	Chlorine Dioxide Concentration (mg/L)	Flow Rate (gpd)	Chlorine Dioxide Concentration (mg/L)	Flow Rate (gpd)	Chlorine Dioxide Concentration (mg/L)	Flow Rate (gpd)	Chlorine Dioxide Concentration (mg/L)			Flow Rate (gpd)	Chlorine Dioxide Concentration (mg/L)		
X		24.0	258,400														1.4		
X		24.0	258,400		1.6													1.1	
X		24.0	217,800		1.6													1.4	
X		24.0	186,300		2.3													1.4	
X		24.0	54,500		2.4													1.9	
X		24.0	135,500		2.6													1.6	
X		24.0	26,700		1.7													1.0	
X		24.0	290,250																
X		24.0	290,250		2.3													1.4	
X		24.0	286,100		2.3													1.5	
X		24.0	355,100		3.0													1.9	
X		24.0	288,800		2.5													1.6	
X		24.0	248,300		2.0													1.1	
X		24.0	285,700		1.8													1.0	
X		24.0	280,700																
X		24.0	280,700		1.2													0.5	
X		24.0	290,700		1.9													1.0	
X		24.0	315,600		2.8													1.7	
X		24.0	294,600		2.3													1.5	
X		24.0	159,100		2.8													1.9	
X		24.0	310,800		2.5													1.7	
X		24.0	242,550																
X		24.0	242,550		1.1													0.6	
X		24.0	196,000		1.8													0.9	
X		24.0	298,600		3.3													2.0	
X		24.0	175,700		2.6													1.6	
X		24.0	186,100		2.3													1.5	
X		24.0	267,200		2.4													1.7	
X		24.0	232,550																
X		24.0	232,550		2.1													1.7	
X		24.0	347,600		1.7													1.0	
			7,555,700																
			243,732																
			355,100																

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

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

PWS Identification Number: **3591086** Plant Name: **Chuluota, Plant # 2**

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

Date	Plant	Operator	Hours plant operated	Total Volume of Water Produced (gallons)	Minimum Free Chlorine Residual (mg/L)		Minimum Free Chlorine Residual (mg/L) - 100% Dose	Minimum Free Chlorine Residual (mg/L) - 90% Dose	Minimum Free Chlorine Residual (mg/L) - 80% Dose	Minimum Free Chlorine Residual (mg/L) - 70% Dose	Minimum Free Chlorine Residual (mg/L) - 60% Dose	Minimum Free Chlorine Residual (mg/L) - 50% Dose	Minimum Free Chlorine Residual (mg/L) - 40% Dose	Minimum Free Chlorine Residual (mg/L) - 30% Dose	Minimum Free Chlorine Residual (mg/L) - 20% Dose	Minimum Free Chlorine Residual (mg/L) - 10% Dose	
					At Plant	At Distribution System											
7/1	X		24.0	141,250													1.4
7/2	X		24.0	141,250			2.0										1.0
7/3	X		24.0	92,800			1.6										1.3
7/4	X		24.0	94,000			2.0										1.5
7/5	X		24.0	324,400			2.6										1.4
7/6	X		24.0	93,100			2.4										1.7
7/7	X		24.0	255,700			2.9										
7/8	X		24.0	143,500													
7/9	X		24.0	143,500			2.1										1.3
7/10	X		24.0	96,000			1.7										1.0
7/11	X		24.0	174,400			2.6										1.5
7/12	X		24.0	48,800			2.2										1.2
7/13	X		24.0	45,600			1.9										1.2
7/14	X		24.0	47,300			1.7										1.0
7/15	X		24.0	90,300													
7/16	X		24.0	90,300			1.2										0.7
7/17	X		24.0	88,800			1.8										1.0
7/18	X		24.0	142,600			2.2										1.1
7/19	X		24.0	151,700			2.3										1.3
7/20	X		24.0	101,000			2.1										1.1
7/21	X		24.0	96,000			2.0										1.1
7/22	X		24.0	87,350													
7/23	X		24.0	87,350			1.6										0.8
7/24	X		24.0	78,500			1.3										0.8
7/25	X		24.0	120,500			3.4										1.9
7/26	X		24.0	74,800			3.2										1.9
7/27	X		24.0	94,200			2.5										1.6
7/28	X		24.0	136,600			2.7										1.6
7/29	X		24.0	66,850													
7/30	X		24.0	66,850			2.5										1.4
7/31	X		24.0	130,800			2.3										1.4
Total				3,546,100													
Average				114,390													
Maximum				324,400													

\* 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: <span style="float: right;">July-07</span>									
Community Water System (CWS) Name: <b>Chuluota</b>									
Public Water System (PWS) Identification Number: <b>3590186</b>									
Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4								
Plant 1 & 2 Maximum Day Operating Capacity of Each Plant, gallons per day									
720,000	1,080,000								1,800,000
Quantity of Finished Water Produced by Each Plant, gallons									
258,400	141,250								399,650
258,400	141,250								399,650
217,800	92,800								310,600
309,850	94,000								403,850
272,200	324,400								596,600
337,500	93,100								430,600
284,700	255,700								540,400
259,500	143,500								403,000
315,600	143,500								459,100
288,100	96,000								382,100
355,100	174,400								529,500
288,800	48,800								337,600
248,300	45,600								293,900
285,700	47,300								333,000
280,700	90,300								371,000
280,700	90,300								371,000
290,700	88,800								379,500
315,600	142,600								458,200
294,600	151,700								446,300
159,100	101,000								260,100
310,800	96,000								406,800
242,550	87,350								329,900
242,550	87,350								329,900
196,000	78,500								274,500
298,600	120,500								419,100
175,700	74,800								250,500
186,100	94,200								280,300
267,200	138,600								403,800
232,550	66,850								299,400
232,550	66,850								299,400
347,600	130,800								478,400
7,555,700	3,546,100								11,877,550
283,703	114,390								383,150
Max	355,100	324,400							596,600

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



See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name: Chuluota		PWS Identification Number: 3590186	
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: 1410		Total Population Served at End of Month: 4,935	
PWS Owner: Aqua Utilities Florida			
Contact Person: William Trendel		Contact Person's Title: Senior Operator	
Contact Person's Mailing Address: 140 Hope Street		City: Longwood	State: Florida
		Zip Code: 32750	
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address: betrendel@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Chuluota		Plant Telephone Number: (407) 339-5424	
Plant Address: 118 7th Street		City: Chuluota	State: Florida
		Zip Code: 32766	
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: 1,800,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Operator	License Class	License Number	Days 1st Shift Worked
William Trendel	C	6411	
Terrence McCarthy	C	4617	

**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
 

 William Trendel  
 Printed or Typed Name
 

 C6411  
 License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

Month	Plant No.	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Chlorine Dioxide Residual, mg/L		Free Chlorine Residual, mg/L		Total Chlorine Residual, mg/L	Minimum CT Required, mg-min/L	Operating CT, mg-min/L	Minimum Chlorine Dioxide Residual, mg/L	Operating Chlorine Dioxide Residual, mg/L	Total Chlorine Dioxide Residual, mg/L	Notes
				Raw Water	Plant Effluent	Raw Water	Plant Effluent							
8/1	X	24.0	229,600		2.2								1.3	
8/2	X	24.0	204,800		2.2								1.4	
8/3	X	24.0	168,000		2.0								1.2	
8/4	X	24.0	269,500		2.2								1.2	
8/5	X	24.0												
8/6	X	24.0	622,800		1.7								1.1	
8/7	X	24.0	313,400		1.8								1.1	
8/8	X	24.0	371,600		2.8								1.8	
8/9	X	24.0	352,000		2.5								1.7	
8/10	X	24.0	389,000		2.4								1.7	
8/11	X	24.0	395,900		2.0								1.3	
8/12	X	24.0												
8/13	X	24.0	796,800		1.5								1.2	
8/14	X	24.0	320,200		0.5								0.7	
8/15	X	24.0	498,900		2.6								1.7	
8/16	X	24.0	427,200		3.4								2.1	
8/17	X	24.0	398,600		3.1								1.9	
8/18	X	24.0	452,400		1.8								1.1	
8/19	X	24.0												
8/20	X	24.0	809,000		0.9								0.4	
8/21	X	24.0	375,000		0.9								0.4	
8/22	X	24.0	484,300		2.8								1.9	
8/23	X	24.0	417,000		2.4								1.3	
8/24	X	24.0	377,000		3.0								2.0	
8/25	X	24.0	290,000		2.4								1.6	
8/26	X	24.0												
8/27	X	24.0	667,400		2.0								1.6	
8/28	X	24.0	311,400		1.8								1.1	
8/29	X	24.0	413,000		2.5								1.4	
8/30	X	24.0	264,800		2.1								1.0	
8/31	X	24.0	346,200		2.4								1.3	
			10,965,800											
			353,735											
			809,000											

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

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

PWS Identification Number: **3591086** Plant Name: **Chuluota, Plant # 2**

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

Month	Day	Operation	Quantity of Water Treated (Gallons)	PWS Calculation of Free Chlorine Residuals in Distribution System												
				Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	
X	24.0	144,830	1.9											1.1		
X	24.0	129,090	1.8											1.2		
X	24.0	132,140	1.8											1.1		
X	24.0	198,220	2.2											1.2		
X	24.0															
X	24.0	412,610	2.0											1.3		
X	24.0	216,740	1.9											1.2		
X	24.0	295,130	2.9											1.9		
X	24.0	289,030	2.9											1.9		
X	24.0	330,050	2.8											1.8		
X	24.0	365,140	2.9											1.8		
X	24.0															
X	24.0	716,260	2.1											1.0		
X	24.0	349,500	2.4											1.5		
X	24.0	407,790	2.5											1.5		
X	24.0	406,050	2.5											1.6		
X	24.0	360,240	2.1											1.2		
X	24.0	432,370	2.5											1.5		
X	24.0															
X	24.0	850,210	2.1											1.3		
X	24.0	387,130	1.9											1.1		
X	24.0	477,780	3.4											2.2		
X	24.0	422,010	3.1											2.0		
X	24.0	387,570	3.0											1.9		
X	24.0	281,490	1.9											1.3		
X	24.0															
X	24.0	695,760	2.7											1.8		
X	24.0	295,330	2.1											1.1		
X	24.0	436,830	2.3											1.2		
X	24.0	323,700	2.4											1.3		
X	24.0	308,970	2.3											1.3		
		10,051,970														
		324,257														
		850,210														

\* 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: <b>August-07</b>										
Community Water System (CWS) Name: <b>Chuluota</b>										
Public Water System (PWS) Identification Number: <b>3590186</b>										
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
Estimated Maximum Day Operating Capacity for Each Plant, gallons per day										
720,000	1,080,000									1,800,000
Actual Quantity of Finished Water Produced by Each Plant, gallons										
229,600	144,830									374,430
204,800	129,090									333,890
168,000	132,140									300,140
269,500	198,220									467,720
311,400	206,305									517,705
311,400	206,305									517,705
313,400	216,740									530,140
371,600	295,130									666,730
352,000	289,030									641,030
389,000	330,050									719,050
395,900	365,140									761,040
398,400	358,130									756,530
398,400	358,130									756,530
320,200	349,500									669,700
498,900	407,750									906,650
427,200	406,050									833,250
398,600	360,240									758,840
452,400	432,370									884,770
404,500	425,105									829,605
404,500	425,105									829,605
375,000	387,130									762,130
484,300	477,780									962,080
417,000	422,010									839,010
377,000	387,570									764,570
290,000	281,490									571,490
337,700	347,880									685,580
337,700	347,880									685,580
311,400	295,330									606,730
413,000	436,830									849,830
264,800	323,700									588,500
346,200	308,970									655,170
10,956,800	10,061,970									21,025,770
353,735	324,257									678,250
498,900	477,780									962,080

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



See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota			PWS Identification Number:	3590186
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:	1410			Total Population Served at End of Month:	4,935
PWS Owner:	Aqua Utilities Florida				
Contact Person:	William Trendel			Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood	State:	Florida
Contact Person's Telephone Number:	(407) 339-5424			Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquuamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Chuluota			Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota	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:	1,800,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terrence McCarthy	C	4617	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.

*William Trendel* / 10/18/07  
 Signature and Date

William Trendel  
 Printed or Typed Name

C6411  
 License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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 at Place (X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	GT Calculations or UV Dose to Demonstrate Four-log Virus Inactivation if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Chamber During Peak Flow, mg/L	Disinfectant Contact Time (T) or CT Measurement From During Peak Flow, minutes	Lowest CT Provided Before or After 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 <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	305,200		2.5								1.6	
2		24.0	200,400										1.6	
3	X	24.0	200,400		1.8								0.5	
4	X	24.0	143,700		1.3								0.5	
5	X	24.0	338,100		1.3								1.8	
6	X	24.0	297,600		3.2								2.0	
7	X	24.0	320,000		3.3								1.7	
8	X	24.0	328,500		2.7									
9		24.0	355,900										1.2	
10	X	24.0	355,900		2.1								1.1	
11	X	24.0	280,700		1.9								2.1	
12	X	24.0	301,400		3.0								1.4	
13	X	24.0	248,000		2.3								1.4	
14	X	24.0	250,700		2.5								1.4	
15	X	24.0	330,700		2.4									
16		24.0	343,200										1.1	
17	X	24.0	343,200		2.0								1.5	
18	X	24.0	295,100		2.5								1.3	
19	X	24.0	130,700		2.2								1.5	
20	X	24.0	142,800		2.4								1.7	
21	X	24.0	214,900		2.8								1.7	
22	X	24.0	144,400		2.6									
23		24.0	177,700										1.2	
24	X	24.0	177,700		2.1								1.3	
25	X	24.0	182,200		2.1								1.2	
26	X	24.0	202,100		2.2								1.5	
27	X	24.0	250,600		2.3								1.6	
28	X	24.0	200,000		2.2									
29		24.0	163,500										1.6	
30	X	24.0	163,500		1.8									
31	X	24.0												
Total			7,689,600											
Average			256,320											
Maximum			445,700											

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

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 2

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 No. of the Month	Days Plant Started or Restarted by Operator at Place of Operation	Hours Plant Operated	Net Quantity of Finished Water Produced, gal.	CF Calculations for UV Dose to Guarantee Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Drop Peak Flow, mg/L	Disinfectant Applied (D) at First Drop, mg/L	Peak Flow at Drop, gpd	Disinfectant Applied at Drop, mg/L	Temp. of Water, °C if Applicable	Minimum UV Dose Required, mJ/cm <sup>2</sup>	Actual UV Dose, mJ/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm	Actual UV Dose, sec/cm		Lowest Residual Disinfectant Concentration, Remote Point of Distribution, mg/L		
1	X	24.0	323,520		2.2											1.3	
2		24.0	212,215														
3	X	24.0	212,215		1.7												1.2
4	X	24.0	378,590		1.4												0.6
5	X	24.0	364,630		2.3												1.3
6	X	24.0	339,670		2.1												1.2
7	X	24.0	319,480		2.3												1.3
8	X	24.0	290,600		2.3												1.3
9		24.0	341,475														
10	X	24.0	341,475		2.4												1.4
11	X	24.0	312,200		2.5												1.4
12	X	24.0	303,600		2.2												1.3
13	X	24.0	198,110		2.0												1.0
14	X	24.0	300,540		2.2												1.2
15	X	24.0	337,230		2.8												1.7
16		24.0	347,305														
17	X	24.0	347,305		2.4												1.5
18	X	24.0	247,780		2.5												1.4
19	X	24.0	316,540		3.4												2.3
20	X	24.0	271,310		2.6												1.7
21	X	24.0	322,900		1.6												1.0
22	X	24.0	280,030		2.1												1.1
23		24.0	279,660														
24	X	24.0	279,660		2.6												1.6
25	X	24.0	322,610		2.2												1.4
26	X	24.0	322,080		2.5												1.5
27	X	24.0	344,480		2.5												1.3
28	X	24.0	315,000		2.4												1.4
29	X	24.0	291,390														
30	X	24.0	291,390		2.1												1.2
31	X	24.0															
<b>Total</b>			9,154,990														
<b>Average</b>			305,166														
<b>Maximum</b>			378,590														

\* 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: <b>Sept 2007</b>											
Community Water System (CWS) Name: <b>Chuluota</b>											
Public Water System (PWS) Identification Number: <b>3590188</b>											
Day of Month	Plant 1 Name Well 1 & 2	Plant 2 Name Well 3 & 4	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	720,000	1,080,000									1,800,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										
1	305,200	323,520									628,720
2	200,400	212,215									412,615
3	200,400	212,215									412,615
4	443,700	378,590									822,290
5	338,100	364,630									702,730
6	297,600	339,670									637,270
7	320,000	319,480									639,480
8	328,500	290,600									619,100
9	355,900	341,475									697,375
10	355,900	341,475									697,375
11	280,700	312,200									592,900
12	301,400	303,600									605,000
13	248,000	198,110									446,110
14	250,700	300,540									551,240
15	330,700	337,230									667,930
16	343,200	347,305									690,505
17	343,200	347,305									690,505
18	295,100	247,780									542,880
19	130,700	316,540									447,240
20	142,800	271,310									414,110
21	214,900	322,900									537,800
22	144,400	280,030									424,430
23	177,700	279,660									457,360
24	177,700	279,660									457,360
25	182,200	322,610									504,810
26	202,100	322,080									524,180
27	250,600	344,480									595,080
28	200,000	315,000									515,000
29	163,900	291,390									455,290
30	163,900	291,390									455,290
31	0										0
<b>Total</b>	7,689,600	9,154,990									16,844,590
<b>Avg.</b>	256,320	305,166									561,486,330
<b>Max.</b>	443,700	378,590									822,290

**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, 2007

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	1410	Total Population Served at End of Month:	4,935
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
		State:	Florida
		Zip Code:	32750
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
		Zip Code:	32766
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: 1,800,000

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

Operator Name	License Class	License Number	Days 1st Shift
Lead/Chief Operator: William Trendel	C	6411	
Other Operators: Roger Gray	C	14574	
Terrence McCarthy	C	4617	

**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.

William Trendel 11/7/07  
Signature and Date
William Trendel  
Printed or Typed Name
C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chulfoots, Plant # 1

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	Time	Flow (MGD)	Chlorine (lb)	Residual (mg/L)	Temp (°F)	pH	Alkalinity (mg/L)	Hardness (mg/L)	Turbidity (NTU)	Color (PCU)	Conductivity (µmhos/cm)	Other
X		24.0	233,700	1.4								
X		24.0	106,700	1.5								
X		24.0	97,500	2.1								
X		24.0	204,000	2.3								
X		24.0	168,600	2.2								
X		24.0	91,500	2.2								
X		24.0	170,700	2.0								
X		24.0	170,700	2.0								
X		24.0	172,700	1.7								
X		24.0	206,900	1.7								
X		24.0	271,300	2.0								
X		24.0	283,500	2.2								
X		24.0	308,600	2.0								
X		24.0	282,050	2.0								
X		24.0	282,050	2.0								
X		24.0	268,800	2.1								
X		24.0	300,500	1.4								
X		24.0	265,700	1.8								
X		24.0	331,600	2.3								
X		24.0	272,500	2.0								
X		24.0	196,550	2.0								
X		24.0	196,550	2.3								
X		24.0	204,700	2.1								
X		24.0	248,200	2.1								
X		24.0	268,500	3.0								
X		24.0	164,900	2.2								
X		24.0	172,100	2.2								
X		24.0	137,800	1.7								
X		24.0	137,800	1.7								
X		24.0	123,200	0.9								
X		24.0	146,600	2.8								
			6,486,500									
			211,330									
			308,600									

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

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 2

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	Volume (gallons)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation	Other
X	24.0	386,510	1.8				
X	24.0	262,130	2.1				
X	24.0	282,070	2.5				
X	24.0	323,590	2.4				
X	24.0	297,760	2.6				
X	24.0	271,060	2.5				
X	24.0	320,780	2.5				
X	24.0	320,780	2.3				
X	24.0	291,190	1.9				
X	24.0	338,080	2.2				
X	24.0	363,390	1.4				
X	24.0	340,130	2.4				
X	24.0	355,930	2.1				
X	24.0	331,410	2.0				
X	24.0	331,410	2.0				
X	24.0	349,450	2.1				
X	24.0	366,140	2.1				
X	24.0	380,280	2.6				
X	24.0	332,560	3.0				
X	24.0	347,760	2.6				
X	24.0	309,060	1.9				
X	24.0	309,060	1.9				
X	24.0	278,010	1.6				
X	24.0	327,970	2.6				
X	24.0	352,440	2.9				
X	24.0	272,700	2.5				
X	24.0	289,180	2.4				
X	24.0	283,020	1.7				
X	24.0	283,020	1.7				
X	24.0	251,440	1.9				
X	24.0	255,420	2.3				
		9,803,730					
		316,249					
		386,510					

\* 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:										October-07
Community Water System (CWS) Name:										Chuluota
Public Water System (PWS) Identification Number:										3590186
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
Finished Water Production (Gallons per Day)										
720,000	1,080,000									1,800,000
233,700	386,510									620,210
106,700	262,130									368,830
97,500	282,070									379,570
204,000	323,590									527,590
168,600	297,760									466,360
91,500	271,060									362,560
170,700	320,780									491,480
170,700	320,780									491,480
172,700	291,190									463,890
206,900	338,080									544,980
271,300	363,390									634,690
283,500	340,130									623,630
308,600	355,930									664,530
282,050	331,410									613,460
282,050	331,410									613,460
268,800	349,450									618,250
300,500	366,140									666,640
265,700	380,280									645,980
331,600	332,560									664,160
272,500	347,760									620,260
196,550	309,060									505,610
196,550	309,060									505,610
204,700	278,010									482,710
248,200	327,970									576,170
268,500	352,440									620,940
164,900	272,700									437,600
172,100	289,180									461,280
137,800	283,020									420,820
137,800	283,020									420,820
123,200	251,440									374,640
146,600	255,420									402,020
6,486,500	9,803,730									16,290,230
211,330	316,249									527,579
308,600	386,510									695,110

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



See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	1410	Total Population Served at End of Month:	4,935
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood State: Florida Zip Code: 32750
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota State: Florida Zip Code: 32766
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:	1,800,000		

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	Days 1st Shift
William Trendel	C	6411	Days 1st Shift
Roger Gray	C	14574	Days 1st Shift
Terrence McCarthy	C	4617	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.

William Trendel 12/3/07  
 Signature and Date  
 William Trendel  
 Printed or Typed Name  
 C6411  
 License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

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

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

Date	Time	Volume (gallons)	Disinfection Residual (mg/L)											
			1	2	3	4	5	6	7	8	9	10		
X	24.0	302,600	3.2									2.2		
X	24.0	129,200	2.4									1.7		
X	24.0	200,300	2.1									1.3		
	24.0	235,850												
X	24.0	235,850	1.5									1.5		
X	24.0	200,100	1.4									0.7		
X	24.0	287,000	2.2									1.3		
X	24.0	339,400	2.1									1.6		
X	24.0	298,800	2.1									1.6		
X	24.0	368,300	2.2									1.7		
	24.0	355,000												
X	24.0	355,000	1.6									1.4		
X	24.0	349,700	1.2									1.0		
X	24.0	345,800	2.9									2.0		
X	24.0	308,100	2.5									1.6		
X	24.0	366,400	2.7									1.9		
X	24.0	378,100	1.7									1.0		
	24.0	367,150												
X	24.0	367,150	1.5									1.0		
X	24.0	303,900	1.9									1.3		
X	24.0	348,300	2.8									2.0		
X	24.0	278,400	2.1									1.6		
X	24.0	419,700	1.8									1.1		
X	24.0	346,300	1.9									1.2		
	24.0	363,100												
X	24.0	363,100	1.5									1.3		
X	24.0	318,900	1.3									0.7		
X	24.0	349,200	2.8									2.0		
X	24.0	334,100	2.8									2.0		
X	24.0	222,100	2.2									1.7		
Total		9,436,900												
Average		314,563												
Maximum		419,700												

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

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 2

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

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

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

Day	Time	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24.0	59,680	2.1				1.2
X	24.0	270,760	2.4				1.7
X	24.0	277,200	2.4				1.7
X	24.0	312,250					
X	24.0	312,250	1.6				1.4
X	24.0	193,080	0.5				0.8
X	24.0	382,190	3.0				2.2
X	24.0	215,080	3.0				2.3
X	24.0	185,370	1.6				1.0
X	24.0	213,840	1.6				1.0
X	24.0	220,070					
X	24.0	220,070	2.2				0.7
X	24.0	185,320	2.0				1.3
X	24.0	255,830	2.3				1.4
X	24.0	230,970	2.5				1.2
X	24.0	216,400	2.4				1.5
X	24.0	235,240	2.0				1.2
X	24.0	222,465					
X	24.0	222,465	2.2				1.4
X	24.0	190,900	1.7				1.0
X	24.0	254,550	2.8				2.0
X	24.0	175,990	3.1				2.4
X	24.0	248,520	1.9				1.1
X	24.0	217,270	2.0				1.2
X	24.0	234,865					
X	24.0	234,865	1.9				1.2
X	24.0	195,120	2.2				1.3
X	24.0	232,030	2.2				1.4
X	24.0	234,300	2.1				1.3
X	24.0	135,070	2.1				1.4
Total		6,784,010					
Average		226,134					
Maximum		382,190					

\* 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 : <span style="float: right;">November-07</span>										
Community Water System (CWS) Name: <span style="float: right;">Chuluota</span>										
Public Water System (PWS) Identification Number: <span style="float: right;">3590186</span>										
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
720,000	1,080,000									1,800,000
302,600	59,680									362,280
129,200	270,760									399,960
200,300	277,200									477,500
235,850	312,250									548,100
235,850	312,250									548,100
200,100	193,080									393,180
287,000	382,190									669,190
339,400	215,080									554,480
298,800	185,370									484,170
368,300	213,840									582,140
355,000	220,070									575,070
355,000	220,070									575,070
349,700	185,320									535,020
345,800	255,830									601,630
308,100	230,970									539,070
366,400	216,400									582,800
378,100	235,240									613,340
367,150	222,465									589,615
367,150	222,465									589,615
303,900	190,900									494,800
348,300	254,550									602,850
278,400	175,990									454,390
419,700	248,520									668,220
346,300	217,270									563,570
363,100	234,865									597,965
363,100	234,865									597,965
318,900	195,120									514,020
349,200	232,030									581,230
334,100	234,300									568,400
222,100	135,070									357,170
										0
<b>Total</b>	9,436,900	6,784,010								16,220,910
<b>Avg</b>	314,563	226,134								540,697
<b>Max</b>	419,700	382,190								689,110

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:	Chuluota			PWS Identification Number:	3590186
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:	1410			Total Population Served at End of Month:	4,935
PWS Owner:	Aqua Utilities Florida				
Contact Person:	William Trendel			Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood	State:	Florida
Contact Person's Telephone Number:	(407) 339-5424			Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Chuluota			Plant Telephone Number:	(407) 339-5424	
Plant Address:	118 7th Street	City:	Chuluota	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:	1,800,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators:	Name	License Class	License Number	Days 1st Shift (2) Worked		
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift		
Other Operators:	Roger Gray	C	14574	Days 1st Shift		
	Terrence McCarthy	C	4617	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.

William Trendel 1/3/08  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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	Day Plant Started or Stopped by Operator (Yes/No)	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 Conditions Requiring Water System Operator Attention	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customer Draw	Disinfectant Contact Time (T) in Minutes	Lowest CT Before or After Customer Draw, mg-min/L	Minimum CT Required, mg-min/L	Operating UV Dose, mWsec/cm <sup>2</sup>	Minimum UV Dose Required, mWsec/cm <sup>2</sup>	Disinfectant Concentration (C) in Distribution System, mg/L		
1	X	24.0	202,500		2.1							1.7	
2		24.0	303,850										
3	X	24.0	303,850		1.8							1.1	
4	X	24.0	270,300		1.8							1.2	
5	X	24.0	337,200		2.1							1.5	
6	X	24.0	322,900		1.9							1.5	
7	X	24.0	271,500		2.0							1.5	
8	X	24.0	308,100		2.2							1.6	
9		24.0	337,050										
10	X	24.0	337,050		1.8							1.2	
11	X	24.0	287,800		1.5							1.0	
12	X	24.0	327,700		1.3							0.7	
13	X	24.0	360,400		2.4							1.8	
14	X	24.0	266,300		2.4							1.8	
15	X	24.0	320,400		2.0							1.5	
16		24.0	247,750										
17	X	24.0	247,750		2.0							1.3	
18	X	24.0	224,100		1.7							1.2	
19	X	24.0	334,700		2.0							1.5	
20	X	24.0	273,500		2.0							1.4	
21	X	24.0	211,300		1.9							1.4	
22	X	24.0	216,400		2.0							1.5	
23		24.0	224,750										
24	X	24.0	224,750		1.7							1.3	
25	X	24.0	132,700		1.5							1.0	
26	X	24.0	199,700		1.2							0.7	
27	X	24.0	126,000		1.2							0.7	
28	X	24.0	185,500		2.1							1.3	
29	X	24.0	231,000		2.1							1.5	
30		24.0	243,350										
31	X		243,350		1.8							1.3	
Total			8,123,500										
Average			262,048										
Maximum			360,400										

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

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 2

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

Month	Days Plant Staffed or Visited by Operator	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations of UV Dose, to Disinfect Four-Log Virus Inactivation, if Applicable*														
				CT Calculations					UV Dose									
				Peak Flow Rate, gpd	Lowest Residual Concentration (C) Before and After Chlorination, mg/L	Transfered Contact Time (T) at C, minutes	Flow Rate, gpd	Lowest UV Intensity, mW/cm <sup>2</sup>	Minimum UV Dose, mW-sec/cm <sup>2</sup>	Maximum UV Dose, mW-sec/cm <sup>2</sup>	Residual Concentration, mg/L	Residual Concentration, mg/L	Residual Concentration, mg/L					
	X	24.0	135,350		1.7												1.1	
		24.0	186,560															
	X	24.0	186,560		1.7													1.1
	X	24.0	159,250		1.8													1.2
	X	24.0	238,380		2.2													1.7
	X	24.0	246,710		2.2													1.6
	X	24.0	163,050		2.0													1.5
	X	24.0	261,380		1.9													1.5
		24.0	246,475															
	X	24.0	246,475		2.0													1.3
	X	24.0	174,810		2.2													1.6
	X	24.0	258,860		2.2													1.6
	X	24.0	259,190		2.9													2.2
	X	24.0	169,730		1.8													1.5
	X	24.0	259,070		1.8													1.4
		24.0	190,845															
	X	24.0	190,845		2.2													1.5
	X	24.0	174,540		1.8													1.3
	X	24.0	260,510		2.0													1.4
	X	24.0	320,370		2.5													1.8
	X	24.0	271,230		2.3													1.7
	X	24.0	286,860		2.2													1.6
		24.0	308,185															
	X	24.0	305,185		2.2													1.5
	X	24.0	181,540		2.0													1.4
	X	24.0	319,450		2.2													1.6
	X	24.0	266,610		1.7													1.1
	X	24.0	234,050		2.2													1.6
	X	24.0	304,390		2.6													2.0
		24.0	279,220															
	X	24.0	279,220		2.3													1.7
Total			7,364,900															
Average			237,674															
Maximum			320,370															

\* 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: <b>December-07</b>											
Community Water System (CWS) Name: <b>Chuluota</b>											
Public Water System (PWS) Identification Number: <b>3590186</b>											
Day of Month	Plant 1 Name: Well 1 & 2	Plant 2 Name: Well 3 & 4	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day											
	720,000	1,080,000									1,800,000
Net Quantity of Finished Water Produced by Each Plant, gallons											
1	202,500	135,350									337,850
2	303,850	186,560									490,410
3	303,850	186,560									490,410
4	235,850	159,250									395,100
5	235,850	238,380									474,230
6	200,100	246,710									446,810
7	287,000	163,050									450,050
8	339,400	261,380									600,780
9	298,800	246,475									545,275
10	368,300	248,475									614,775
11	355,000	174,810									529,810
12	355,000	258,860									613,860
13	349,700	259,190									608,890
14	345,800	169,730									515,530
15	308,100	259,070									567,170
16	366,400	190,845									557,245
17	378,100	190,845									568,945
18	367,150	174,540									541,690
19	367,150	260,510									627,660
20	303,900	320,370									624,270
21	348,300	271,230									619,530
22	278,400	286,860									565,260
23	419,700	308,185									727,885
24	346,300	308,185									654,485
25	363,100	181,540									544,640
26	363,100	319,450									682,550
27	318,900	266,610									585,510
28	349,200	234,050									583,250
29	334,100	304,390									638,490
30	243,350	279,220									522,570
31	243,350	279,220									522,570
<b>Total</b>	<b>8,123,500</b>	<b>7,367,900</b>									<b>17,247,500</b>
<b>Avg</b>	<b>262,048</b>	<b>237,674</b>									<b>556,371</b>
<b>Max</b>	<b>360,400</b>	<b>320,370</b>									<b>727,885</b>

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	969	Total Population Served at End of Month:	2,497
PWS Owner:	Agua Utilities-Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Chuluota	Plant Telephone Number:	407-339-5424
Plant Address:	118 7th Street	City: Chuluota	State: Florida Zip Code: 32766
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:	1,300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	TV	Plant Class (per subsection 62-699.310(4), F.A.C.):	TV-C
	William Trendel	C-6411	Days 1st Shift
	Terry McCarthy	C-4617	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.

William Trendel 1/2/06  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number

DOCUMENT NUMBER-DATE Page 1

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FPC- COMMISSION CLERK

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

PWS Identification Number: 3590186 Plant Name: Chuluota, FL

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	Quantity of Disinfectant Applied (mg/L)	Residual Concentration (mg/L)		Log Inactivation	Log Reduction	Minimum Operating Residual (mg/L)	Minimum UV Dose (mJ/cm <sup>2</sup> )	Minimum UV Dose Required (mJ/cm <sup>2</sup> )	Notes
			Free Chlorine	Combined Chlorine						
		24.0	55,800							
X		24.0	55,900		1.2					1.1
X		24.0	71,500		1.3					1.1
X		24.0	82,100		1.5					1.3
X		24.0	84,000		1.5					1.3
X		24.0	70,700		1.3					1.1
X		24.0	84,200		1.7					1.4
		24.0	82,500							
X		24.0	82,500		1.3					1.0
X		24.0	74,600		1.4					1.2
X		24.0	84,800		1.4					1.2
X		24.0	94,400		1.4					1.2
X		24.0	72,200		1.3					1.1
		24.0	66,550							
X		24.0	66,550		1.5					1.3
X		24.0	48,800		1.4					1.1
X		24.0	29,300		1.4					1.1
X		24.0	50,400		1.4					1.3
X		24.0	82,100		1.8					1.5
X		24.0	38,700		1.6					1.3
X		24.0	61,000		1.6					1.3
		24.0	49,100							
X		24.0	49,100		1.8					1.3
X		24.0	41,600		1.4					1.0
X		24.0	66,100		1.8					1.5
X		24.0	51,600		1.7					1.3
X		24.0	53,900		1.8					1.5
		24.0	56,650							
X		24.0	56,650		1.5					1.4
X		24.0	58,800		1.4					1.3
X		24.0	32,800		1.3					1.1
			1,934,900							
			62,416							
			94,400							

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

WWS Identification Number: 3591086

Plant Name: Chuluots, Plant # 2

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Date	Quantity of Disinfectant Applied (gallons)	Quantity of Disinfectant Residual (mg/L)	Chlorination		Chloramination		Chlorine Dioxide		UV Dose		Total UV Dose (mJ/L)	Total UV Dose (mJ/L)
			Residual (mg/L)	Measurement	Residual (mg/L)	Measurement	Residual (mg/L)	Measurement	UV Dose (mJ/L)	UV Dose (mJ/L)		
											0.0	
X	24.0	375,700									0.5	
X	24.0	375,800			1.0						1.8	
X	24.0	388,800			0.5						0.7	
X	24.0	350,700			1.2						1.0	
X	24.0	384,100			1.0						0.9	
X	24.0	285,800			1.3						1.0	
X	24.0	315,700			1.6						0.0	
X	24.0	388,800			1.5						1.0	
X	24.0	388,800			1.5						0.9	
X	24.0	298,400			1.3						1.2	
X	24.0	373,100			1.8						1.3	
X	24.0	411,900			2.1						0.8	
X	24.0	293,300			1.1						0.0	
X	24.0	304,100			1.5						0.7	
X	24.0	304,100			1.5						0.8	
X	24.0	398,000			1.4						1.0	
X	24.0	312,400			1.6						1.5	
X	24.0	1,338,600			1.3						1.0	
X	24.0	404,100			1.2						0.8	
X	24.0	339,700			0.8						1.1	
X	24.0	399,400			1.6						0.0	
X	24.0	422,700			1.8						1.1	
X	24.0	422,600			1.8						1.0	
X	24.0	321,000			1.5						1.0	
X	24.0	358,900			1.4						1.2	
X	24.0	412,300			1.8						1.1	
X	24.0	319,400			1.6						0.0	
X	24.0	412,100			5.0						1.0	
X	24.0	398,700			2.6						1.3	
X	24.0	231,400			1.9						1.4	
		11,142,900										
		359,448										
		422,700										

\* 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:										January 2008
Community Water System (CWS) Name:										Chuluota
Public Water System (PWS) Identification Number:										3580186
Plant 1 Wells 1 & 2	Plant 2 Wells 3 & 4									
1,152,000	1,440,000									2,592,000
55,800	375,700									431,500
55,900	375,800									431,700
71,500	388,800									460,300
82,100	350,700									432,800
84,000	384,100									468,100
70,700	285,800									356,500
84,200	315,700									399,900
82,500	388,800									471,300
82,500	388,800									471,300
74,600	298,400									373,000
84,800	373,100									457,900
94,400	411,900									506,300
72,200	293,700									365,900
66,550	304,100									370,650
66,550	304,100									370,650
48,800	398,000									446,800
29,300	312,400									341,700
50,400	338,600									389,000
62,100	404,100									466,200
38,700	339,700									378,400
61,000	399,400									460,400
49,100	422,700									471,800
49,100	422,600									471,700
41,600	321,000									362,600
66,100	358,900									425,000
51,600	412,300									463,900
53,900	319,400									373,300
56,650	412,100									468,750
56,650	412,100									468,750
58,800	398,700									457,500
32,800	231,400									264,200
<b>Total</b>										<b>13,077,800</b>
<b>Mean</b>										<b>421,865</b>
<b>Max</b>										<b>506,300</b>

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



#VALUE!

See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name: Chuluota PWS Identification Number: 3590186  
 PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive  
 Number of Service Connections at End of Month: 1297 Total Population Served at End of Month: 2,497  
 PWS Owner: Aqua Utilities Florida  
 Contact Person: Brian Heath Contact Person's Title: Area Manager  
 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749  
 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333  
 Contact Person's E-Mail Address: bheath@aquaaamerica.com

**B. Water Treatment Plant Information**

Plant Name: Chuluota Plant Telephone Number: 407-339-5424  
 Plant Address: 118 7th Street City: Chuluota State: Florida Zip Code: 32766  
 Type of Water Treatment by Plant:  Raw Ground Water  Purchased Finished Water  
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,500,000

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
C		C	
William Trendel	C	6411	Days 1st Shift
Terry McCarthy	C	4617	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.

*William Trendel* 3/6/08  
 Signature and Date

William Trendel  
 Printed or Typed Name

C-6411  
 License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota

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

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

Ultraviolet Radiation  Other (Describe):

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

Date	Time	Net Quantity of Water Produced (Gallons)	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide		Minimum of 1.0 mg/L	Operating Time (Hours)	Minimum Dose (mg/L)	Standard Deviation (mg/L)
			Concentration (mg/L)	Measurement Point	Concentration (mg/L)	Measurement Point	Concentration (mg/L)	Measurement Point				
24.0		53,400	1.4									1.1
24.0		50,400	1.3									1.1
24.0		37,600	1.4									1.0
24.0		40,400	1.2									1.3
24.0		49,400										1.3
24.0		49,400	1.5									1.3
24.0		72,100	1.5									1.3
24.0		83,100	1.5									1.3
24.0		94,800	1.5									1.3
24.0		82,800	1.4									1.3
24.0		78,600	1.4									1.4
24.0		78,600	1.5									1.4
24.0		94,800	1.5									0.9
24.0		102,300	1.0									0.8
24.0		74,500	1.0									1.5
24.0		73,100	1.9									1.6
24.0		62,400	1.8									1.4
24.0		75,300	1.6									1.4
24.0		72,100	1.6									1.4
24.0		72,100	1.6									1.3
24.0		62,700	1.5									1.3
24.0		105,000	1.5									1.2
24.0		93,400	1.4									1.3
24.0		90,000	1.5									1.4
24.0		84,500	1.4									1.4
24.0		100,250										1.2
24.0		100,250	1.3									1.2
24.0		84,300	1.2									
24.0												
24.0												
24.0												
24.0		2,117,600										
24.0		75,629										
24.0		105,000										

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

PWS Identification Number: 3591086

Plant Name: Chuluota, Plant # 2

III. Daily Data for the Month/Year of:

Feb. 2006

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Date	Time	Flow (gpm)	Flow (MGD)	Disinfectant Residual Concentration (mg/L) - Applicable													
				Raw Water	Filtered Water	Peak Residual	Minimum Residual	Operating Residual	Minimum Residual	Operating Residual	Minimum Residual	Operating Residual	Minimum Residual	Operating Residual			
0.0	24.0	381,200		1.7												1.2	
0.0	24.0	404,500		1.9												1.1	
0.0	24.0	322,200		1.3												1.0	
0.0	24.0	224,500		1.4												1.0	
0.0	24.0	311,500		0.0												0.0	
0.0	24.0	311,500		1.0												0.5	
0.0	24.0	276,700		1.3												1.0	
0.0	24.0	346,800		2.1												1.4	
0.0	24.0	323,500		1.8												1.0	
0.0	24.0	329,100		1.6												1.2	
0.8	24.0	314,450		0.0												0.0	
0.0	24.0	314,450		1.8												1.4	
0.0	24.0	392,100		1.1												0.7	
0.0	24.0	283,100		0.7												0.0	
0.0	24.0	327,700		1.5												1.0	
0.0	24.0	353,100		1.9												1.1	
0.0	24.0	331,100		1.3												1.0	
0.0	24.0	406,300		1.7												1.2	
0.0	24.0	358,700		0.0												0.0	
0.0	24.0	358,700		1.6												1.1	
0.0	24.0	383,100		1.3												1.1	
0.0	24.0	326,400		1.5												1.1	
0.0	24.0	345,900		1.8												1.2	
0.0	24.0	335,900		1.0												1.0	
0.0	24.0	259,200		2.0												1.6	
0.0	24.0	318,400		0.0												0.0	
0.0	24.0	318,400		0.6												1.1	
0.0	24.0	229,000		1.5												1.0	
0.0	24.0	0		0.0												0.0	
0.0	24.0	0		0.0												0.0	
0.0	24.0	0		0.0												0.0	
		9,187,500															
		328,125															
		406,300															

\* 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 : February 2006									
Community Water System (CWS) Name: Chuluota									
Public Water System (PWS) Identification Number: 3590186									
Plant 1 Wells 1 & 2	Plant 2 Wells 3 & 4								
1,152,000	1,440,000								2,592,000
53,400	381,200								434,600
50,400	404,500								454,900
37,600	322,200								359,800
40,400	224,500								264,900
49,400	311,500								360,900
49,400	311,500								360,900
72,100	276,700								348,800
83,100	346,800								429,900
94,800	323,500								418,300
82,800	329,100								411,900
78,600	314,450								393,050
78,600	314,450								393,050
84,800	392,100								486,900
102,300	283,100								385,400
74,500	327,700								402,200
73,100	353,100								426,200
62,400	331,100								393,500
75,300	406,300								481,600
72,100	358,700								430,800
72,100	358,700								430,800
62,700	383,100								445,800
105,000	326,400								431,400
93,400	345,900								439,300
90,000	335,900								425,900
84,500	259,200								343,700
100,250	318,400								418,650
100,250	318,400								418,650
84,300	229,000								313,300
0	0								0
0	0								0
0	0								0
<b>Total</b>									<b>11,305,100</b>
<b>Avg</b>									<b>403,754</b>
<b>Max</b>									<b>486,900</b>

MONTHLY OPERATION REPORT FOR PWSs TREATING EITHER SURFACE 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:	Chuluota	PWS Identification Number:	3590186
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:	1307	Total Population Served at End of Month:	3,267
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	407-339-3424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
		Zip Code:	32766
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:	1,300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Operator Name	William Trendel	License Number	6411
	Terry McCarthy		4617

**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.

Brian Heath 4/4/06  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota #1

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

Date	Hours	Net Quantity of Disinfectant Applied (lb)	Calculation of Disinfectant Residual (mg/L)				AUX-DOSAGE		Minimum Chlorine Residual (mg/L)	Lowest Observed Residual (mg/L)	Minimum Chlorine Residual (mg/L)	Lowest Observed Residual (mg/L)
			Initial Concentration (mg/L)	Loss Due to Demand (mg/L)	Loss Due to Decay (mg/L)	Loss Due to Other (mg/L)	Minimum Chlorine Residual (mg/L)	Lowest Observed Residual (mg/L)				
24.0		95,600				1.7					1.5	
24.0		96,700				1.8					1.6	
24.0		75,400				1.6					1.4	
24.0		107,300				1.8					1.4	
24.0		97,600										
24.0		97,600				1.2					1.0	
24.0		86,000				1.2					1.0	
24.0		98,700				1.3					1.0	
24.0		99,100				1.3					1.0	
24.0		88,700				1.3					1.1	
24.0		95,800				1.2					1.2	
24.0		109,300										
24.0		109,300				1.0					0.9	
24.0		93,500				1.3					1.1	
24.0		98,700				1.5					1.2	
24.0		110,100				1.7					1.5	
24.0		100,200				1.4					1.2	
24.0		111,100				1.8					1.0	
24.0		105,200										
24.0		107,200				0.9					0.7	
24.0		109,700				1.3					1.1	
24.0		95,200				1.4					1.2	
24.0		100,400				1.0					0.9	
24.0		75,700				1.3					1.1	
24.0		97,850										
24.0		97,850				1.4					1.2	
24.0		122,200				1.3					1.3	
24.0		87,100				1.1					1.0	
24.0		113,100				1.2					1.0	
24.0		101,400				1.9					1.6	
24.0		109,400				1.3					1.1	
		3,093,000										
		99,774										
		122,200										

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Observation Station	Flow Plant	Net Quantity of Finished Water	Chlorination				UV Disinfection				Minimum UV Dose Required	Lowest UV Dose	
			Disinfectant Concentration Before	Disinfectant Concentration After	Disinfectant Contact Time	Disinfectant Residual	Minimum UV Dose	Lowest UV Dose	Minimum UV Dose	Lowest UV Dose			
0.0	24.0	303,800		2.0									
0.0	24.0	318,000		1.6									1.3
0.0	24.0	273,200		2.4									1.1
0.0	24.0	339,400		1.7									1.6
0.0	24.0	347,900											1.2
0.0	24.0	347,900		1.1									0.0
0.0	24.0	278,700		2.0									0.7
0.0	24.0	299,800		1.7									1.4
0.0	24.0	354,200		1.8									1.2
0.0	24.0	321,900		1.6									1.2
0.0	24.0	298,700		1.5									1.3
0.0	24.0	387,980											1.0
0.0	24.0	387,900		0.7									0.0
0.0	24.0	284,200		1.7									0.4
0.0	24.0	383,900		0.7									1.2
0.0	24.0	357,300		1.4									1.0
0.0	24.0	377,600		1.8									1.0
0.0	24.0	426,600		1.7									1.2
0.0	24.0	432,700											1.2
0.0	24.0	432,700		1.0									0.0
0.0	24.0	365,700		1.4									0.7
0.0	24.0	322,600		1.6									1.0
0.0	24.0	360,800		0.8									1.0
0.0	24.0	298,800		1.3									0.9
0.0	24.0	341,800											0.7
0.0	24.0	341,800		1.5									0.0
0.0	24.0	586,100		1.8									0.4
0.0	24.0	292,700		1.7									1.2
0.0	24.0	387,200		1.7									1.4
0.0	24.0	433,900		3.0									1.3
0.0	24.0	368,300		2.4									2.2
		11,056,000											1.7
		356,645											
		586,100											

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



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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : <b>March 2006</b>									
Community Water System (CWS) Name: <b>Chuluota #1 &amp; #2</b>									
Public Water System (PWS) Identification Number: <b>3590186</b>									
Plant 1 Wells 1 & 2	Plant 2 Wells 3 & 4								
1,152,000	1,440,000								2,592,000
95,600	305,800								401,400
96,700	318,000								414,700
75,400	273,200								348,600
107,300	339,400								446,700
97,600	347,900								445,500
97,600	347,900								445,500
86,000	278,700								364,700
98,700	299,800								398,500
99,100	354,200								453,300
88,700	321,900								410,600
95,800	298,700								394,500
109,300	387,900								497,200
109,300	387,900								497,200
93,500	284,200								377,700
98,700	383,900								482,600
110,100	357,300								467,400
100,200	377,600								477,800
111,100	426,600								537,700
105,200	432,700								537,900
107,200	432,700								539,900
109,700	365,700								475,400
95,200	322,600								417,800
100,400	360,800								461,200
75,700	298,800								374,500
97,850	341,800								439,650
97,850	341,800								439,650
122,200	586,100								708,300
87,100	292,700								379,800
113,100	387,200								500,300
101,400	433,900								535,300
109,400	368,300								477,700
									14,149,000
									456,419
									708,300

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	1307	Total Population Served at End of Month:	3,267
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chuluota	Plant Telephone Number:	407-339-5424
Plant Address:	118 7th Street	City:	Chuluota
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:	1,300,000	Zip Code:	32766
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator Name	William Trendel	License Number	C	6411	Days 1st Shift
Operator Name	Terry McCarthy	License Number	C	4617	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.

William Trendel 5/4/06  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota #1

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

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

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

Plant Identification Number	Hours of Plant Operation	Net Quantity of Finished Water Produced (Gallons)	Disinfectant Residual Concentration (mg/L)	Disinfectant Residual Concentration (mg/L) at Point of Distribution	Minimum CT Required (min)	Operating UV Dose (mJ/cm <sup>2</sup> )	Minimum UV Dose Required (mJ/cm <sup>2</sup> )	Disinfection By-Product Concentration (mg/L)	Water Quality Condition
24.0	106,300	1.3						1.1	
24.0	126,000							1.1	
24.0	126,000	1.3						1.2	
24.0	98,500	1.4						1.2	
24.0	113,800	1.5						1.2	
24.0	113,000	1.3						1.1	
24.0	98,500	1.2						1.3	
24.0	104,300	1.5							
24.0	90,200							0.9	
24.0	90,200	1.0						1.1	
24.0	106,900	1.3						1.1	
24.0	88,100	1.3						1.5	
24.0	109,900	1.7						1.2	
24.0	85,400	1.5						1.2	
24.0	113,100	1.4						1.2	
24.0	117,200							1.1	
24.0	117,200	1.3						1.1	
24.0	97,000	1.3						1.2	
24.0	83,100	1.4						0.8	
24.0	80,500	0.9						1.3	
24.0	97,100	1.5							
24.0	74,400							0.4	
24.0	74,400	1.3						1.1	
24.0	116,000	1.3						0.8	
24.0	80,600	1.0						0.9	6" main break/boil water notice issued
24.0	112,900	1.1						0.8	
24.0	75,700	1.0						1.1	boil water / discontinued
24.0	92,700	1.3						1.1	
24.0	98,400	1.3							
24.0	106,000								
24.0									
	2,997,400								
	99,913								
	126,000								

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Date	Time	Volume of Water Produced (Gallons)	Disinfection/Applied										Disinfectant Concentration (mg/L)	Notes		
			Chlorine	Chlorine Dioxide	Chlorine Dioxide	Chlorine Dioxide	Chlorine Dioxide	Chlorine Dioxide	Chlorine Dioxide	Chlorine Dioxide	Chlorine Dioxide	Chlorine Dioxide				
0.0	24.0	404,600													1.2	
0.0	24.0	467,600														
0.0	24.0	467,600														0.8
0.0	24.0	411,700														1.2
0.0	24.0	425,500														0.8
0.0	24.0	481,200														1.2
0.0	24.0	409,300														1.1
0.0	24.0	451,000														1.7
0.0	24.0	242,100														
0.0	24.0	388,400														1.0
0.0	24.0	361,700														1.4
0.0	24.0	377,300														1.5
0.0	24.0	428,800														1.2
0.0	24.0	342,200														1.0
0.0	24.0	499,000														1.1
0.0	24.0	544,400														
0.0	24.0	544,400														1.1
0.0	24.0	439,900														1.2
0.0	24.0	559,900														0.9
0.0	24.0	548,000														1.5
0.0	24.0	462,500														1.3
0.0	24.0	316,300														
0.0	24.0	316,300														0.8
0.0	24.0	538,600														0.6
0.0	24.0	356,100														1.2
0.0	24.0	487,500														1.2
0.0	24.0	595,300														1.1
0.0	24.0	413,100														1.1
0.0	24.0	559,900														0.7
0.0	24.0	513,300														
0.0	24.0	13,499,800														
		449,993														
		595,300														

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





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

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: <span style="float: right;">April 2006</span>										
Community Water System (CWS) Name: Chuluota #1 & #2										
Public Water System (PWS) Identification Number: 3590186										
Plant 1 Wells 1 & 2	Plant 2 Wells 3 & 4									
1,152,000	1,440,000									2,592,000
106,300	404,600									510,900
126,000	467,600									593,600
126,000	467,600									593,600
98,500	411,700									510,200
115,900	425,500									541,300
115,000	481,200									596,200
98,500	409,300									507,800
104,300	451,000									555,300
90,200	242,100									332,300
90,200	388,400									478,600
106,900	361,700									468,600
88,100	377,300									465,400
109,900	428,800									538,700
85,400	342,200									427,600
113,100	499,000									612,100
117,200	544,400									661,600
117,200	544,400									661,600
97,000	439,900									536,900
83,100	559,900									643,000
80,500	548,000									628,500
97,100	462,500									559,600
74,400	316,300									390,700
74,400	316,300									390,700
116,000	538,600									654,600
80,600	356,100									436,700
112,900	487,500									600,400
75,700	595,300									671,000
92,700	413,100									505,800
98,400	559,900									658,300
106,000	513,300									619,300
										0
										16,350,900
										456,419
										671,000

# MONTHLY OPERATION REPORT FOR PWSs TREATING R GROUND WATER OR PURCHASED FINISHED WA



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name: <u>Chuluota</u>		PWS Identification Number: <u>3590186</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>1307</u>		Total Population Served at End of Month: <u>4,574</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aguaamerica.com</u>			

## B. Water Treatment Plant Information

Plant Name: <u>Chuluota</u>		Plant Telephone Number: <u>407-339-5424</u>	
Plant Address: <u>118 7th Street</u>		City: <u>Chuluota</u>	State: <u>Florida</u> Zip Code: <u>32766</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>1,300,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
	William Trendel	C	6411 Days 1st Shift
	Terry McCarthy	C	4617 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.

William Trendel  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota

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

Plant	Operating Plant	Quantity of Finished Water Produced (gallons)	Disinfectant Residual Concentration (mg/L) at Point of Delivery	Minimum Chlorine Residual (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery	Disinfectant Concentration (mg/L) at Point of Delivery
X		24.0	106,000		0.9							0.7
X		24.0	85,500		1.0							0.7
X		24.0	85,600		1.2							1.0
X		24.0	92,500		1.2							1.0
X		24.0	87,300		1.4							1.2
X		24.0	93,500									
X		24.0	94,500		1.5							1.1
		24.0	128,000		1.4							1.0
X		24.0	77,400		1.6							1.3
X		24.0	94,600		1.2							0.4
X		24.0	82,300		1.1							0.9
X		24.0	71,800		1.2							1.0
X		24.0	84,900		1.4							1.2
		24.0	86,300									
X		24.0	86,300		1.2							1.0
X		24.0	73,000		1.3							1.0
X		24.0	71,000		1.2							1.0
X		24.0	83,400		1.1							1.0
X		24.0	85,600		1.3							1.1
X		24.0	78,150									
X		24.0	78,150		1.2							1.0
		24.0	93,800		1.1							0.7
X		24.0	87,600		1.2							1.0
X		24.0	81,300		1.2							1.0
X		24.0	83,700		1.3							1.1
X		24.0	71,300		1.1							1.0
X		24.0	57,600		1.3							1.1
		24.0	77,800									
X		24.0	77,800		1.1							1.0
X		24.0	87,800		1.2							1.0
X		24.0	98,400		1.4							1.2
			2,642,900									
			85,255									
			128,000									

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

WS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Date	Time	Quantity of Disinfectant Applied (Gallons)	Disinfectant Residual Concentration (mg/L)				Minimum of 4 Log Inactivation/Removal Applicable	Minimum of 4 Log Inactivation/Removal Required	Concentration of Disinfectant Residual (mg/L)
			Free Chlorine	Total Chlorine	Chlorine Dioxide	Chlorine			
X	24.0	513,300						1.2	
X	24.0	415,300						1.0	
X	24.0	579,800						1.0	
X	24.0	525,900						1.0	
X	24.0	568,400						1.4	
X	24.0	508,950						0.0	
X	24.0	508,950						1.4	
	24.0	653,700						1.1	
X	24.0	415,500						1.3	
X	24.0	511,100						0.3	
X	24.0	428,700						2.0	
X	24.0	305,000						1.2	
X	24.0	417,800						0.4	
	24.0	484,100						0.0	
X	24.0	484,100						1.1	
X	24.0	380,500						1.0	
X	24.0	219,900						0.7	
X	24.0	429,900						1.1	
X	24.0	384,700						1.2	
X	24.0	479,400						0.0	
X	24.0	479,400						1.0	
	24.0	542,300						0.5	
X	24.0	441,700						0.5	
X	24.0	483,400						1.0	
X	24.0	464,100						1.1	
X	24.0	251,300						1.2	
X	24.0	256,700						0.9	
	24.0	409,900						0.0	
X	24.0	409,900						1.0	
X	24.0	351,600						0.8	
X	24.0	404,100						0.8	
		13,709,400							
		442,239							
		653,700							

\* 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 : <b>May 2006</b>										
Community Water System (CWS) Name: <b>Chuluota</b>										
Public Water System (PWS) Identification Number: <b>3590186</b>										
Plant 1 Wells 1 & 2	Plant 2 Wells 3 & 4									
1,152,000	1,440,000									2,592,000
106,000	513,300									619,300
85,500	415,300									500,800
85,600	579,800									665,400
92,500	525,900									618,400
87,300	568,400									655,700
93,500	508,950									602,450
94,500	508,950									603,450
128,000	653,700									781,700
77,400	415,500									492,900
94,600	511,100									605,700
82,300	428,700									511,000
71,800	305,000									376,800
84,900	417,800									502,700
86,300	484,100									570,400
86,300	484,100									570,400
73,000	380,500									453,500
71,000	219,900									290,900
83,400	429,900									513,300
85,600	384,700									470,300
78,150	479,400									557,550
78,150	479,400									557,550
93,800	542,300									636,100
87,600	441,700									529,300
81,300	483,400									564,700
83,700	464,100									547,800
71,300	251,300									322,600
57,600	256,700									314,300
77,800	409,900									487,700
77,800	409,900									487,700
87,800	351,600									439,400
98,400	404,100									502,500
										16,352,300
										527,494
										781,700

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



See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	1307	Total Population Served at End of Month:	3,267
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	407-339-5424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
		Zip Code:	32766
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:	1,300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator Name	License Class	License Number	Days on Shift
William Trendel	C	6411	Days 1st Shift
Terry McCarthy	C	4617	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.

William Trendel 7/5/06  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number

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

PWS Identification Number: 3590186 | Plant Name: Chuluota #1

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	Day Plant Started or Visited by Operator	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations		UV Dose		Minimum CT Required, mg-min/L	Lowest UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work Involves Drawing Water System Components Out of Operation
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, min	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min	Minimum UV Dose, mW-sec/cm <sup>2</sup>					
		24.0	88,300		1.0						0.9	
		24.0	74,900		1.2						1.0	
		24.0	80,750									
		24.0	80,750		1.5						1.2	
		24.0	101,300		1.2						1.0	
		24.0	86,700		1.2						1.0	
		24.0	90,400		1.4						1.1	
		24.0	112,800		1.4						1.2	
		24.0	90,600		1.1						1.0	
		24.0	88,500		1.3						1.1	
		24.0	78,450									
		24.0	78,450		1.0						0.8	
		24.0	60,900		0.7						0.5	
		24.0	86,100		0.9						0.7	
		24.0	88,300		1.3						1.3	
		24.0	84,900		1.8						1.5	
		24.0	77,850									
		24.0	77,850		1.0						1.0	
		24.0	85,900		1.0						0.8	
		24.0	83,000		1.1						0.8	
		24.0	80,500		1.2						1.0	
		24.0	88,600		1.3						1.2	
		24.0	78,600		1.3						1.0	
		24.0	87,500									
		24.0	87,500		0.8						0.6	
		24.0	91,900		1.1						0.8	6" main break/boil water notice issued
		24.0	76,100		1.3						1.0	
		24.0	80,700		1.2						1.0	boil water / discontinued
		24.0	87,800		1.3						1.2	
		24.0	81,200		1.6						1.3	
		24.0										
			2,537,100									
			84,570									
			112,800									

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

Means of Achieving Four-Log Virus Inactivation/Removal:

Type of Disinfectant Residual Maintained in Distribution System:

Day of Month	Days Plant Started or Closed	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations on UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, in W-sec/cm	Minimum UV Dose Required, in W-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Stopping Water System Components or Operations
	0.0	24.0	427,200		1.9								1.2	
	0.0	24.0	284,700		0.5								0.8	
	0.0	24.0	355,150		0.0									
	0.0	24.0	355,150		1.5								0.6	
	0.0	24.0	469,800		1.5								0.7	
	0.0	24.0	328,100		1.5								0.9	
	0.0	24.0	433,400		2.3								1.4	
	0.0	24.0	506,900		1.7								1.0	
	0.0	24.0	221,400		1.5								1.0	
	0.0	24.0	444,800		1.2								0.7	
	0.0	24.0	375,600											
	0.0	24.0	375,600		1.1								0.6	
	0.0	24.0	149,500		0.8								0.4	
	0.0	24.0	286,700		1.4								0.8	
	0.0	24.0	288,800		1.2								0.7	
	0.0	24.0	337,800		1.0								0.5	
	0.0	24.0	355,550											
	0.0	24.0	355,550		1.5								1.1	
	0.0	24.0	443,700		1.5								0.7	
	0.0	24.0	280,600		0.9								0.7	
	0.0	24.0	438,400		2.1								1.4	
	0.0	24.0	382,200		1.7								1.2	
	0.0	24.0	413,400		0.8								1.0	
	0.0	24.0	353,650											
	0.0	24.0	353,650		1.3								0.5	
	0.0	24.0	304,900		2.2								1.2	
	0.0	24.0	233,900		1.9								1.3	
	0.0	24.0	285,400		1.1								0.8	
	0.0	24.0	365,400		1.6								1.1	
	0.0	24.0	344,000		1.6								0.9	
	0.0	24.0												
			10,193,000											
			339,767											
			506,900											

\* 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 : <span style="float: right;">June 2006</span>										
Community Water System (CWS) Name: <b>Chuluota #1 &amp; #2</b>										
Public Water System (PWS) Identification Number: <b>3590186</b>										
Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
Plant 1 Wells 1 & 2	Plant 2 Wells 3 & 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
1,152,000	1,440,000									2,592,000
Net Quantity of Finished Water Produced by Each Plant, gallons										
88,300	427,200									515,500
74,900	284,700									359,600
80,750	355,150									435,900
80,750	355,150									435,900
101,300	469,800									571,100
86,700	328,100									414,800
90,400	433,400									523,800
112,800	506,900									619,700
90,600	221,400									312,000
88,500	444,800									533,300
78,450	375,600									454,050
78,450	375,600									454,050
60,900	149,500									210,400
86,100	286,700									372,800
88,300	288,800									377,100
84,900	337,800									422,700
77,850	355,550									433,400
77,850	355,550									433,400
85,900	443,700									529,600
83,000	280,600									363,600
80,500	438,400									518,900
88,600	382,200									470,800
78,600	413,400									492,000
87,500	353,650									441,150
87,500	353,650									441,150
91,900	304,900									396,800
76,100	233,900									310,000
80,700	285,400									366,100
87,800	365,400									453,200
81,200	344,000									425,200
Total										0
Total										13,088,000
Total										456,419
Total										619,700

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



See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	1307	Total Population Served at End of Month:	4,574
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
Contact Person's Telephone Number:	(407) 339-5424	State:	Florida
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com	Zip Code:	32750
		Contact Person's Fax Number:	(407) 339-7490

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
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:	1,300,000	Zip Code:	32766
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Operator Name	License Class	License Number	Days on Shift
William Trendel	C	6411	Days 1st Shift
Terrence McCarthy	C	4617	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.

*William Trendel* 8/2/06  
 Signature and Date

William Trendel  
 Printed or Typed Name

C6411  
 License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator	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 Involves Taking Water System Components Out of Control 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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
X		24.0	77,000												
X		24.0	77,000		1.2									0.8	
X		24.0	87,400		1.0									0.6	
X		24.0	65,200		0.9									0.6	
X		24.0	84,900		0.8									0.6	
X		24.0	77,800		0.8									0.6	
X		24.0	74,000		1.5									1.2	
X		24.0	72,700		1.6									1.3	
X		24.0	85,500		1.5									1.3	
X		24.0	83,900		1.4									1.3	
X		24.0	76,200		1.3									1.1	
X		24.0	86,400		1.3									1.1	
X		24.0	70,400		1.2									1.1	
X		24.0	76,750												
X		24.0	76,750		1.1									1.2	
X		24.0	89,300		1.0									0.7	
X		24.0	93,100		0.7									0.6	
X		24.0	72,300		1.1									1.0	
X		24.0	78,600		1.1									1.0	
X		24.0	86,600		1.1									1.0	
X		24.0	75,500		1.4									0.9	
X		24.0	71,200											1.2	
X		24.0	71,200		1.2									1.0	
X		24.0	53,800		1.2									1.0	
X		24.0	81,200		1.6									1.3	
X		24.0	87,200		1.1									1.0	
X		24.0	76,100		1.0									0.8	
X		24.0	71,900												
X		24.0	71,900		1.2									1.1	
X		24.0	85,700		1.1									1.0	
			2,423,000												
			78,161												
			93,100												

\* 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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place)	Hours plant in Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Activities Involving Taking Water System Out of Service	
				CT Calculations					UV Dose						
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing (mg/L)	Disinfectant Contact Time (T) at C (min)	Lowest CT Provided Before or at First Customer During Peak Flowing (min)	Temp of Water (°F)	pH of Water (range)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Separate Point in Distribution System (mg/L)		
X		24.0	349,250												
X		24.0	349,250		1.7										1.3
X		24.0	374,700		0.6										0.6
X		24.0	226,300												
X		24.0	414,700		2.0										1.3
X		24.0	278,100		1.7										1.1
X		24.0	328,200		1.6										1.0
X		24.0	252,800		1.5										1.0
X		24.0	323,700												
X		24.0	323,700		0.9										0.6
X		24.0	280,200		0.8										0.6
X		24.0	269,500		1.7										1.0
X		24.0	282,900		1.3										0.7
X		24.0	342,200		1.8										1.2
X		24.0	381,550												
X		24.0	381,550		1.7										1.4
X		24.0	428,900		1.3										0.6
X		24.0	228,000		1.5										0.9
X		24.0	251,900		0.7										0.4
X		24.0	336,400		1.0										0.6
X		24.0	212,800		1.1										0.6
X		24.0	340,900		1.3										0.9
X		24.0	302,100												
X		24.0	302,100		2.0										1.4
X		24.0	206,000		1.4										1.0
X		24.0	349,400		2.3										1.4
X		24.0	307,300		1.4										1.0
X		24.0	426,900		2.1										1.3
X		24.0	310,700												
X		24.0	310,700		1.0										0.7
X		24.0	318,800		0.9										0.5
			9,791,500												
			315,855												
			428,900												

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

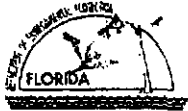


## MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: <span style="float: right;">July-06</span>									
Community Water System (CWS) Name: <span style="float: right;">Chuluota</span>									
Public Water System (PWS) Identification Number: <span style="float: right;">3590186</span>									
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4								
Gallons Produced by Each Plant (gallons per day)									
1,152,000	1,440,000								2,592,000
Gallons of Finished Water Produced by Each Plant (gallons)									
77,000	349,250								426,250
77,000	349,250								426,250
87,400	374,700								462,100
65,200	226,300								291,500
84,900	414,700								499,600
77,800	278,100								355,900
74,000	328,200								402,200
72,700	252,800								325,500
85,500	323,700								409,200
85,500	323,700								409,200
83,900	280,200								364,100
76,200	269,500								345,700
86,400	282,900								369,300
70,400	342,200								412,600
76,750	381,550								458,300
76,750	381,550								458,300
89,300	428,900								518,200
93,100	228,000								321,100
72,300	251,900								324,200
78,600	336,400								415,000
86,600	212,800								299,400
75,500	340,900								416,400
71,200	302,100								373,300
71,200	302,100								373,300
53,800	206,000								259,800
81,200	349,400								430,600
87,200	307,300								394,500
76,100	426,900								503,000
71,900	310,700								382,600
71,900	310,700								382,600
85,700	318,800								404,500
2,337,300	9,472,700								12,214,500
78,161	315,855								393,667
93,100	428,900								518,200

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



See Pages 4 for Instructions.

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

**A. Public Water System (PWS) Information**

PWS Name: Chuluota	PWS Identification Number: 3590186
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: 1307	Total Population Served at End of Month: 4,574
PWS Owner: Aqua Utilities Florida	
Contact Person: William Trendel	Contact Person's Title: Senior Operator
Contact Person's Mailing Address: 140 Hope Street	City: Longwood State: Florida Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424	Contact Person's Fax Number: (407) 339-7490
Contact Person's E-Mail Address: betrendel@aguaamerica.com	

**B. Water Treatment Plant Information**

Plant Name: Chuluota	Plant Telephone Number: (407) 339-5424
Plant Address: 118 7th Street	City: Chuluota State: Florida Zip Code: 32766
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: 1,800,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
<b>Licensed Operators</b>	
<b>Lead/Chief Operator:</b> William Trendel	License Class: C License Number: 6411 Day(s)/Shift(s) Worked: Days 1st Shift
<b>Other Operators:</b> Terrence McCarthy	License Class: C License Number: 4617 Day(s)/Shift(s) Worked: 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.

William Trendel 9/8/06  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

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

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

Day of the Month	Days Plant Operated by (X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations of UV Dose to Determine Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Conditions Requiring Repair or Maintenance that Involve Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration, mg/L Before or at First Customer During Peak Flowing	Disinfectant Contact Time, min	Lowest CT Provided Before or at First Customer During Peak Flowing, mg-min	Temp. of Water, °C	Minimum CT Required, mg-min	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Conditions Requiring Repair or Maintenance that Involve Taking Water System Components Out of Operation			
1	X	24.0	78,100		1.2									1.0		
2	X	24.0	76,200		1.3									1.0		
3	X	24.0	83,300		1.4									1.2		
4	X	24.0	87,400		1.4									1.2		
5	X	24.0	87,000		1.3									1.2		
6	X	24.0	96,850													
7	X	24.0	96,850		0.9									0.8		
8	X	24.0	87,700		1.1									0.9		
9	X	24.0	78,900		3.0									2.5		
10	X	24.0	97,400		1.7									1.5		
11	X	24.0	102,400		1.1									1.0		
12	X	24.0	104,850													
13	X	24.0	104,850		1.3									1.1		
14	X	24.0	73,600		1.1									1.1		
15	X	24.0	76,100		1.1									1.0		
16	X	24.0	88,700		1.2									1.0		
17	X	24.0	91,100		1.5									1.4		
18	X	24.0	72,300		1.5									1.3		
19	X	24.0	84,600		1.4									1.2		
20	X	24.0	68,450													
21	X	24.0	68,450		1.0									0.9		
22	X	24.0	67,800		1.0									0.9		
23	X	24.0	82,700		1.4									1.2		
24	X	24.0	51,500		0.8									0.7		
25	X	24.0	74,000		1.8									1.4		
26	X	24.0	59,100													
27	X	24.0	59,100		1.6									1.4		
28	X	24.0	77,100		1.5									1.2		
29	X	24.0	82,200		0.8									0.7		
30	X	24.0	71,300		1.4									1.2		
31	X	24.0	63,500		1.4									1.2		
Totals			2,493,400													
Average			80,432													
Maximum			104,850													

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

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

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

Day of the Month	Days Plant Started/Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*												
				CT Calculations					UV Dose							
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Dining Peak Flow (mg/L)	Disinfectant Contact Time (T) for C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Dining Peak Flow (mg-min/L)	Temp of Inlet Water (°C)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration (mg/L) at Distribution System	Operating Conditions (pH, Temp, etc.)			
8/1	X	24.0	385,200		1.8										1.2	
8/2	X	24.0	362,300		3.0										1.4	
8/3	X	24.0	364,400		1.4										1.0	
8/4	X	24.0	473,000		1.5										0.9	
8/5	X	24.0	381,000		1.4										0.9	
8/6	X	24.0	497,200													
8/7	X	24.0	497,200		1.3										0.7	
8/8	X	24.0	423,700		1.0										0.6	
8/9	X	24.0	414,300		1.7										1.0	
8/10	X	24.0	464,500		1.3										0.6	
8/11	X	24.0	516,400		3.4										1.3	
8/12	X	24.0	570,250													
8/13	X	24.0	570,250		1.3										0.6	
8/14	X	24.0	316,600		1.4										0.6	
8/15	X	24.0	365,100		0.9										0.5	
8/16	X	24.0	453,500		1.7										1.0	
8/17	X	24.0	463,500		2.5										1.7	
8/18	X	24.0	346,900		2.4										1.6	
8/19	X	24.0	458,800		2.5										1.6	
8/20	X	24.0	327,500													
8/21	X	24.0	327,500		1.2										1.0	
8/22	X	24.0	295,100		2.0										1.4	
8/23	X	24.0	388,100		2.7										1.4	
8/24	X	24.0	261,100		2.3										1.2	
8/25	X	24.0	258,200		2.4										1.3	
8/26	X	24.0	238,900													
8/27	X	24.0	238,900		1.4										0.7	
8/28	X	24.0	296,800		1.2										0.6	
8/29	X	24.0	338,700		2.2										1.2	
8/30	X	24.0	297,400		2.4										1.3	
8/31	X	24.0	260,800		1.5										1.0	
<b>TOTAL</b>			<b>11,853,100</b>													
<b>Average</b>			<b>382,358</b>													
<b>Maximum</b>			<b>570,250</b>													

\* 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 :										August-06
Community Water System (CWS) Name:										Chuluota
Public Water System (PWS) Identification Number:										3590186
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Plant 11 Name
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										1,800,000
Actual Quantity of Finished Water Produced by Each Plant, gallons										
78,100	385,200									463,300
76,200	362,300									438,500
83,300	364,400									447,700
87,400	473,000									560,400
87,000	381,000									468,000
96,850	497,200									594,050
96,850	497,200									594,050
87,700	423,700									511,400
78,900	414,300									493,200
97,400	464,500									561,900
102,400	516,400									618,800
104,850	570,250									675,100
104,850	570,250									675,100
73,600	316,600									390,200
76,100	365,100									441,200
88,700	453,500									542,200
91,100	463,500									554,600
72,300	346,900									419,200
84,600	458,800									543,400
68,450	327,500									395,950
68,450	327,500									395,950
67,800	295,100									362,900
82,700	388,100									470,800
51,500	261,100									312,600
74,000	258,200									332,200
59,100	238,900									298,000
59,100	238,900									298,000
77,100	296,800									373,900
82,200	338,700									420,900
71,300	297,400									368,700
63,500	260,800									324,300
<b>Total</b>	2,429,900	11,592,300								14,346,500
<b>Avg</b>	80,432	382,358								467,407
<b>Max</b>	104,850	570,250								675,100

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:** September, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	1307	Total Population Served at End of Month:	4,574
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
		State:	Florida
		Zip Code:	32750
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aquamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
		Zip Code:	32766
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:	1,800,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Operator Name	William Trendel	License Number	6411
			Days 1st Shift
Operator Name	Terrence McCarly	License Number	4617
			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.

*William Trendel*  
 Signature and Date 10/8/06

William Trendel  
 Printed or Typed Name

C6411  
 License Number

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

PWS Identification Number: 3591086 Plant Name: Chuluots, Plant # 2

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

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

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

Day of Month	Disinfectant Slated or Visited by Operator (Plant)	Hour's plant in operation	Net Quantity of Finished Water Produced (gpd)	Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or After Chlorination	Disinfectant Contact Time (Min) Measurement Point During Peak Flow	Lowest CT Provided Before or After First Customer During Peak Flow	Temperature (Temp)	pH of Water	Minimum CT Required (mg-min)	Lowest Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergence of Abnormal Operating Conditions, Repair or Maintenance
X		24.0	326,400		2.6								1.3	
X		24.0	335,200		2.0								1.2	
X		24.0	265,950											
X		24.0	265,950		1.6								1.0	
X		24.0	264,300		1.0								0.7	
X		24.0	285,000		1.4								0.8	
X		24.0	324,200		2.1								1.1	
X		24.0	202,000		1.6								1.0	
X		24.0	290,300											
X		24.0	290,300		1.3								0.6	
X		24.0	319,800		1.8								1.0	
X		24.0	330,200		1.4								0.7	
X		24.0	342,000		1.6								0.9	
X		24.0	307,000		1.0								1.7	
X		24.0	256,600		2.0								1.4	
X		24.0	319,350											
X		24.0	319,350		0.9								0.6	
X		24.0	460,800		0.7								0.4	
X		24.0	330,100		0.7								0.4	
X		24.0	196,800		1.1								0.4	
X		24.0	292,900		0.9								0.4	
X		24.0	362,100		2.8								1.3	
X		24.0	366,650											
X		24.0	366,650		2.1								1.0	
X		24.0	535,000		1.0								0.6	
X		24.0	285,400		1.3								0.6	
X		24.0	271,700		1.0								0.5	
X		24.0	353,500		1.9								0.9	
X		24.0	299,200		1.6								1.0	
X		24.0	400,800		1.9								1.0	
			9,565,500											
			318,850											
			535,000											

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

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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

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

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

Day of Month	Day of Week	Operator	Hours plant in Operation	Net Quantity of Finished Water Produced (gallons)	Disinfection Data									
					Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (Ct) Before or After Customer Distribution Peak Flow	Disinfection Zone (ft) Time (min)	Lowest CT Provided Before or After Customer Distribution Peak Flow	Minimum CT Required (mg min/l)	Lowest Operating UV Dose (mW sec/gal)	Minimum UV Dose Required (mW sec/gal)	Lowest Residual Disinfectant Concentration at Sample Point in Distribution System	Enter any Remarks or Conditions Reported or Maintained at Work Site	
X			24.0	86,400		2.2							1.8	
X			24.0	68,400		1.2							1.2	
X			24.0	71,600										
X			24.0	71,600		0.5							0.5	
X			24.0	69,300		0.7							0.6	
X			24.0	68,700		1.4							1.2	
X			24.0	77,900		1.5							1.4	well #1 out of service
X			24.0	66,100		1.0							0.9	
X			24.0	67,800										
X			24.0	67,800		0.9							0.9	
X			24.0	67,500		0.8							0.7	
X			24.0	57,100		0.7							0.7	
X			24.0	84,300		1.6							1.4	
X			24.0	80,400		1.9							1.6	
X			24.0	55,300		1.2							1.1	
X			24.0	88,350										
X			24.0	88,350		1.0							0.6	well #1 pump/casing, shaft replaced
X			24.0	103,900		0.9							0.5	
X			24.0	69,300		1.0							0.8	
X			24.0	66,800		1.4							1.1	
X			24.0	81,500		1.3							1.1	
X			24.0	66,800		1.1							1.0	
X			24.0	83,500										
X			24.0	83,500		1.7							1.4	
X			24.0	93,600		1.6							1.3	
X			24.0	80,100		0.9							0.7	
X			24.0	69,000		1.3							1.0	well #1 clearance bacts/2 taken
X			24.0	80,000		1.4							1.1	
X			24.0	69,200		1.2							1.1	well #1 placed back in service
X			24.0	92,000		0.8							0.6	
X			24.0											
				2,296,100										
				76,537										
				103,900										

\* 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 :		September-06							
Community Water System (CWS) Name: Chuluota									
Public Water System (PWS) Identification Number: 3590186									
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4								
720,000	1,080,000								1,800,000
86,400	326,400								412,800
68,400	335,200								403,600
71,600	265,950								337,550
71,600	265,950								337,550
69,300	264,300								333,600
68,700	285,000								353,700
77,900	324,200								402,100
66,100	202,000								268,100
67,800	290,300								358,100
67,800	290,300								358,100
87,500	319,800								407,300
57,100	330,200								387,300
84,300	342,000								426,300
80,400	307,000								387,400
55,300	256,600								311,900
88,350	319,350								407,700
88,350	319,350								407,700
103,900	460,800								564,700
69,300	330,100								399,400
66,800	196,800								263,600
81,500	292,900								374,400
66,800	362,100								428,900
83,500	366,650								450,150
83,500	366,650								450,150
93,600	535,000								628,600
80,100	285,400								365,500
69,000	271,700								340,700
80,000	353,500								433,500
69,200	299,200								368,400
92,000	400,800								492,800
0	0								0
2,296,100	9,565,500								11,861,600
73,470	318,850								395,387
103,900	535,000								628,600

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:** October, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Chuluota	PWS Identification Number:	3590186
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:	1307	Total Population Served at End of Month:	4,574
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
		State:	Florida
		Zip Code:	32750
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:	betrendel@aguaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
		Zip Code:	32766
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:	1,800,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
<b>OPERATORS</b>			
	William Trendel	C	6411
			Days 1st Shift
	Terrence McCarthy	C	4617
			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.

William Trendel 11/5/06  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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	Days Plant Started or Visited by Operator (Place)	Hours plant in operation	Net Quantity of Finished Water Produced (gal)	CT Calculations for UV Dose and Disinfection				UV Dose				Emergency or Abnormal Operating Conditions, Repair or Maintenance Work	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Billing Point (mg/l)	Disinfectant Contact Time (T) (min)	Lowest CT Provided Before or at First Customer Billing Point (mg-min)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)		
X		24.0	83,550										
X		24.0	83,550		1.0								
X		24.0	78,000		2.8							1.0	
X		24.0	93,000		1.3							2.4	
X		24.0	80,000		1.0							1.2	
X		24.0	79,000		1.0							1.0	
X		24.0	80,000									1.0	
X		24.0	80,000		1.8								
X		24.0	100,000		1.9							1.5	
X		24.0	74,500		0.7							1.4	
X		24.0	76,900		0.4							0.6	
X		24.0	87,600		0.8							0.4	
X		24.0	73,300		0.9							0.6	
X		24.0	87,100		1.4							0.8	
X		24.0	87,850									1.2	
X		24.0	87,850		1.2								
X		24.0	85,500		1.3							1.1	
X		24.0	86,500		2.8							1.2	
X		24.0	99,600		1.3							2.0	
X		24.0	78,800		1.0							1.2	
X		24.0	88,700									0.9	
X		24.0	88,700		1.0								
X		24.0	97,500		0.9							0.7	
X		24.0	94,900		1.4							0.7	
X		24.0	86,900		1.2							1.2	
X		24.0	99,900		1.3							1.0	
X		24.0	95,300		1.4							1.1	
X		24.0	76,600		1.5							1.1	
X		24.0	92,800									1.2	
X		24.0	92,800		1.2								
X		24.0	85,400		1.3							1.0	
			2,682,100									1.2	
			86,519										
			100,000										

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose to Domestic Bacteria Virus Inactivation, (if Applicable)		CT Calculations for UV Dose		Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Remarks, Maintenance Work
				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, mg-min/L	Temp of Water, °C (if applicable)					
X		24.0	394,850								1.1	
X		24.0	394,850	1.7							0.7	
X		24.0	342,600	1.3							1.3	
X		24.0	363,800	2.2							1.2	
X		24.0	382,100	1.9							1.2	
X		24.0	357,400	1.8								
X		24.0	315,450								1.1	
X		24.0	315,450	1.8							0.6	
X		24.0	437,100	0.7							1.1	
X		24.0	296,600	1.3							1.1	
X		24.0	329,500	1.9							1.0	
X		24.0	373,500	2.3							0.8	
X		24.0	347,000	1.6								
X		24.0	390,000	1.1							1.2	
X		24.0	406,500								1.0	
X		24.0	406,500	1.9							1.0	
X		24.0	352,300	1.6							1.3	
X		24.0	386,500	1.6							1.3	
X		24.0	397,200	2.4								
X		24.0	337,600	2.0								
X		24.0	404,550								0.6	
X		24.0	404,550	1.5							1.3	
X		24.0	449,500	2.8							1.0	
X		24.0	399,500	1.3							1.3	
X		24.0	360,000	2.6							1.3	
X		24.0	381,500	2.4							1.3	
X		24.0	362,100	2.1							1.3	
X		24.0	317,200	1.2							1.0	
X		24.0	371,950								1.3	
X		24.0	371,950	1.9							1.1	
X		24.0	338,500	1.6								
			11,488,100									
			371,653									
			449,500									

\* 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:										October-06
Community Water System (CWS) Name:										Chuluota
Public Water System (PWS) Identification Number:										3590186
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
720,000	1,080,000									1,800,000
83,550	394,850									478,400
83,550	394,850									478,400
78,000	342,600									420,600
93,000	363,800									456,800
80,000	382,100									462,100
79,000	357,400									436,400
80,000	315,450									395,450
80,000	315,450									395,450
100,000	437,100									537,100
74,500	296,600									371,100
76,900	329,500									406,400
87,600	373,500									461,100
73,300	347,000									420,300
87,100	390,000									477,100
87,850	406,500									494,350
87,850	406,500									494,350
85,500	352,300									437,800
86,500	386,500									473,000
99,600	397,200									496,800
78,800	337,600									416,400
88,700	404,550									493,250
88,700	404,550									493,250
97,500	449,500									547,000
94,900	399,500									494,400
86,900	360,000									446,900
99,900	381,500									481,400
95,300	362,100									457,400
76,600	317,200									393,800
92,800	371,950									464,750
92,800	371,950									464,750
85,400	338,500									423,900
2,682,100	11,488,100									14,170,200
86,519	371,653									457,103
100,000	449,500									549,000

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Chuluota	PWS Identification Number:	3500186
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Conservative:	
Number of Service Connections at End of Month:	1307	Total Population Served at End of Month:	4,573
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
		State:	Florida
Contact Person's Telephone Number:	(407) 339-5424	Zip Code:	32750
Contact Person's E-Mail Address:	wtrendel@aquaaamerica.com	Contact Person's Fax Number:	(407) 339-7490

B. Water Treatment Plant Information

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	118 7th Street	City:	Chuluota
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	32766
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,800,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator: William Trendel	C	6411	Days 1st Shift
Other Operators: Terrence McCarthy	C	4617	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 62-555.120(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.

William Trendel 12/5/06  
Signature and Date

William Trendel  
Printed or Typed Name

C6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chatham Plant #1

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	Chlorine Residual (mg/L)	Flow (MGD)	Temperature (°C)	CT Calculations		UV Dose		Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	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
				Disinfectant Contact Time (CT) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	105,400	2.9					2.5	
2	X	24.0	77,100	2.0					1.6	
3	X	24.0	86,900	1.5					1.2	
4	X	24.0	89,550							
5	X	24.0	89,550	1.1					0.9	
6	X	24.0	127,800	0.8					0.6	
7	X	24.0	74,600	0.9					0.8	
8	X	24.0	82,900	0.8					0.7	
9	X	24.0	95,600	0.8					0.6	
10	X	24.0	96,000	1.3					1.0	
11	X	24.0	98,400	1.4					1.1	
12	X	24.0	113,450							
13	X	24.0	113,450	1.3					1.1	
14	X	24.0	97,000	1.4					1.2	
15	X	24.0	98,100	1.5					1.3	
16	X	24.0	95,900	1.6					1.4	
17	X	24.0	84,300	1.3					1.1	
18	X	24.0	98,350							
19	X	24.0	98,350	1.3					1.1	
20	X	24.0	118,900	1.0					0.9	
21	X	24.0	96,600	0.9					0.8	
22	X	24.0	92,600	1.6					1.4	
23	X	24.0	96,900	1.7					1.5	
24	X	24.0	85,800	1.6					1.4	
25	X	24.0	93,900	1.6					1.4	
26	X	24.0	91,450							
27	X	24.0	91,450	1.3					1.1	
28	X	24.0	82,400	1.6					1.4	
29	X	24.0	82,800	1.3					1.1	
30	X	24.0	72,800	1.2					1.0	
31	X	24.0								
<b>Total</b>			<b>2,827,400</b>							
<b>Average</b>			<b>94,247</b>							
<b>Maximum</b>			<b>127,800</b>							

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

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

PWS Identification Number: 3591086 Plant Name: C. J. J. Plant # 2

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	Disinfectant Residual (mg/L)	Flow (MGD)	Total Chlorine (mg/L)	UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*				Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Sample Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at Peak Customer Flow, mg-min/L	Type of Water, if Applicable	pH of Water, if Applicable					
1	X	24.0	371,300		3.5					2.1		
2	X	24.0	209,400		2.3					1.1		
3	X	24.0	264,200		1.8					1.0		
4	X	24.0	312,500									
5	X	24.0	312,500		1.8					1.1		
6	X	24.0	515,100		2.5					1.5		
7	X	24.0	281,800		0.8					1.0		
8	X	24.0	246,800		1.2					0.6		
9	X	24.0	313,200		2.5					1.2		
10	X	24.0	333,800		1.6					1.0		
11	X	24.0	353,600		2.2					1.1		
12	X	24.0	383,800									
13	X	24.0	383,800		1.8					1.0		
14	X	24.0	343,500		0.9					0.6		
15	X	24.0	370,200		2.4					1.2		
16	X	24.0	335,100		2.4					1.2		
17	X	24.0	286,200		1.8					1.0		
18	X	24.0	355,650									
19	X	24.0	355,650		1.1					0.4		
20	X	24.0	421,400		1.6					0.8		
21	X	24.0	343,200		1.6					0.9		
22	X	24.0	402,700		2.4					1.1		
23	X	24.0	433,700		2.0					1.0		
24	X	24.0	330,000		1.7					0.9		
25	X	24.0	361,000		2.5					1.3		
26	X	24.0	383,200									
27	X	24.0	383,200		1.8					1.0		
28	X	24.0	333,800		1.1					0.7		
29	X	24.0	281,200		1.3					0.8		
30	X	24.0	251,700		1.3					0.7		
31	X	24.0										
Total			10,255,200									
Average			341,840									
Maximum			515,100									

\* 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: <b>November-06</b>										
Community Water System (CWS) Name: <b>Chuluota</b>										
Public Water System (PWS) Identification Number: <b>3590186</b>										
Plant Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
720,000	1,080,000									1,800,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total
105,400	371,300									476,700
77,100	209,400									286,500
86,000	264,200									350,200
89,550	312,500									402,050
89,550	312,500									402,050
127,800	515,100									642,900
74,600	281,800									356,400
82,900	246,800									329,700
95,600	313,200									408,800
96,000	333,800									429,800
98,400	355,600									454,000
113,450	383,800									497,250
113,450	383,800									497,250
97,000	343,500									440,500
98,100	370,200									468,300
95,900	335,100									431,000
84,300	286,200									370,500
98,350	355,650									454,000
98,350	355,650									454,000
118,900	421,400									540,300
96,600	343,200									439,800
92,600	402,700									495,300
96,900	433,700									530,600
85,800	330,000									415,800
93,900	361,000									454,900
91,450	383,200									474,650
91,450	383,200									474,650
82,400	333,800									416,200
82,800	281,200									364,000
72,800	251,700									324,500
0	0									0
<b>TOTAL</b>	<b>2,827,400</b>	<b>10,255,200</b>								<b>13,082,600</b>
<b>AVG</b>	<b>94,247</b>	<b>341,840</b>								<b>436,087</b>
<b>MAX</b>	<b>127,800</b>	<b>515,100</b>								<b>642,900</b>

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: December, 2006

A. Public Water System (PWS) Information

PWS Name:	Chuluota	PWS Identification Number:	3590186
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	1307	Total Population Served at End of Month:	5274
PWS Owner:	Aqua Utilities Florida		
Contact Person:	William Trendel	Contact Person's Title:	Senior Operator
Contact Person's Mailing Address:	140 Hope Street	City:	Longwood
Contact Person's Telephone Number:	(407) 339-5424	State:	Florida
Contact Person's E-Mail Address:	wtrendel@abuaamerica.com	Zip Code:	32750
		Contact Person's Fax Number:	(407) 339-7490

B. Water Treatment Plant Information

Plant Name:	Chuluota	Plant Telephone Number:	(407) 339-5424
Plant Address:	1187th Street	City:	Chuluota
Types 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:	1,800,000	Zip Code:	32756
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	G
Operator Name	William Trendel	License Number	6411
		Shift	Days 1st Shift
Operator Name	Terrance McCarthy	License Number	4617
		Shift	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.

Bill Trendel 1/8/07  
Signature and Date

William Trendel  
Printed or Typed Name

6411  
License Number

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

PWS Identification Number: 3590186 Plant Name: Chuluota, Plant # 1

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	Plant Station or Visited by Operator	Hours plant Operations	Net Quantity of Finished Water Produced (gallons)	Disinfection Residuals			Virus Inactivation, if Applicable			Lowest UV Dose, mWsec/cm <sup>2</sup>	Minimum UV Dose Required, mWsec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration, mg/L	Conductivity, µmhos/cm
				Peak Day Residual Concentration (C <sub>1</sub> ) Before or at Disinfection Point During Peak Flow (mg/L)	Disinfectant Contact Time (T <sub>1</sub> ) at C <sub>1</sub> Measurement Point During Peak Flow (minutes)	Disinfectant Residual Before or at Disinfection Point During Peak Flow (mg/L)	Temperature of Water (°F)	Minimum C <sub>1</sub> Required, mg/L					
X		24.0	72,300	1.2							1.0		
X		24.0	90,750	1.5							1.2		
X		24.0	90,750	1.5							1.0		
X		24.0	104,000	1.4							1.2		
X		24.0	62,800	1.4							1.2		
X		24.0	105,300	1.4							1.2		
X		24.0	98,100	1.2							1.1		
X		24.0	82,400	1.8							1.6		
X		24.0	88,000	1.8							1.4		
X		24.0	97,650	1.2							1.0		
X		24.0	97,650	1.2							1.0		
X		24.0	82,400	1.4							1.2		
X		24.0	94,700	1.6							1.4		
X		24.0	86,500	1.5							1.4		
X		24.0	84,200	1.6							1.4		
X		24.0	75,050	1.6							1.4		
X		24.0	75,050	1.9							1.2		
X		24.0	115,600	1.4							1.0		
X		24.0	84,300	1.4							1.2		
X		24.0	85,100	1.6							1.3		
X		24.0	84,700	1.4							1.3		
X		24.0	92,800	1.5							1.3		
X		24.0	72,700	1.3							1.3		
X		24.0	68,650	1.0							0.9		
X		24.0	68,650	1.1							0.9		
X		24.0	96,600	1.0							0.8		
X		24.0	84,700	0.9							0.8		
X		24.0	86,300	1.5							1.3		
X		24.0	94,000	1.6							1.4		
X		24.0	78,950	1.5							1.4		
X		24.0	78,950	1.5							1.2		
			2,679,600										
			86,439										
			115,600										

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

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

PWS Identification Number: 3591086 Plant Name: Chuluota, Plant # 2

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

Plant	Date	Time	No. of Plants	No. of Finished Water Produced	Free Chlorine Concentration (C)	Disinfectant Contact Time (T)	Lowest CT Before Plant	pH	Temperature	Minimum CT Required	Operating UV Dose	Minimum UV Dose Required	Lowest Residual Disinfectant Concentration at Remote Point	Residual at Point of Measurement
X			24.0	285,400	1.5	1.1	2.7						0.8	
X			24.0	332,400	2.1	1.1	2.3						1.1	
X			24.0	332,400	2.1	1.1	2.3						1.2	
X			24.0	294,900	2.2	1.1	2.2						1.4	
X			24.0	361,800	2.2	1.1	2.2						1.3	
X			24.0	373,600	2.2	1.1	2.2						1.3	
X			24.0	285,700	2.6	1.1	2.2						1.3	
X			24.0	401,300	1.8	1.1	2.1						1.0	
X			24.0	352,900	1.7	1.1	2.1						1.0	
X			24.0	277,100	2.1	1.1	2.1						1.2	
X			24.0	350,900	2.4	1.1	2.1						1.2	
X			24.0	305,400	2.2	1.1	2.1						1.2	
X			24.0	221,600	2.2	1.1	2.1						1.4	
X			24.0	305,150	2.2	1.1	2.1						1.4	
X			24.0	205,150	1.8	1.1	2.1						0.8	
X			24.0	343,900	2.4	1.1	2.1						1.4	
X			24.0	287,300	0.9	1.1	2.1						0.7	
X			24.0	278,900	0.9	1.1	2.1						0.7	
X			24.0	330,700	1.8	1.1	2.1						0.9	
X			24.0	273,200	2.2	1.1	2.1						2.2	
X			24.0	216,400	2.8	1.1	2.1						2.5	
X			24.0	182,450	2.7	1.1	2.1						1.8	
X			24.0	224,400	2.0	1.1	2.1						1.2	
X			24.0	264,000	2.3	1.1	2.1						1.5	
X			24.0	287,000	2.0	1.1	2.1						1.4	
X			24.0	246,700	1.4	1.1	2.1						1.0	
X			24.0	309,800	2.5	1.1	2.1						1.2	
X			24.0	309,800	2.5	1.1	2.1						1.2	
				9,031,300										
				290,717										
				401,300										

\* 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: December-06

Community Water System (CWS) Name: Chuluota

Public Water System (PWS) Identification Number: 3590186

Plant 1 Well 1 & 2	Plant 2 Well 3 & 4									
720,000	1,080,000									1,800,000
72,300	245,400									317,700
90,750	332,400									423,150
90,750	332,400									423,150
104,000	395,700									499,700
62,800	294,900									357,700
105,300	361,800									467,100
98,100	373,600									471,700
82,400	285,700									368,100
88,000	401,300									489,300
97,650	352,900									450,550
97,650	352,900									450,550
82,400	277,100									359,500
94,700	350,900									445,600
86,500	305,400									391,900
84,200	221,600									305,800
75,050	205,150									280,200
75,050	205,150									280,200
115,600	343,900									459,500
84,300	287,300									371,600
85,100	278,900									364,000
84,700	330,700									415,400
92,800	273,200									366,000
72,700	216,400									289,100
68,650	182,450									251,100
68,650	182,450									251,100
96,600	224,400									321,000
84,700	264,000									348,700
86,300	287,000									373,300
94,000	246,700									340,700
78,950	309,800									388,750
78,950	309,800									388,750
2,679,600	9,031,300									11,710,900
86,439	290,717									377,770
115,600	401,300									499,700



# St. Johns River Water Management District

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

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

April 12, 2005

Aqua Utilities Florida  
6960 Professional Parkway East, Suite 400  
Sarasota, FL 34240

SUBJECT: Consumptive Use Permit Number 8362  
Aqua Utilities Florida - Chuluota

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on April 12, 2005.

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

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

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

Sincerely,

Gloria Lewis, Director  
Permit Data Services Division

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

cc: District Permit File

#### GOVERNING BOARD

Ometrias D. Long, CHAIRMAN APOPKA	David G. Graham, VICE CHAIRMAN JACKSONVILLE	R. Clay Albright, SECRETARY OCALA	Duane Ottenstroef, TREASURER JACKSONVILLE
W. Michael Branch FERNANDINA BEACH	John G. Sawinski ORLANDO	William Kerr MELBOURNE BEACH	Ann T. Moore BRANELL
			Susan N. Hughes JACKSONVILLE

DOCUMENT NUMBER - DATE

04331 MAY 22 05

FPSC-COMMISSION CLERK

PERMIT NO. 8362

DATE ISSUED: April 12, 2005

PROJECT NAME: Aqua Utilities Florida - Chuluota

**A PERMIT AUTHORIZING:**

The District authorizes, as limited by the attached permit conditions, the use of 212.24 million gallons per year of groundwater from the Floridan aquifer for public supply use to serve a projected population of 4,307 in 2007 with water for household, commercial/industrial, unaccounted for, and water utility type uses.

**LOCATION:**

Site: WTP No. 1 AUF-Chuluota  
Seminole County

Site: WTP No. 2 - AUF Chuluota-  
Seminole County

Section(s): 16, 17, 20, 21, Township(s): 21S Range(s): 32E  
28, 29

**ISSUED TO:**

Aqua Utilities Florida  
6960 Professional Parkway East, Suite 400  
Sarasota, FL 34240

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

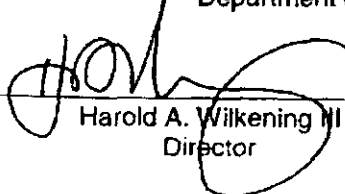
This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee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

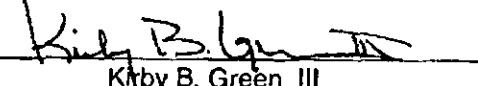
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

**PERMIT IS CONDITIONED UPON:**

See conditions on attached "Exhibit A", dated April 12, 2005

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

By:   
Harold A. Wilkening III  
Director

By:   
Kirby B. Green, III  
Executive Director

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8362**  
**AQUA UTILITIES FLORIDA**  
**DATED APRIL 12, 2005**

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

10. The permittee must ensure that all service connections are metered.
11. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
  - (a) Irrigation using a micro-irrigation system is allowed anytime.
  - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
  - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
  - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
  - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
12. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein. A report detailing the progress of plan implementation must be submitted to the District on or before the midpoint of the permit duration.
13. All submittals made to demonstrate compliance with this permit shall have the CUP number 8362 plainly labeled on the submittal.
14. This permit will expire on April 12, 2007.
15. Maximum annual ground water withdrawals for public supply purposes, including household type use, commercial/industrial type use, unaccounted for type use, and water utility type use must not exceed:

193.99 million gallons ( 0.531 million gallons per day, average) in 2005 ,  
202.91 million gallons ( 0.556 million gallons per day, average) in 2006 , and  
212.24 million gallons ( 0.581 million gallons per day, average) in 2007 .
16. Wells no. 1 (GRS Station No. 19800), 2 (GRS Station No. 19801), 3 (GRS Station No. 19802), and 5 (GRS Station No. 33865) as listed on the application must continue to be monitored with totalizing flowmeters. These flowmeters must maintain 95% accuracy, be verifiable and be installed according to manufacturers specifications.
17. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
18. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
19. Total withdrawals of water from the withdrawal points authorized by this permit, Wells no. 1 (GRS Station No. 19800), 2 (GRS Station No. 19801), 3 (GRS Station No. 19802), and 5 (GRS Station No. 33865), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of

the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

<u>Reporting Period</u>	<u>Report Due Date</u>
January-June	July 31
July - December	January 31

20. Combined withdrawals from Wells 3 and 5 (GRS Station Nos. 19802 and 33865, respectively) shall not exceed 12,000,000 gallons in any month.
21. Maximum daily groundwater withdrawals for essential use, for fire protection must not exceed 2.88 million gallons.
22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
23. The permittee shall install a monitor well (MW-1) to monitor water quality in the basal horizon of the upper production zone of the upper Floridan aquifer no later than October 31, 2005. MW-1 shall be placed at a location acceptable to the District within the East ½, of the Northeast 1/4, of Section 21, Township 21 South, Range 32 East.
24. The permittee shall collect groundwater samples from Well 1 (GRS Station No. 19800), Well 5 (GRS Station No. 33865), Well 4 (GRS Station No. 33971), and MW-1 in January, April, July, and October of each year of this permit. The permittee shall notify the District of the date on which samples will be collected 14 days prior to each sample collection event and shall afford the District the opportunity to split samples at the time of each sample event. Sample collection and handling procedures shall be performed by a qualified person and shall follow the requirements of all relevant Florida Department of Environmental Protection Standard Operating Procedures (DEP SOPs). Analyses shall include field measurements of temperature, pH, and specific conductance following DEP SOPs and laboratory measurements of chloride, sulfate, carbonate, bicarbonate, calcium, magnesium, sodium, and potassium. Laboratory analyses shall be performed by a laboratory that has been certified to perform the specified analyses by the Florida Department of Health Environmental Laboratory Certification Program. The permittee shall submit a report of each sample event's data no later than 30 days following collection of the samples. The report shall include field sample data records and calibration records for field measurements, chain of custody records, Piper diagrams of the major ion data, and laboratory reports for laboratory measurements.
25. Within 18 months of the date of issuance of this permit, permittee shall identify viable, potential water supply partners including those that could provide water supplies or partner with the permittee in the development of water supplies. In addition, permittee shall identify potential water supply projects that could be implemented with these partners to secure the quantities of water necessary to meet permittee's projected demands through 2025 without unacceptable impacts to water resources and related natural systems. Permittee shall contact these potential partners to determine the viability of developing partnership agreements with them for the identified potential water supply projects. A written description of the potential partners and projects along with a description of the contacts between permittee and the potential partners and the viability of the development of partnership agreements shall be submitted to the District no later than October 31, 2006.
26. The permittee shall continue to pursue an agreement to construct an inter-connect with other nearby reclaimed water systems to provide public access reclaimed water on a bulk basis to such reclaimed water systems. The permittee shall provide a status report by January 31 of each year for the duration this permit of actions taken in conformance with this condition and agreements reached as a result of those actions.

27. If the District determines that unacceptable saline water intrusion or salt water interface migration is occurring as a result of the withdrawals authorized by this permit, the District shall revoke the permit in whole or in part to curtail or abate the saline water intrusion.
28. The permittee shall conduct hydrologic and photo monitoring at each of the six (6) wetland areas listed below:
- a. CPH #5, Unnamed Shallow Marsh, (Sec. 22, T. 21 S., R. 32 E.);
  - b. CPH #21 Unnamed Shallow Lake/Marsh, (Sec. 21, T. 21 S., R. 32 E.);
  - c. CPH #22 Unnamed Lake, (Sec. 21, T. 21 S., R. 32 E.);
  - d. CPH #40 Bayhead, (Sec. 29, T. 21 S., R. 32 E.);
  - e. CPH #41 Horseshoe Lake, (Sec. 29, T. 21 S., R. 32 E.);
  - f. CPH #52 Marsh, (Sec. 21, T. 21 S., R. 32 E.);

The permittee shall install staff gauges and/or shallow wells (hereinafter referred to as monitoring devices) in each of the above-listed wetland sites. The monitoring devices and specific locations must be approved in writing by the District. The monitoring wells must be installed by a licensed water well contractor (as required in 373.336 (1)(b), F.S.), and all monitoring devices shall be surveyed to NGVD (1929) to an accuracy of +/- 0.01 foot. The permittee must submit station location and descriptor data electronically as spreadsheets in a District approved format. Station descriptor information must include: latitude/longitude, brief text site description, date of installation, type of instrument, installation entity, maintenance entity, and access instructions.

If another agency or utility is monitoring the same water body, then the same monitoring equipment/data can, upon written approval by SJRWMD, be used with the owner's consent. Data collection at all six (6) sites must be daily at midday. Water level monitoring must be initiated within 6 months of issuance of this permit.

At each wetland monitoring site, an elevation profile along a transect 150 feet in length must be surveyed such that 50 feet of the adjacent upland is included. If the adjacent upland consists of placed fill, then the transect may be limited to 120 feet in length, such that 20 feet of the adjacent upland is included. The location of each transect must be reviewed and approved by the District prior to survey. Soil elevations must be recorded at 5-foot intervals and wherever there is a change in soil profile and/or change in plant community to an accuracy of +/- 0.1 foot. Other environmental features such as current water level, cypress buttress inflection points, lower extent of lichen lines, upper extent of moss collars, watermarks, and palmetto lines must be surveyed, if present. A general description of the vegetation present at each vegetation zone must include the dominant species in each stratum and the presence of nuisance/weedy/exotic species. A full soil description must be made in the top 24 inches of soil at each of the transect elevations described above. If the soil survey depicts the soils as open water, then the soil description will occur out to a water depth of 3 feet, and depth to sediment surface, and depth of organic substrate will be recorded for the remaining intervals. The data collection described in this paragraph is a one-time event. Well completion reports for the piezometers will also be included in this report. The vegetation and soil survey must be submitted within 6 months of permit issuance.

Permanent photo stations must be monumented and panoramic photographs must be taken in September for each of the wetland monitoring sites, starting in 2005 and annually thereafter. These stations must be reviewed and approved by the District prior to monumentation.

Weekly rainfall data must be obtained for each monitored location from the nearest existing rain gauge approved by the District. The same rainfall station may be used for more than one monitoring site.

The following information must be recorded by the permittee for each monitoring site: water level (weekly without data loggers, daily with data loggers), rainfall (weekly), and pumping volume (weekly by well). Monitoring data must be submitted electronically as spreadsheets every six months in a District approved computer accessible format. Permittee must contact the District for specific details on how to submit the computer accessible information. This data must also be submitted as a legible paper copy (two copies) along with the EN-50 forms for the project. On January 31<sup>st</sup>, the permittee must submit an annual report summarizing the monitoring efforts. The report must include the panoramic photographs, and graphs summarizing the rainfall and monitoring data.

29. Wetlands, lakes, and spring flows may not be adversely impacted as a result of the consumptive use authorized by this permit. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.



# E-Permitting

SJRWMD Online: Using technology to benefit people, nature and our water resources



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Permit Number	Permit Type	Applicant Name	Project Name	Project Description	County	Received Date	Decision Date	Expiration Date	Decision	Status
2-117-8362-9	CUP Individual	Aqua Utilities Florida, Inc.	Aqua Utilities Florida - Chuluota	The applicant proposes to withdraw 1.49 million gallons per day of water	Seminole	04/12/2007	No Date	No Date	Pending	Pending

Reviewer Name:

Reviewer Phone:

Email [Contact Us](#)

Agent:

Process Status:

Total Wells:

Total Pumps:



MAP

Documents

[List all by Date](#)

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[Compliance \(5\)](#)

[Correspondence \(25\)](#)

[Request for Additional Information \(7\)](#)

[Application \(8\)](#)



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**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

5600 US 1 North Fort Pierce, FL 34948 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Leshigh Acres, FL 33936 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 34600 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce FL 34946  
 Phone: (772) 463-2400, Ext. 285 Fax: (772) 467-5884

HBEL Report Number: 2130240 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:  
 Colliert  Membrane Filtration PWS I.D. 3590186

System Name: CHULUOTA # 335

System Address: 118 E. 7TH ST

Lab Receipt Date and Time: 12/13/07 1550  
 Received for Laboratory By: [Signature]  
 Analysis Date and Time: 12/14/07 1430  
 Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  5.1°C  
 Disinfectant Check  Not Detected  >0.1 mg/l

City: CHULUOTA System or Owner's Phone #: 407-339-5424 Fax #: \_\_\_\_\_

Collector: T. McCarthy Collector's Phone #: SAME

Relinquished By: [Signature] Received By: \_\_\_\_\_ Relinquished By: \_\_\_\_\_  
 Date/Time: 12/13/07 1550 Date/Time: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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): 12/13/07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9221B (Colliert) SM9223B		Fecal (MF) SM9221E		E. coli (MF) EC+MUG (Colliert) SM9223B	
Non Coliform	Total Coliform	Fecal or E. Coll	Data Qual. <sup>2</sup>	Lab Sample Number	
	A			2130240 001	
	A			002	
	A			003	
	A			004	
	A			2130240 007	
	A			2130240 008	
	A			2130240 009	

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd mg/L	pH
1	WELL # 1	1510	R	/	7.3
2	WELL # 2	1500	R	/	7.3
3	WELL # 3	1335	R	/	7.3
4	WELL # 5	1345	R	/	7.5
5	115 W. 6TH ST.	1440	D	2.4	7.6
6	803 MAZURKA	1.6	D	1.6	7.6
7	40 E. 2ND ST.	1415	D	2.6	7.5

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.0

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# C-4617)  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: [Signature] Technical Director or Designee  
 Date: 12/13/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory of the phone number above.

Name and Mailing Address of Person/Firm to Receive Report  
AQUA UTIL. FL.  
140 HOPE ST.  
LONGWOOD, FL. 32750



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

<sup>1</sup> DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.) <sup>2</sup> Defined in Florida Administrative Code Rule 62-160  
 Model Form - LABORATORY Pink Form - CLIENT

FPSC-COMMISSION CLERK

0433 MAY 22 04 30

**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 # E83509

307 Coolidge Ave.  
Lohigh Acres, FL 33936  
FDOH # E85370

18331 Cortez Blvd.  
Brooksville, FL 34600  
FDOH # E84418

HBEL Report Number: 2130240 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:

Coliform  Membrane Filtration PWS I.D.  3  5  9  0  1  8  6

System Name: CHULUOTA # 335

System Address: 118 E. 7TH ST.

City: CHULUOTA

System or Owner's Phone #: 407-339-5424 Fax #: \_\_\_\_\_

Collector: T. MCCARTHY

Collector's Phone #: SAME

Relinquished By: Jim McArthur

Received By: \_\_\_\_\_

Relinquished By: \_\_\_\_\_

Date/Time: 12/13/07 1530

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Type of Supply:  
(check only one)

Community Water System  
 Private Well

Noncommunity Water System  
 Swimming Pool

Nontransient-Noncommunity Water System  
 Bottled Water

Limited Use System  
 Other

Reason for Sampling: (check only one)

Routine Compliance

Repeat

Replacement

Main Clearance

Well Survey

Other

Sample Collection Date(s): 12/13/07

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

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

Lab Receipt Date and Time: 12/19/07 1530

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/14/07 1430

Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice  5-10°C

Disinfectant Check  Not Detected  >0.1 mg/l

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
	A			213024008
	A			213024009

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd mg/L	pH
8	162 VELVETEN	1310	D	2.0	7.8
9	425 LIVE OAK	1425	D	1.3	7.7

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

2.0

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]

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other

Person performing analysis is:  
 A certified operator (# C-9617)

Employed by a certified lab

Supervised by a certified operator (# \_\_\_\_\_)

Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

AQUA UTIL. FL.  
140 HOPE ST.  
LONGWOOD, FL 32750



Page 2 of 2

Report authorized by: [Signature]

Technical Director or Designee

Date: 12/13/07

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

Satisfactory

Repeat Samples Required

Incomplete Collection Information

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

2 Defined in Florida Administrative Code Rule 62-160

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: December 14, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota THM/HAA5

[2130108]

Received: 12/05/07 16:02

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 12/14/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota THM/HAA5

[2130108]

Received: 12/05/07 16:02

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

HBEL Sample

**Method Narratives (If Applicable)**

Number      Sample ID      Analytical Method      Description

**Quality Control Summary**

Method    HBEL Batch    Analyte

Analytical Issue

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: 12/14/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2130108]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2130108001</b>					<b>Sampled: 12/05/07 14:25</b>		<b>Received: 12/05/07 16:02</b>			
<b>Sample ID: 390 Lk Lanelle Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		30	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 1:57	WR	E96080
Bromoform		43	ug/L	0.41	EPA 524.2	VOC2866		12/12/07 1:57	WR	E96080
Chloroform		13	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 1:57	WR	E96080
Dibromochloromethane		60	ug/L	0.30	EPA 524.2	VOC2866		12/12/07 1:57	WR	E96080
Total THMs		<del>180</del> 146	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 1:57	WR	E96080
Dibromoacetic Acid		8.3	ug/L	0.18	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 19:24	JL	E96080
Dichloroacetic Acid		4.2	ug/L	0.66	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 19:24	JL	E96080
Monobromoacetic Acid		0.96	ug/L	0.28	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 19:24	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 19:24	JL	E96080
Total HAAs		15 14.74	ug/L	0.18	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 19:24	JL	E96080
Trichloroacetic acid		1.3	ug/L	0.20	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 19:24	JL	E96080
<b>Laboratory ID: 2130108002</b>					<b>Sampled: 12/05/07 14:45</b>		<b>Received: 12/05/07 16:02</b>			
<b>Sample ID: 803 Mazurka Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		29	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 2:31	WR	E96080
Bromoform		37	ug/L	0.41	EPA 524.2	VOC2866		12/12/07 2:31	WR	E96080
Chloroform		11	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 2:31	WR	E96080
Dibromochloromethane		55	ug/L	0.30	EPA 524.2	VOC2866		12/12/07 2:31	WR	E96080
Total THMs		<del>130</del> 132	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 2:31	WR	E96080
Dibromoacetic Acid		9.8	ug/L	0.18	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 20:00	JL	E96080
Dichloroacetic Acid		4.4	ug/L	0.66	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 20:00	JL	E96080
Monobromoacetic Acid		0.80	ug/L	0.28	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 20:00	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 20:00	JL	E96080
Total HAAs		16 16.4	ug/L	0.18	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 20:00	JL	E96080
Trichloroacetic acid		1.8	ug/L	0.20	EPA 552.1	PEST5038	12/13/07 11:10	12/13/07 20:00	JL	E96080
<b>Laboratory ID: 2130108003</b>					<b>Sampled:</b>		<b>Received: 12/05/07 16:02</b>			
<b>Sample ID: Trip Blank</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 3:05	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2866		12/12/07 3:05	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 3:05	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2866		12/12/07 3:05	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2866		12/12/07 3:05	WR	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 12/14/07





**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 US 1 North, Fort Pierce, FL 34948  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**Chain-of-Custody**  
 and  
**Agreement to Perform Services**

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

Laboratory not responsible for omitted information  
 FDOH # E98080 FDOH # E85370  
 5800 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34948 Lehigh Acres, FL 33936  
 FDOH # E83509 FDOH # E84418  
 4155 St. Johns Pkwy. 18331 Cortez Blvd.  
 Suite 1300 Brooksville, FL 34601  
 Sanford, FL 32771

Company: AQUA UTIL. FL.

Method(s) of Shipment: \_\_\_\_\_

Address: 140 HOPE ST.

LONGWOOD FL. Zip: 32750

Phone: 407-339-5424 Fax: \_\_\_\_\_

Client Contact: BILL T.

Project Name: AUF/CHULUOTA

Sampled By: J. M. CARNEY

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



For Lab Use Only  
 Temperature \_\_\_\_\_ Custody Seal \_\_\_\_\_  
 Initials \_\_\_\_\_ Date \_\_\_\_\_  
**PRESERVATIVE**

**ANALYSES REQUESTED**

T	H	M	A	B						

**Preservation Key**

H-Hydrochloric Acid	P-Phosphoric Acid
N-Nitric Acid	ST-Sodium
S-Sulfuric Acid	Th-Thiosulfate
BH-Sodium Hydroxide	U-Unpreserved

LAB ID		COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION	T	H	M	A	B	COMMENTS
DATE	TIME					As Will Appear On Report							
001	12/5/07	1425	G	DW	4	390 LK. LANELE	✓	✓					CL2 = 1.4 pH = 7.4
002	12/5/07	1445	G	DW	4	803 MAZURKA	✓	✓					CL2 = 1.4 pH = 7.4
003						Trip Blank	✓						

\* 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 of 4	RELINQUISHED BY <u>J. M. Carney</u>	RELINQUISHED BY <u>PULL to FedEx</u>	RELINQUISHED BY
	DATE/TIME <u>12/5/07 1602</u>	DATE/TIME <u>12/6/07 1600</u>	DATE/TIME
	RECEIVED BY <u>PAO</u>	RECEIVED BY	RECEIVED FOR HHEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>12/5/07 1602</u>	DATE/TIME	DATE/TIME

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: Chuluota PWS I.D. #: 3590186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E 7th St.

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-509-8398 Fax #: 407-339-7490

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_

Sample Date: 12/05/07 Sample Time: 2:25 PM

Sample Location (be specific): 390 Lk Lanelle Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: 7.4

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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>4</u> ) |
| <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.  
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: Terry McCarthy

Sampler's Phone #: 407-509-8398 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy \_\_\_\_\_ Fac Operator  
Print Name Print Title

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

Signature: Terry McCarthy Date: 12/21/07



**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: 06/30/2008  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 12/5/07  
 PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 001  
 Lab Assigned Report Number or Job ID: 2130108001

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 checked="" type="checkbox"/> Trihalomethanes  |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial           | <input checked="" 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: \_\_\_\_\_

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: 14-Dec-07

\* 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 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM/HAA5  
 Sample Location: 390 Lk Lanelle Grab Disinfectant Residual (mg/L) 1.4  
 Sample Number: 2130108001 PWS ID 3590186  
 Sampling Date: 12/05/07 14:25  
 Date Received: 12/05/07 16:02

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2450	Monochloroacetic Acid	[NA]	ug/L	0.88	U	EPA 552.1	0.88	12/13/07	7:24 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	4.2		EPA 552.1	0.66	12/13/07	7:24 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	1.3		EPA 552.1	0.20	12/13/07	7:24 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.96		EPA 552.1	0.28	12/13/07	7:24 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	8.3		EPA 552.1	0.18	12/13/07	7:24 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L	14.76		EPA 552.1	0.18	12/13/07	7:24 PM	E96080
2941	Chloroform	[NA]	ug/L	13		EPA 524.2	0.25	12/12/07	1:57 AM	E96080
2942	Bromoform	[NA]	ug/L	43		EPA 524.2	0.41	12/12/07	1:57 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	30		EPA 524.2	0.25	12/12/07	1:57 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	60		EPA 524.2	0.30	12/12/07	1:57 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	146		EPA 524.2	0.25	12/12/07	1:57 AM	E96080

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

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

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, 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  
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 34601  
FDOH # E84418

Printed: 12/14/07



**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: Chuluota PWS I.D. #: 3590186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Ave H/Brumley

City: Chuluota State: FL ZIP Code: 32750

Phone #: 407-509-8398 Fax #: 407-339-7490

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 002 Location Code (if known): \_\_\_\_\_

Sample Date: 12/05/07 Sample Time: 2:45 PM

Sample Location (be specific): 803 Mazurka Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 14 mg/L Field pH: 7.4

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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>4</u> )	
<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.  
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: Terry McCarthy

Sampler's Phone #: 407-509-8398 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Print Name, Fac Operator Print Title

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

Signature: [Signature] Date: 12/21/07

## 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: 06/30/2008  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 12/5/07

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 002

Lab Assigned Report Number or Job ID: 2130108002

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

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Inorganics    | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts     |
| <input type="checkbox"/> All 17        | <input type="checkbox"/> All 30             | <input type="checkbox"/> All 21            | <input checked="" type="checkbox"/> Trihalomethanes  |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin  | <input type="checkbox"/> Partial           | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate       | <input type="checkbox"/> Partial            | <input type="checkbox"/> Radionuclides     | <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** | <input type="checkbox"/> Secondaries                 |
|  |   |  | <input type="checkbox"/> All 14                      |
|  |   |  | <input 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: 14-Dec-07

\* 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: \_\_\_\_\_

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM/HAA5  
 Sample Location: 803 Mazurka Grab Disinfectant Residual (mg/L) 14  
 Sample Number: 2130108002 PWS ID 3590186  
 Sampling Date: 12/05/07 14:45  
 Date Received: 12/05/07 18:02

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88	U	EPA 552.1	0.88	12/13/07	8:00 PM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	4.4		EPA 552.1	0.68	12/13/07	8:00 PM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	1.8		EPA 552.1	0.20	12/13/07	8:00 PM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.60		EPA 552.1	0.28	12/13/07	8:00 PM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	9.6		EPA 552.1	0.18	12/13/07	8:00 PM	E96080
2456	Total Haloacetic Acids (HAAs)	[60]	ug/L	16.4		EPA 552.1	0.18	12/13/07	8:00 PM	E96080
2941	Chloroform	[N/A]	ug/L	11		EPA 524.2	0.25	12/12/07	2:31 AM	E96080
2942	Bromoform	[N/A]	ug/L	37		EPA 524.2	0.41	12/12/07	2:31 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	29		EPA 524.2	0.25	12/12/07	2:31 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	55		EPA 524.2	0.30	12/12/07	2:31 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	132		EPA 524.2	0.25	12/12/07	2:31 AM	E96080

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

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

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , are 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  
 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 34601  
 FDOH # E84418

Printed: 12/14/07



# 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: \_\_\_\_\_ PWS I.D. #: 0710070101

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## **SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_

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 Exceedance*  | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite 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 exceedances.

\*\* 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: 06/30/2008  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 12/5/07

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2130108003

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

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Inorganics    | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts    |
| <input type="checkbox"/> All 17        | <input type="checkbox"/> All 30             | <input type="checkbox"/> All 21            | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin  | <input type="checkbox"/> Partial           | <input type="checkbox"/> Haloacetic Acids           |
| <input type="checkbox"/> Nitrate       | <input type="checkbox"/> Partial            | <input type="checkbox"/> Radionuclides     | <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** | <input type="checkbox"/> Secondaries                |
|  |   |  | <input type="checkbox"/> All 14                     |
|  |   |  | <input 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: 14-Dec-07

\* 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 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM/HAA5  
 Sample Location: Trip Blank Disinfectant Residual (mg/L) \_\_\_\_\_  
 Sample Number: 2130108003 PWS ID \_\_\_\_\_  
 Sampling Date: \_\_\_\_\_  
 Date Received: 12/05/07 16:02

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2941	Chloroform	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	12/12/07	3:05 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	12/12/07	3:05 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	12/12/07	3:05 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30 U		EPA 524.2	0.30	12/12/07	3:05 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.25 U		EPA 524.2	0.25	12/12/07	3:05 AM	E96080

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

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

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are 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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418



Printed: 12/14/07



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

Public Water System Information (to be completed by sampler)

System Name: Onulwota PWS ID #: 3590186

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 7th St

City: Onulwota State: FL ZIP Code: 32766

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 48984DW2 Location Code (if known): 803 Mazurka

Sample Date: 3/24/07 Sample Time: 9:00  AM  PM (circle one)

Sample Location (be specific): 803 Mazurka

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: 7.7

Sample Type (check only one)	Sample Reason(s) (check all that apply)
<input checked="" type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)
<input type="checkbox"/> Entry Point (for Distribution)	<input checked="" type="checkbox"/> Quarterly (which quarter?) <u>3rd</u>
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Confirmation of MCL Exceedance *
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Special (not for compliance with 62-550)
<input checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Composite of Multiple Sites **
<input type="checkbox"/> Avg Residence Time	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Clearance (permitting)
	<input type="checkbox"/> Replacement (of invalidated sample)
	<input type="checkbox"/> Other: _____
	Sampling Procedure Used or Other Comments: _____

\* See 62-560.500(6) for requirements and restrictions.

\*\* See 62-560.550(2) for requirements and

NOTE: See 62-560.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

attach a results page for each site.

Sampler's Name: Bill Trendel  
 Sampler's Phone #: 407-509-8598 Sampler's Fax #: 407-339-7490  
 Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Bill Trendel Jr. facility operator  
 (Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150697  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 46984DW2

Report Number: 48984  
Date Sample Received: 08/24/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).



Signature:

Date: 08/29/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.  
\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Disinfection Byproducts: 82-550.310(3)    Lab ID: 46984DW2    PWS ID: Chuluota    Sample ID: 803 Mazurka

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	08/28/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	8.98		EPA552.2	2.00	08/28/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	4.96		EPA552.2	0.500	08/28/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	08/28/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	13.3		EPA552.2	0.500	08/28/07		E83018
2456	HAA5	80	ug/L	27.2		EPA552.2	0.500	08/28/07		E83018
2941	Chloroform	N/A	ug/L	14.8		EPA502.2	0.500	08/28/07		E83018
2942	Bromoform	N/A	ug/L	31.6		EPA502.2	0.500	08/28/07		E83018
2943	Bromodichloromethane	N/A	ug/L	31.6		EPA502.2	0.500	08/28/07		E83018
2944	Dibromochloromethane	N/A	ug/L	60.7		EPA502.2	0.500	08/28/07		E83018
2950	Total Trihalomethanes	80	ug/L	139		EPA502.2	0.500	08/28/07		E83018

Flowers Chemical Laboratories, Inc.  
481 Newburyport Ave.  
Altamonte Springs, FL 32701  
Bus: 407-339-5984  
Fax: 407-260-6110

Flowers Chemical Labs-South  
8253 South US Hwy. 1  
Port St. Lucie, FL 34952  
Bus: 772-343-8006  
Fax: 772-343-8089

Flowers Chemical Labs-North  
812 S.W. Harvey Greene Dr.  
Madison, FL 32340  
Bus: 850-973-6878  
Fax: 850-973-6878



www.flowerslabs.com

Client: Aqua Util. FL / Sem.  
Address: 140 Hope St.  
Longwood FL 32750  
Phone: 407-509-8398  
Sampled By (PRINT): Bill T.  
Sampler Signature: *[Signature]*  
Date Sampled: 8/24/07

Project Name: Chuluota  
Contact: Bill T.  
FCL Lab Coordinator  
Requested Due Date  
P.O. #

GW - ground water DW - drinking water WW - wastewater  
SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub>			
1	390 TR. Lanelle	8/24/07	0915	DW	46984 DW1						IITHM HAA5		
2	803 Mazurka	8/24/07	0900	DW	46984 DW2								
3												(062=15 ph=7.8)	3
4												(062=14 ph=7.7)	3
5													
6													
7													
8													
9													
10													

Retinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Retinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>[Signature]</i>	8/24/07	1530	<i>[Signature]</i>	8/24/07	1530						

*[Signature]* 8/24/07 1600

• WHITE - Original - To Be Returned  
• YELLOW - Duplicate

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 462-2400, Ext. 285 Fax: (772) 467-5884

Date issued: June 8, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota THM

[2128711]

Received: 5/18/07 14:56

Dear Brian Heath;

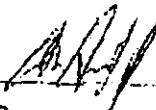
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

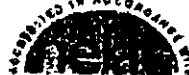
5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/8/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Fax: (772) 467-5284

**CERTIFICATE OF ANALYSIS**

[2128711]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota THM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128711001					Sampled: 05/18/07 13:00		Received: 05/18/07 14:56		
Sample ID: 390 Lk Lanelle Grab					Matrix: Water		Results reported on Wet Weight Basis		
Bromodichloromethane		34	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 0:39	WR	E96080
Bromoform		47	ug/L	0.41	EPA 524.2	VOC2796	05/31/07 0:39	WR	E96080
Chloroform		22	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 0:39	WR	E96080
Dibromochloromethane		75	ug/L	0.30	EPA 524.2	VOC2796	05/31/07 0:39	WR	E96080
Total THMs		400-178	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 0:39	WR	E96080
Laboratory ID: 2128711002					Sampled: 05/18/07 13:30		Received: 05/18/07 14:56		
Sample ID: 803 Mazurka Grab					Matrix: Water		Results reported on Wet Weight Basis		
Bromodichloromethane		29	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 1:13	WR	E96080
Bromoform		48	ug/L	0.41	EPA 524.2	VOC2796	05/31/07 1:13	WR	E96080
Chloroform		12	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 1:13	WR	E96080
Dibromochloromethane		67	ug/L	0.30	EPA 524.2	VOC2796	05/31/07 1:13	WR	E96080
Total THMs		180-156	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 1:13	WR	E96080
Laboratory ID: 2128711003					Sampled:		Received: 05/18/07 14:56		
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 1:48	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2796	05/31/07 1:48	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 1:48	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2796	05/31/07 1:48	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2796	05/31/07 1:48	WR	E96080

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

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: 6/8/07



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**Chain-of-Custody**

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

FD0H # E96080	FD0H # E85370
5600 U.S. 1 North Fort Pierce, FL 34946	307 Coolidge Avenue Lafayette, FL 33938
FD0H # E83509	FD0H # E84418
4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771	18331 Cortez Blvd. Brookville, FL 34601

Company: Aqua Utk. FL

Address: 140 HOPE ST.

LONGWOOD, FL. Zp: 32750

Phone: 339-5424 Fax: \_\_\_\_\_

Client Contact: BILL T.

Project Name: CHULUOTA

Sampled By: J. MCARTHY

Method(s) of Shipment: \_\_\_\_\_

e-mail: \_\_\_\_\_

Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_\_\_ Business Days  
 Requires Laboratory Approval



16.32 For Lab. Use Only  
 Temperature in Custody Seals \_\_\_\_\_ pH \_\_\_\_\_  
 Checked \_\_\_\_\_ Initial \_\_\_\_\_  
 LAB # 222511

PRESERVATIVE					
ANALYSES REQUESTED					

**Preservation Key**

H-Hydrochloric Acid	P-Phosphoric Acid
N-Nitric Acid	BT-Barium
S-Sulfuric Acid	T-Thiourea
BH-Sodium Hydroxide	U-Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	THM					COMMENTS
	DATE	TIME										
001	5/18	1300	G	BW	3	390 LK. LANELLE	X					pH 8.0 CL2 1.5
002	5/19	1330	G	DW	3	803 MAZURKA	X					pH 7.8 CL2
003					3	TRIP BLANKS	X					

Sample Type: G-Grab C-Composite Matrix: S-Solid SL-Sludge GW-Drinking Water DW-Ground Water SW-Surface Water WW-Wastewater M-Marine

Report Page 4 of 4	RELINQUISHED BY <u>Long McCarthy</u>	RELINQUISHED BY <u>R. de la Cruz</u>	RELINQUISHED BY _____
	DATE/TIME <u>5/18/07 1456</u>	DATE/TIME <u>5/21/07 1600</u>	DATE/TIME _____
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY _____	RECEIVED FOR HPLC CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>5/18/07 1456</u>	DATE/TIME _____	DATE/TIME <u>5/21/07 1000</u>

**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: Chuluota PWS I.D. #: 3590186  
 System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 118 E. 7th St

City: Chuluota State: FL ZIP Code: \_\_\_\_\_  
 Phone #: 910 407-339-5424 Fax #: 407-339-7490  
 E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_  
 Sample Date: 05/18/07 Sample Time: 1:00 PM  
 Sample Location (be specific): 390 Lk Lanelle Grab  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 8.0

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 checked="" 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.  
 Note: See 62-550.612(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: Terry McCarthy  
 Sampler's Phone #: 910 407-339-5424 Sampler's Fax #: 407-339-7490  
 Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Water Treat Oper.  
Print Name Print Title

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

Signature: Terry McCarthy Date: 6/13/07



**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: 5/18/07

PWS ID (From Page 1): 3590181a Sample Number (From Page 1): 001

Lab Assigned Report Number or Job ID: 2128711001

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 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           |  | <input type="checkbox"/> Bromate                    |
| <input type="checkbox"/> Nitrite       | <input type="checkbox"/> Dioxin Only       | <u>Radionuclides</u>                       | <input type="checkbox"/> Chlorite                   |
| <input type="checkbox"/> Asbestos Only |  | <input type="checkbox"/> Single Sample     | <u>Secondaries</u>                                  |
|  |  | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14                     |
|  |  |  | <input type="checkbox"/> Partial                    |

Were any analyses subcontracted? 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-Jun-07

\* 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) 462-3400, Ext. 255 Fax (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES**

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM  
 Sample Location: 390 Lk Lanelle Grab Disinfectant Residual (mg/L) 1.5  
 Sample Number: 2128711001 PWS ID 3590186  
 Sampling Date: 5/18/07 13:00  
 Date Received: 5/18/07 14:58

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	[NA]	ug/L	22		EPA 824.2	0.25	5/31/07	12:39 AM	E96080
2942	Bromoform	[NA]	ug/L	47		EPA 824.2	0.41	5/31/07	12:39 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	34		EPA 824.2	0.25	5/31/07	12:39 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	75		EPA 824.2	0.30	5/31/07	12:39 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	178		EPA 824.2	0.25	5/31/07	12:39 AM	E96080

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

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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code, Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? , \* , are 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.

2 US 1 North  
 Pierce, FL 34946  
 FH # E96080  
 Date: 8/8/07

4156 St. Johns Pkwy, Suite 1300  
 Sanford, FL 32771  
 FDOH # E83509



307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418

**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: Chuluota PWS I.D. #: 3590166

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Ave H / Brumley

City: Chuluota State: FL ZIP Code: 32750

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 002 Location Code (if known): \_\_\_\_\_

Sample Date: 05/18/07 Sample Time: 1:30 PM

Sample Location (be specific): 803 Mazurka Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 7.8

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 checked="" 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.  
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: Terry McCarthy

Sampler's Phone #: 407-339-5424 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Water Treat. Oper.  
Print Name Print Title

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

Signature: Terry McCarthy Date: 6/13/07

**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: 5/18/07

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 002

Lab Assigned Report Number or Job ID: 2128711002

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 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:

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-Jun-07

\* 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.**

3800 U.S. 1 North, Fort Pierce, FL 34946  
Phone (772) 467-4000, Ext. 285 Fax (772) 467-1584

**DISINFECTION BYPRODUCTS ANALYSES**

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM  
 Sample Location: 803 Mazurka Grab Disinfectant Residual (mg/L) 15  
 Sample Number: 2128711002 PWS ID 3590181e  
 Sampling Date: 5/18/07 13:30  
 Date Received: 5/18/07 14:56

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab #
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	-----------

2941	Chloroform	[NA]	ug/L	12		EPA 524.2	0.25	5/31/07	1:13 AM	E96080
2942	Bromoform	[NA]	ug/L	48		EPA 524.2	0.41	5/31/07	1:13 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	29		EPA 524.2	0.25	5/31/07	1:13 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	67		EPA 524.2	0.30	5/31/07	1:13 AM	E96080
2950	Total Trihalomethanes	[BD]	ug/L	156		EPA 524.2	0.25	5/31/07	1:13 AM	E96080

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

Reporting Format 82-650.730  
 Effective January 1993. Revised January 2007

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

3800 US 1 North  
 Ft Pierce, FL 34946  
 OH # E96080

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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418

dated: 8/8/07



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

Public Water System Information (to be completed by sampler)

System Name: Chuluota PWS ID #: 3590186

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 7th St

City: Chuluota State: FL ZIP Code: 32766  
Phone #: 352-787-0980 / 407-339-5424 Fax #: 352-787-6233 / 407-339-7490  
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 46984DW1 Location Code (if known): 390 Lk. Lanelle  
Sample Date: 8/2/10 Sample Time: 9:15  AM  PM (circle one)  
Sample Location (be specific): 390 Lk Lanelle  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 7.8

Sample Type (check only one)

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

Sample Reason(s) (check all that apply)

- Routine Compliance (with 62-550)  Quarterly (which quarter?) 3rd  
 Confirmation of MCL Exceedance \*  Special (not for compliance with 62-550)  
 Composite of Multiple Sites \*\*  Violation Resolution  
 Clearance (permitting)  Replacement (of invalidated sample)  
 Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\* See 62-550.550(6) for requirements and restrictions.

\*\* See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrite MCL exceedances.

attach a results page for each site.

Sampler's Name: Bill Trendel  
Sampler's Phone #: 407-509-8398 Sampler's Fax #: 407-339-7490  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Bill Trendel facility (sr) operator  
(Print Name) (Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 46984DW1

Report Number: 46984  
Date Sample Received: 08/24/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).



Signature:

Date: 08/29/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.  
\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reasons:  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Disinfection Byproducts: 82-550.310(3)    Lab ID: 48984DW1    PWS ID: Chuluots    Sample ID: 390 Lk. Lanelle

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	08/28/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	8.80		EPA552.2	2.00	08/28/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	5.54		EPA552.2	0.500	08/28/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	08/28/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	14.1		EPA552.2	0.500	08/28/07		E83018
2456	HAA5	80	ug/L	28.4		EPA552.2	0.500	08/28/07		E83018
2941	Chloroform	N/A	ug/L	13.6		EPA502.2	0.500	08/28/07		E83018
2942	Bromoform	N/A	ug/L	29.1		EPA502.2	0.500	08/28/07		E83018
2943	Bromodichloromethane	N/A	ug/L	30.2		EPA502.2	0.500	08/28/07		E83018
2944	Dibromochloromethane	N/A	ug/L	59.0		EPA502.2	0.500	08/28/07		E83018
2950	Total Trihalomethanes	80	ug/L	132		EPA502.2	0.500	08/28/07		E83018



**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: February 28, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota THM

[2127883]

Received: 2/08/07 13:13

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 485-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/28/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota THM  
Received: 2/08/07 13:13

[2127883]

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

HBEL Sample

**Method Narratives (If Applicable)**

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

**Quality Control Summary**

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

Analytical Issue

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/28/07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 235 Fax (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2127883]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota THM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2127883001</b>					<b>Sampled: 02/08/07 11:30</b>		<b>Received: 02/08/07 13:13</b>			
<b>Sample ID: 390 Lk Lanelle Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		35	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 20:53	WR	E96080
Bromoform		44	ug/L	0.41	EPA 524.2	VOC2759		02/19/07 20:53	WR	E96080
Chloroform		17	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 20:53	WR	E96080
Dibromochloromethane		71	ug/L	0.30	EPA 524.2	VOC2759		02/19/07 20:53	WR	E96080
Total THMs		170	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 20:53	WR	E96080
<b>Laboratory ID: 2127883002</b>					<b>Sampled: 02/08/07 12:00</b>		<b>Received: 02/08/07 13:13</b>			
<b>Sample ID: 803 Mazurka Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		33	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 21:26	WR	E96080
Bromoform		44	ug/L	0.41	EPA 524.2	VOC2759		02/19/07 21:26	WR	E96080
Chloroform		11	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 21:26	WR	E96080
Dibromochloromethane		68	ug/L	0.30	EPA 524.2	VOC2759		02/19/07 21:26	WR	E96080
Total THMs		160	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 21:26	WR	E96080
<b>Laboratory ID: 2127883003</b>					<b>Sampled:</b>		<b>Received: 02/08/07 13:13</b>			
<b>Sample ID: Trip Blank</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 22:00	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2759		02/19/07 22:00	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2759		02/19/07 22:00	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2759		02/19/07 22:00	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2759		02/18/07 22:00	WR	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 2/28/07



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

## Chain-of-Custody

and  
 Agreement to Perform Services

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

Laboratory not responsible for omitted information

FD0H # E96080 307 Coolidge Avenue  
 5600 U.S. 1 North Fort Pierce, FL 34946  
 Lehigh Acres, FL 33936

FD0H # E83509 4155 St. Johns Pkwy.  
 Suite 1300 Sanford, FL 32771

FD0H # E85370 307 Coolidge Avenue  
 Lehigh Acres, FL 33936

FD0H # E84418 16331 Cortez Blvd.  
 Brooksville, FL 34801

Company: Aqua Util FL.

Address: 140 HOPE ST

LONGWOOD FL. Zip: 32750

Phone: 407-839-5424 Fax: \_\_\_\_\_

Client Contact: BILL T.

Project Name: CHULUOTA

Sampled By: JEFF MCCAETHY

Method(s) of Shipment: \_\_\_\_\_

e-mail: \_\_\_\_\_

Standard Laboratory Turn Around Time \_\_\_\_\_

Or \_\_\_\_\_

Rush in \_\_\_\_\_ Business Days  
 Requires Laboratory Approval



For Lab Use Only

Temperature Checked  Custody Seal Intact

LAB # 222053

PRESERVATIVE		ANALYSES REQUESTED	

Preservation Key

H-Hydrochloric Acid P-Phosphoric Acid  
 N-Nitric Acid ST-Sodium  
 S-Sulfuric Acid Thioacetate  
 SH-Sodium Hydroxide U-Unpreserved

COMMENTS

CL2 1.3 pH 8.3  
 CL2 1.5 pH 8.1

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	T	H	M
	DATE	TIME							
001	2/8/07	1130	G	DW	3	390 LK. LABELLE	X		
002	2/8/07	1200	G	DW	3	803 MAZURKA	X		
003					3	Try Blanks added by J.M. 2-8-07	✓		

\* 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	RELINQUISHED BY <u>Jeff McCaethy</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>2/8/07 1245</u>	DATE/TIME <u>2-8-07 1313</u>	DATE/TIME <u>2-8-07 1400</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>2-8-07 1255</u>	DATE/TIME <u>2-8-07 1313</u>	DATE/TIME <u>2-8-07 1405</u>

**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: Chuluota PWS I.D. #: 3840184

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E 7th Street

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_

Sample Date: 02/08/07 Sample Time: 11:30 AM

Sample Location (be specific): 390 Lk Lanelle Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: 8.3

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 checked="" type="checkbox"/> Quarterly (which Qtr? <u>1st</u> ) |
| <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.  
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: Terry McCarthy

Sampler's Phone #: 407-339-5424 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Print Name, Water Treat. Oper. Print Title

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

Signature: Terry McCarthy Date: 3/5/07

## 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: 2/8/07  
 PWS ID (From Page 1): 3590186 Sample Number (From Page 1): CC1  
 Lab Assigned Report Number or Job ID: 2127883001

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 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           | <input type="checkbox"/> Radionuclides     | <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: \_\_\_\_\_

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: 28-Feb-07

\* 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) 465-2400, Ext. 285 Fax: (772) 467-584

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM  
 Sample Location: 390 Lk Lanelle Grab Disinfectant Residual (mg/L) 1.3  
 Sample Number: 2127883001 PWS ID 3590181  
 Sampling Date: 2/08/07 11:30  
 Date Received: 2/08/07 13:13

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	[N/A]	ug/L	17		EPA 524.2	0.25	2/19/07	8:53 PM	E96080
2942	Bromoform	[N/A]	ug/L	44		EPA 524.2	0.41	2/19/07	8:53 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	35		EPA 524.2	0.25	2/19/07	8:53 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	71		EPA 524.2	0.30	2/19/07	8:53 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	167		EPA 524.2	0.25	2/19/07	8:53 PM	E96080

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

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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are 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.

5500 US 1 North  
Fort Pierce, FL 34946  
DOH # E96080  
dated: 2/28/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

**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: Chuluota PWS I.D. #: 359C186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E. 7th Street

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: CC2 Location Code (if known): \_\_\_\_\_

Sample Date: 02/08/07 Sample Time: 12:00 PM

Sample Location (be specific): 803 Mazurka Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 8.1

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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>1st</u> ) |
| <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.  
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: Terry McCarthy

Sampler's Phone #: 407-339-5424 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Print Name Water Treat Oper. Print Title

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

Signature: Terry McCarthy Date: 3/5/07



## 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: 2/8/07  
 PWS ID (From Page 1): 354C181c Sample Number (From Page 1): 002  
 Lab Assigned Report Number or Job ID: 2127883002

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 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           |  | <input type="checkbox"/> Bromate                    |
| <input type="checkbox"/> Nitrite       | <input type="checkbox"/> Dioxin Only       | <u>Radionuclides</u>                       | <input type="checkbox"/> Chlorite                   |
| <input type="checkbox"/> Asbestos Only |  | <input type="checkbox"/> Single Sample     | <u>Secondaries</u>                                  |
|  |  | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14                     |
|  |  |  | <input type="checkbox"/> Partial                    |

Were any analyses subcontracted? 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: 28-Feb-07

\* 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) 465-2400, Ext. 285 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM  
 Sample Location: 803 Mazurka Grab Disinfectant Residual (mg/L) 1.5  
 Sample Number: 2127883002 PWS ID 3590186  
 Sampling Date: 2/08/07 12:00  
 Date Received: 2/08/07 13:13

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	----------------

2941	Chloroform	[NA]	ug/L	11		EPA 524.2	0.25	2/19/07	9:26 PM	E96080
2942	Bromoform	[NA]	ug/L	44		EPA 524.2	0.41	2/19/07	9:26 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	33		EPA 524.2	0.25	2/19/07	9:26 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	68		EPA 524.2	0.30	2/19/07	9:26 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	156		EPA 524.2	0.25	2/19/07	9:26 PM	E96080

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

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

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

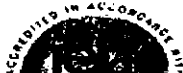
500 US 1 North  
 Fort Pierce, FL 34946  
 DOH # E96080

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 34601  
 FDOH # E84418

Printed: 2/28/07





# 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: 2/8/07

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2127883003

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 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: \_\_\_\_\_  
 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: 28-Feb-07

\* 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) 465-2400, Ext. 285 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota THM  
 Sample Location: Trip Blank Disinfectant Residual (mg/L) \_\_\_\_\_  
 Sample Number: 2127883003 PWS ID \_\_\_\_\_  
 Sampling Date: \_\_\_\_\_  
 Date Received: 2/08/07 13:13

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 524.2	0.25	2/19/07	10:00 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	2/19/07	10:00 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 524.2	0.25	2/19/07	10:00 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	2/19/07	10:00 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.25 U		EPA 524.2	0.25	2/19/07	10:00 PM	E96080

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

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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are 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  
 DOH # E96080  
 Printed: 2/28/07

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



307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418

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

Public Water System Information (to be completed by sampler)

System Name: Chuluota #1 PWS ID #: 3590186

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 118 Main St

City: Chuluota State: FL ZIP Code: 32766  
Phone #: 352-787-0980 Fax #: 352-787-6333  
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 32124DW1 Location Code (if known): P.O.E PLANT #1  
Sample Date: 4/11/07 Sample Time: 10:00  AM  PM (circle one)  
Sample Location (be specific): POE  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

<u>Sample Type (check only one)</u>		<u>Sample Reason(s) (check all that apply)</u>	
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____	
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<input type="checkbox"/> Special (not for compliance with 62-550)	
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite 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"/> Avg 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 nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: Bill Trendel  
Sampler's Phone #: 407-509-8398 Sampler's Fax #: 407-339-7490  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Bill Trendel Sr. facility operator  
(Print Name) (Print Title)

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

Signature: Bill Trendel Date: 6/19/07

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

**Laboratory Certification Information (to be completed by lab)**

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2007  
Phone #: 407-339-5984

**Analysis Information (to be completed by lab)**  
Sample Number: 32124DW1

Report Number: 32124  
Date Sample Received: 01/11/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).



Signature:

Date: 01/16/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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
- Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)
- Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory
- Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Secondary Contaminants: 62-550.320    Lab ID: 32124DW1    PWS ID: 3590186    Sample ID: P.O.E PLANT #1

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/12/07	09:15 AM	E83018



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

Public Water System Information (to be completed by sampler)

System Name: Chuluota #2 PWS ID #: 3590180

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: \_\_\_\_\_

City: Chuluota State: FL ZIP Code: 32716

Phone #: 352-787-0980 Fax #: 352-787-6233

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 32124DW2 Location Code (if known): P.O.E PLANT #2

Sample Date: 1/11/07 Sample Time: 10:10  AM  PM (circle one)

Sample Location (be specific): \_\_\_\_\_

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (check only one) Sample Reason(s) (check all that apply)

<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite 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"/> Avg 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 nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and  
attach a results page for each site.

Sampler's Name: Bill Trendel  
Sampler's Phone #: 407-509-8398 Sampler's Fax #: 407-339-7490  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Bill Trendel Sr. facility operator  
(Print Name) (Print Title)

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

Signature: Bill Trendel Date: 6/19/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: EB3018  
Certification Expiration Date: 6/30/2007  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 32124DW2

Report Number: 32124  
Date Sample Received: 01/11/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).



Signature:

Date: 01/18/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and locations for each quarter.

**Compliance Determination** (to be completed by DEP or DOH)

- |  |  |
|--|--|
| Sample Collection Info Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No | Sample Analysis Info Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Resample Requested (circle or highlight groups above)               | <input type="checkbox"/> Revised Report Requested (circle or highlight groups above)       |
| Reason(s): <input type="checkbox"/> Incomplete Report  | <input type="checkbox"/> Location Unsatisfactory   |
| <input type="checkbox"/> Missing Analyte Sheet(s)  | <input type="checkbox"/> Analysis Unsatisfactory   |
| <input type="checkbox"/> Other _____   |  |

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Secondary Contaminants: 62-550.320 Lab ID: 32124DW2 PWS ID: 3590186 Sample ID: P.O.E PLANT #2

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/12/07	09:15 AM	E83018



Flowers Chemical Laboratories, Inc.  
481 Newburyport Ave.  
Altamonte Springs, FL 32701  
Bus: 407-339-5984  
Fax: 407-260-6110

Flowers Chemical Labs-South  
8253 South US Hwy. 1  
Port St. Lucie, FL 34952  
Bus: 772-343-8006  
Fax: 772-343-8089

Flowers Chemical Labs-North  
812 S.W. Harvey Greene Dr.  
Madison, FL 32340  
Bus: 850-873-6878  
Fax: 850-973-8878

www.flowerslabs.com

Client: Apud Util. FL  
Address: 140 Hope St.  
Longwood FL 32750  
Phone: 407 339 5424  
Sampled By (PRINT): \_\_\_\_\_

Public Water System Name: Chuluota WTP 1 E 2  
PWS ID: 3590186  
FCL Lab Coordinator: \_\_\_\_\_  
Public Water System Type:  Limited Use Commercial / Public  
 Community  Non-Community  Non-transient / Non-Community

COMMENTS: BETR model @ Aquameter . Com

DRINKING WATER - Chain of Custody F.A.C. 62 - 550					PRESERVATIVES														Field #	C <sub>u</sub> Bar		
ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NOVE	NOH	NO <sub>2</sub>	NO <sub>3</sub>	NO <sub>3</sub> -N	NO <sub>3</sub> -P	NO <sub>3</sub> -O <sub>3</sub>	Primary Inorg. Substances	NO <sub>2</sub>	NO <sub>3</sub>	NO <sub>3</sub> -N	NO <sub>3</sub> -P	NO <sub>3</sub> -O <sub>3</sub>	GA / RUCS / RUCS			Residuals	Odor
1	P.O.E plant #1	11/07	1000	32124DW1																	X	
2	P.O.E plant #2	11/07	1010	32124DW2																	X	
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Requisitioned By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Requisitioned By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>Al Brand</u>	<u>11/07</u>	<u>3:40 p</u>							<u>Chad Allen</u>	<u>11/07</u>	<u>3:40 p</u>

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

PDW 02-04

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

Public Water System Information (to be completed by sampler)

System Name: Onwuda PWS ID #: 3590180

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 7th St

City: Onwuda State: FL ZIP Code: 32766

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

Sample Information (to be completed by sampler)

Sample Number: 32124DW1 Location Code (if known): P.O.E PLANT #1

Sample Date: January 11, 2007 Sample Time: 10:00  AM  PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (check only one)	Sample Reason(s) (check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (which quarter?) _____
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Composite of Multiple Sites **
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Avg Residence Time	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Replacement (of invalidated sample)
	<input checked="" type="checkbox"/> Other: <u>Re-Samples</u>
	Sampling Procedure Used or Other Comments: _____

\* See 62-550.500(6) for requirements and restrictions.

\*\* See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrite MCL exceedances.

attach a results page for each site.

Sampler's Name: William Trendel  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: NA

Certification (to be completed by sampler)

William Trendel, Senior facility operator  
(Print Name) (Print Title)

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

Signature: William Trendel Date: 1/24/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2007  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 32124DW1

Report Number: 32124  
Date Sample Received: 01/11/07

Group(s) analyzed and results attached for compliance with Chapter 62-560, F.A.C. (check all that apply)


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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 01/16/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_  
Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Secondary Contaminants: 62-550.320    Lab ID: 321240W1    PWS ID: 3590186    Sample ID: P.O.E PLANT #1

<u>Contam ID</u>	<u>Contam Name</u>	<u>MCL</u>	<u>Units</u>	<u>Analysis Result</u>	<u>Qualifier</u>	<u>Analytical Method</u>	<u>Lab MDL</u>	<u>Analysis Date</u>	<u>Analysis Time</u>	<u>DOH Lab Cert #</u>
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/12/07	09:15 AM	E83018

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

Public Water System Information (to be completed by sampler)

System Name: Chuluota PWS ID #: 3590186

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 7th St

City: Chuluota State: FL ZIP Code: 32716

Phone #: 352-787-0480 Fax #: 352-787-6333

E-Mail Address: NA

Sample Information (to be completed by sampler)

Sample Number: 32040DW2 Location Code (if known): WTP #2 POE

Sample Date: January 10, 2008 Sample Time: 3:00 AM  PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 3.4 mg/L Field pH: 8.1

Sample Type (check only one)

- Distribution
- Entry Point (for Distribution)
- Plant Tap (not for compliance with 82-550)
- Raw (at well or intake)
- Max Residence Time
- Avg Residence Time
- Near First Customer

Sample Reason(s) (check all that apply)

- Routine Compliance (with 82-550)
- Confirmation of MCL Exceedance \*
- Composite of Multiple Sites \*\*
- Clearance (permitting)
- Other: Re-samples
- Quarterly (which quarter?) \_\_\_\_\_
- Special (not for compliance with 82-550)
- Violation Resolution
- Replacement (of invalidated sample)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\* See 82-550.500(8) for requirements and restrictions.

\*\* See 82-550.550(2) for requirements and

NOTE: See 82-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

attach a results page for each site.

Sampler's Name: Jerry McCarthy

Sampler's Phone #: 352-787-0480 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: NA

Certification (to be completed by sampler)

Jerry McCarthy (Print Name) facility operator (Print Title)

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

Signature: Jerry McCarthy Date: 1/24/08



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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150587  
Altamonte Springs, FL 32715-0597

Florida Certification #: EB3018  
Certification Expiration Date: 6/30/2007  
Phone #: 407-339-5984

Analysis Information (to be completed by lab)  
Sample Number: 32040DW2

Report Number: 32040  
Date Sample Received: 01/10/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos

Volatile Organics

- All 21  Partial

Synthetic Organics

- All 30  Partial

Radionuclides

- Single Sample  
 Otrly Composite\*\*

Secondaries

- All 14  Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Bromate  
 Chlorite

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 01/16/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

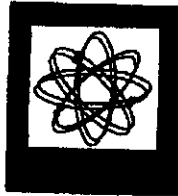
Florida Department of Environmental Protection  
 Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320    Lab ID: 32040DW2    PWS ID: 3590186    Sample ID: WTP #2 POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/11/07	11:00 AM	E83018

# FLOWERS

## CHEMICAL LABORATORIES INCORPORATED



**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32308  
 Bus: 850-973-6888  
 Fax: 850-973-6878

www.flowerslabs.com

Client: AQUA UTIL. FLA.  
 Address: 140 HOPE ST  
LONGWOOD, FL. 32750  
 Phone: 407-339-5424

Public Water System Name: CHALUOTA # 335  
 PWS ID#: 3590186  
 FCL Lab Coordinator: \_\_\_\_\_  
 P.O. #: \_\_\_\_\_  
 Kit #: \_\_\_\_\_

Sampled By (PRINT): TERRY MCCARTHY  
 Sampler Signature: Terry McCarthy  
 Date Sampled: 1/10/07

Public Water System Type:  Limited Use Commercial / Public  
 Community  Non-Community  Non-transient / Non-Community

COMMENTS: \_\_\_\_\_

**DRINKING WATER - Chain of Custody F.A.C. 62 - 550**

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES						Primary Inorg.	Secondary	VOCs	SOCs	NO <sub>2</sub> /NO <sub>3</sub>	TTHM	THAA	Pb/Cu	GA/PA/228/228a	Asbestos	ODOR	Field pH	Field Cl <sub>2</sub> Res
						NONE	NaOH	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>														

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	NONE	NaOH	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Primary Inorg.	Secondary	VOCs	SOCs	NO <sub>2</sub> /NO <sub>3</sub>	TTHM	THAA	Pb/Cu	GA/PA/228/228a	Asbestos	ODOR	Field pH	Field Cl <sub>2</sub> Res
1	WTP # 1 POE	1/10/07	1420	32040DW1																	X	8.1	1.7
2	WTP # 2 POE	1/10/07	1500	32040DW2																	X	8.1	3.4
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>Terry McCarthy</u>	<u>1/10/07</u>	<u>1545</u>									
									<u>[Signature]</u>	<u>1/10/07</u>	<u>1545</u>

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

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

Public Water System Information (to be completed by sampler)

System Name: Chuluota PWS ID #: 3590186

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 7th St

City: Chuluota State: FL ZIP Code: 32716

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 32124DW2 Location Code (if known): P.O.E PLANT #1

Sample Date: January 11, 2007 Sample Time: 10:10  AM  PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite 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 checked="" type="checkbox"/> Other: <u>Re-samples</u>	
<input type="checkbox"/> Avg 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(2) for requirements and attach a results page for each site.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: William Trendel  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

I, William Trendel Senior facility operator  
(Print Name) (Print Title)

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

Signature: William Trendel Date: 1/11/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2007  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 32124DW2

Report Number: 32124  
Date Sample Received: 01/11/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 01/16/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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
- Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)
- Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory
- Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Secondary Contaminants: 62-650.320    Lab ID: 32124DW2    PWS ID: 3590186    Sample ID: P.O.E PLANT #1

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/12/07	09:15 AM	E83018



Flowers Chemical Laboratories, Inc.  
481 Newburyport Ave.  
Altamonte Springs, FL 32701  
Bus: 407-339-5984  
Fax: 407-260-6110

Flowers Chemical Labs-South  
8253 South US Hwy. 1  
Port St. Lucie, FL 34952  
Bus: 772-343-8006  
Fax: 772-343-8089

Flowers Chemical Labs-North  
812 S.W. Harvey Greene Dr.  
Madison, FL 32909  
Bus: 850-973-8878  
Fax: 850-973-8878

www.flowerslabs.com

Client: Aqua Ut. I. FL Public Water System Name: Chuluota WTP 1 E 2  
 Address: 140 Hope St. PWS ID#: 3590186 P.O. #  
Longwood FL 32750 FCL Lab Coordinator: Kit #  
 Phone: 407 339 5424 Public Water System Type:  Limited Use Commercial / Public  
 Samples By (PRINT): Bill Trendel  Community  Non-Community  Non-transient / Non-Community  
 Sampler Signature: \_\_\_\_\_ Date Sampled: \_\_\_\_\_ COMMENTS: BETrendel@AquaUt.com

DRINKING WATER - Chain of Custody F.A.C. 62 - 550					PRESERVATIVES																		
ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	NOI	NOH	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Primary Inorg.	Secondary	VOCs	SO <sub>4</sub>	NO <sub>2</sub> /NO <sub>3</sub>	TRIM	THAA	Pb/Cu	GA / PA228 / PA229	Asbestos	odor	Field pH	Cl <sub>2</sub> Res
						NONE																	
1	P.O.E plant#	1.11.07	1000	32124DW1																	X		
2	POE plant#	1.11.07	1010	✓ DW2																	X		
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>Al Branch</u>	<u>1.11.07</u>	<u>3:40 P</u>							<u>Cheryl A...</u>	<u>1-11-07</u>	<u>3:40 PM</u>

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

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

Public Water System Information (to be completed by sampler)

System Name: Onuluta PWS ID #: 3590180

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 7th St

City: Onuluta State: FL ZIP Code: 32766

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

Sample Information (to be completed by sampler)

Sample Number: 31936DW1 Location Code (if known): WTP#1 POE

Sample Date: January 9 2007 Sample Time: 1:30 AM  PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.7 mg/L Field pH: 8.1

<u>Sample Type (check only one)</u>		<u>Sample Reason(s) (check all that apply)</u>	
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____	
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<input type="checkbox"/> Special (not for compliance with 62-550)	
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite 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 checked="" type="checkbox"/> Other: <u>Re-samples</u>		
<input type="checkbox"/> Avg 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(2) for requirements and attach a results page for each site.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: Terry McCarthy  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: NA

Certification (to be completed by sampler)

Terry McCarthy (Print Name) facility operator (Print Title)

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

Signature: Terry McCarthy Date: 1/24/07



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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 8/30/2007  
Phone #: 407-339-5984

Analysis Information (to be completed by lab)  
Sample Number: 31936DW1

Report Number: 31936  
Date Sample Received: 01/08/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos

Volatile Organics

- All 21  Partial

Synthetic Organics

- All 30  Partial

Radionuclides

- Single Sample  
 Qtrly Composite\*\*

Secondaries

- All 14  Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Bromate  
 Chlorite

Were any analyses subcontracted?  Yes  No

(if yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 01/16/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.  
\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Secondary Contaminants: 62-550.320    Lab ID: 31936DW1    PWS ID: 3590186    Sample ID: WTP#1 POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/10/07	10:30 AM	E83018

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

Public Water System Information (to be completed by sampler)

System Name: Chuluota PWS ID #: 3590186

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 7th St

City: Chuluota State: FL ZIP Code: 32766

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 31936DW2 Location Code (if known): WTP #2 POE

Sample Date: January 9, 2007 Sample Time: 2:00 AM  PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 3.8 mg/L Field pH: 8.2

<p>Sample Type (check only one)</p> <p><input type="checkbox"/> Distribution</p> <p><input checked="" type="checkbox"/> Entry Point (for Distribution)</p> <p><input type="checkbox"/> Plant Tap (not for compliance with 62-550)</p> <p><input type="checkbox"/> Raw (at well or intake)</p> <p><input type="checkbox"/> Max Residence Time</p> <p><input type="checkbox"/> Avg Residence Time</p> <p><input type="checkbox"/> Near First Customer</p>	<p>Sample Reason(s) (check all that apply)</p> <p><input checked="" type="checkbox"/> Routine Compliance (with 62-550)</p> <p><input type="checkbox"/> Confirmation of MCL Exceedance *</p> <p><input type="checkbox"/> Composite of Multiple Sites **</p> <p><input type="checkbox"/> Clearance (permitting)</p> <p><input type="checkbox"/> Other: <u>Re-samples</u></p> <p>Sampling Procedure Used or Other Comments: _____</p>	<p><input type="checkbox"/> Quarterly (which quarter?) _____</p> <p><input type="checkbox"/> Special (not for compliance with 62-550)</p> <p><input type="checkbox"/> Violation Resolution</p> <p><input type="checkbox"/> Replacement (of invalidated sample)</p>
---	--	--

\* See 62-550.500(6) for requirements and restrictions.  
NOTE: See 62-550.612(3) for additional requirements for nitrate or nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: Terry McCarthy  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

I, Terry McCarthy (Print Name) facility operator (Print Title)

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

Signature: Terry McCarthy Date: 1/24/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 8/30/2007  
Phone #: 407-339-5984

Analysis Information (to be completed by lab)  
Sample Number: 31936DW2

Report Number: 31936  
Date Sample Received: 01/09/07

Group(s) analyzed and results attached for compliance with Chapter 82-550, F.A.C. (check all that apply)

Inorganics

All 17

Partial

Nitrate

Nitrite

Asbestos

Volatile Organics

All 21  Partial

Synthetic Organics

All 30  Partial

Radionuclides

Single Sample

Qtrly Composite\*\*

All 14  Partial

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

Bromate

Chlorite

Secondaries

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 01/16/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

\*\* Please provide radiochemical sample dates and 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

Resample Requested (circle or highlight groups above)

Revised Report Requested (circle or highlight groups above)

Reason(s):  Incomplete Report

Location Unsatisfactory

Analysis Unsatisfactory

Missing Analyte Sheet(s)

Other \_\_\_\_\_

Person Notified: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

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

Secondary Contaminants: 62-550.320    Lab ID: 31938DW2    PWS ID: 3590186    Sample ID: WTP #2 POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MOL	Analysis Date	Analysis Time	DOH Lab Cart #
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/10/07	10:30 AM	E83018



Flowers Chemical Laboratories, Inc.  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

Flowers Chemical Labs-South  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

Flowers Chemical Labs-North  
 812 S.W. Harvey Dr.  
 Madison, FL 32340  
 Bus: 850-973-6876  
 Fax: 850-973-6878

www.flowerslabs.com

NEW # 7010

Client: Aqua Util FLA.  
 Address: 140 HOPE ST.  
LONGWOOD, FL. 32750  
 Phone: 407-339-5424

Public Water System Name: CHULUOTA # 335  
 PWS ID#: 3590186  
 FCL Lab Coordinator: \_\_\_\_\_  
 P.O. #: \_\_\_\_\_  
 Kit #: \_\_\_\_\_

Sampled By (PRINT): TERRY MCCARTHY  
 Sampler Signature: [Signature]  
 Date Sampled: 1/9/07

Public Water System Type:  Limited Use Commercial / Public  
 Community  Non-Community  Non-transient / Non-Community

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES						Primary Inorg.	Secondary Inorg.	VOCs	SOCs	NO <sub>3</sub> /NO <sub>2</sub>	THM	THM4	Pb/Cu	GA / Bacteria / P228	Asbestos	ODOR	Field pH	Field Cl <sub>2</sub> Res
						NONE	NaOH	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>														
1	WTP# 1 POE	1/9/07	1330	31936Dw1																				
2	WTP# 2 POE	1/9/07	1400	31936Dw2																	X		8.1	1.7
3																					X		8.2	3.8
4																								
5																								
6																								
7																								
8																								
9																								
10																								

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>[Signature]</u>	<u>1/9/07</u>	<u>1415</u>									

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

[Signature] 1/9/07 1515

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

Public Water System Information (to be completed by sampler)

System Name: Onwluota PWS ID #: 3590186

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 118 7th St

City: Onwluota State: FL ZIP Code: 32076  
Phone #: 352-787-0980 Fax #: 352-787-6333  
E-Mail Address: n/a

Sample Information (to be completed by sampler)

Sample Number: 32040DW1 Location Code (if known): WTP#1 POE  
Sample Date: January 10, 2007 Sample Time: 2:20 AM  PM (circle one)  
Sample Location (be specific): POE  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.7 mg/L Field pH: 8.1

<p>Sample Type (check only one)</p> <input type="checkbox"/> Distribution <input checked="" type="checkbox"/> Entry Point (for Distribution) <input type="checkbox"/> Plant Tap (not for compliance with 62-550) <input type="checkbox"/> Raw (at well or intake) <input type="checkbox"/> Max Residence Time <input type="checkbox"/> Avg Residence Time <input type="checkbox"/> Near First Customer	<p>Sample Reason(s) (check all that apply)</p> <input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (which quarter?) _____ <input type="checkbox"/> Confirmation of MCL Exceedance * <input type="checkbox"/> Special (not for compliance with 62-550) <input type="checkbox"/> Composite of Multiple Sites ** <input type="checkbox"/> Violation Resolution <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of invalidated sample) <input checked="" type="checkbox"/> Other: <u>Re-samples</u> Sampling Procedure Used or Other Comments: _____
--	---

\* See 62-550.500(8) for requirements and restrictions. \*\* See 62-550.550(2) for requirements and attach a results page for each site.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: Terry McCarthy  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: n/a

Certification (to be completed by sampler)

Terry McCarthy (Print Name) facility operator (Print Title)

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

Signature: Terry McCarthy Date: 1/24/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2007  
Phone #: 407-338-5884

Analysis Information (to be completed by lab)  
Sample Number: 32040DW1

Report Number: 32040  
Date Sample Received: 01/10/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos

Volatile Organics

- All 21  Partial

Synthetic Organics

- All 30  Partial

Radionuclides

- Single Sample  
 Qtrly Composite\*\*

Secondaries

- All 14  Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Bromate  
 Chlorite

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 01/16/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_



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

Secondary Contaminants: 62-550.320    Lab ID: 32040DW1    PWS ID: 3590186    Sample ID: WTP#1 POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	1.00	U	SM2150B	1.00	01/11/07	11:00 AM	E83018

**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: December 12, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota DW THM/HAA5

[2127340]

Received: 11/16/06 15:00

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

5600 US 1 North  
Fort Pierce, FL 34946

FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771

FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936

FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601

FDOH # E84418

Printed: 12/12/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**  
5600 US 1 North, Fort Pierce, FL 34946  
Phone (772) 467-5600, Ext. 225 Fax (772) 467-5584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Chuluota DW THM/HAA5  
**Received:** 11/16/06 15:00

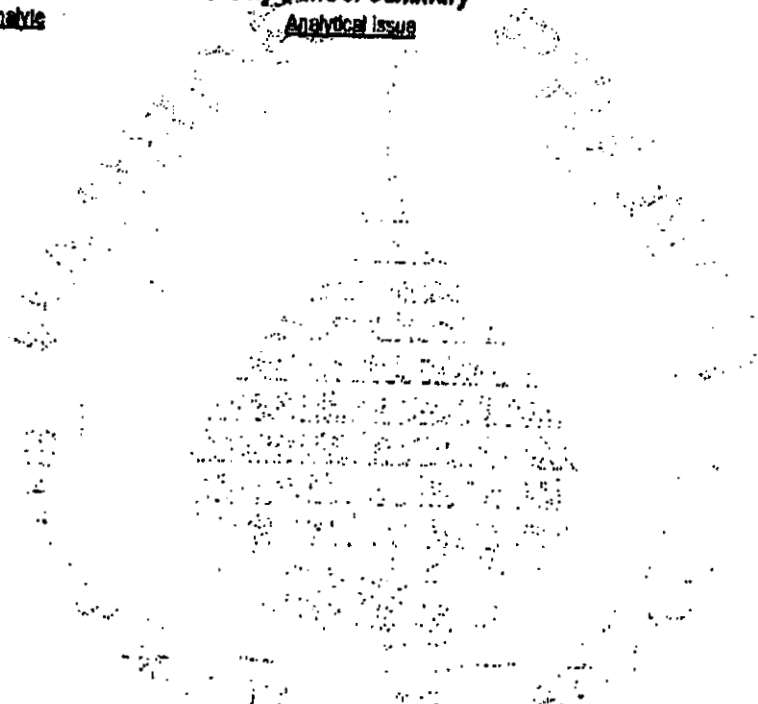
[2127340]

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

HBEL Sample		Method Narratives (if Applicable)	
Number	Sample ID	Analytical Method	Description

Method HBEL Batch Analytic

**Quality Control Summary**  
Analytical Issue



5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 12/12/06

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E88370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**  
5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-5584

**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  
FDCH # E86080  
5600 U.S. 1 North  
Fort Pierce, FL 34946  
FDCH # E83509  
4155 St. Johns Flory,  
Suite 1300  
Sanford, FL 32771  
FDCH # E85370  
307 Coadidge Avenue  
Lehigh Acres, FL 33936  
FDCH # E84418  
16331 Cortez Blvd.  
Brookville, FL 34801



Company: A.U.F.  
Address: 140 HOPE ST.  
LONGWOOD FL. Zip: 32750  
Phone: 407-339-5424 Fax: \_\_\_\_\_  
Client Contact: BILL T  
Project Name: CHULUOTA  
Sampled By: T. MCCARTHY

Method(s) of Shipment: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
**Standard Laboratory  
Turn Around Time**  
Or  
Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval

Temperature Checked		Custody Seals Intact		pH Checked		LAB # <u>2172940</u>	
<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							
ANALYSES REQUESTED							
						<b>Preservation Key</b> H-Hydrochloric Acid      P-Phosphoric Acid N-Nitric Acid              BT-Bottling S-Sulfuric Acid              T-Thiosulfate SH-Sodium Hydroxide      U-Unpreserved	
<u>A</u>	<u>D</u>						
						<b>COMMENTS</b>	
001	11/16/06	1200	DW	4	390 LK. LANELLE		CL 2.3 pH 8.0
002	11/16/06	1300	DW	4	803 MAZURKA		CL 2.1.4 pH 8.0
003				3	TRIP BLANK 11-16-06		

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	11/16/06	1200	DW	DW	4	390 LK. LANELLE
002	11/16/06	1300	DW	DW	4	803 MAZURKA
003					3	TRIP BLANK 11-16-06

\* Sample Type: G=Grab C=Composite      \*\* Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water BW-Barbides Water WW-Wastewater M-Marine

Report Page 4 of 4	RELINQUISHED BY <u>T. McCarthy</u>	RELINQUISHED BY <u>Judith to Riley</u>	RELINQUISHED BY _____
	DATE/TIME <u>11/16/06 1500</u>	DATE/TIME <u>11-16-06 1600</u>	DATE/TIME _____
	RECEIVED BY _____	RECEIVED BY _____	RECEIVED FOR HUEL CUSTODY BY <u>DAVID [Signature]</u>
	DATE/TIME <u>11/16/06 1500</u>	DATE/TIME _____	DATE/TIME <u>11-17-06 1600</u>

**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: Chuluota PWS I.D. #: 3|5|9|0|1|8|6

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E. 7th Street

City: Chuluota State: FL ZIP Code:

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known):

Sample Date: 11/16/06 Sample Time: 12:00 PM

Sample Location (be specific): 390 Lk. Lanelle Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: 8.0

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 checked="" type="checkbox"/> Quarterly (which Qtr? <u>1st</u> )
<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.  
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

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

Sampler's Name: Terry McCarthy

Sampler's Phone #: 407-339-5424 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

Terry McCarthy  
Print Name

Water Treat. Oper.  
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) Date Sample(s) Received: 11/16/06

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 001

Lab Assigned Report Number or Job ID: 2127340001

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 checked="" type="checkbox"/> Trihalomethanes  |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial           | <input checked="" 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: \_\_\_\_\_

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-Dec-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 US 1 North, Fort Pierce, FL 34946  
Phone (772) 462-2400, Ext. 225 Fax (772) 467-8994

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota DW THM/HAA5  
 Sample Location: 390 Lk. Lanelle Grab Disinfectant Residual (mg/L) 1.3  
 Sample Number: 2127340001 PWS ID 3590186  
 Sampling Date: 11/16/06 12:00  
 Date Received: 11/16/06 15:00

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	11/28/06	10:41 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	6.3		EPA 552.1	0.66	11/28/06	10:41 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	2.1		EPA 552.1	0.20	11/28/06	10:41 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.42		EPA 552.1	0.28	11/28/06	10:41 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	13		EPA 552.1	0.18	11/28/06	10:41 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[BC]	ug/L							
2941	Chloroform	[NA]	ug/L	14		EPA 624.2	0.25	11/30/06	1:54 PM	E96080
2942	Bromoform	[NA]	ug/L	43		EPA 624.2	0.41	11/30/06	1:54 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	30		EPA 624.2	0.25	11/30/06	1:54 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	64		EPA 624.2	0.30	11/30/06	1:54 PM	E96080
2950	Total Trihalomethanes	[BC]	ug/L	151						

**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 Form 62-550.730  
Effective January 1996, Revised January 2004

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

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 # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 12/12/06

**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: Chuluota PWS I.D. #: 3||5||9||0||1||8||6

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E. 7th Street

City: Chuluota State: FL ZIP Code:

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 002 Location Code (if known):

Sample Date: 11/16/06 Sample Time: 1:00 PM

Sample Location (be specific): 803 Mazurka Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 mg/L Field pH: 8.0

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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>1st</u> ) |
| <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.  
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: Terry McCarthy Sampler's Fax #: 407-339-7490  
Sampler's Phone #: 407-339-5424  
Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Print Name Water Treat. Oper. 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 #: E98080  
 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: 11/16/06

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 002

Lab Assigned Report Number or Job ID: 2127340002

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 checked="" type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<u>Radionuclides</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Single Sample	<u>Secondaries</u>
		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? 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: 12-Dec-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 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-5600, Ext. 255 Fax: (772) 467-5584

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota DW THM/HAA5  
Sample Location: 803 Mazurka Grab Disinfectant Residual (mg/L) 1.1  
Sample Number: 2127340002 PWS ID 3590186  
Sampling Date: 11/16/06 13:00  
Date Received: 11/16/06 15:00

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	11/28/06	11:17 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	4.6		EPA 552.1	0.66	11/28/06	11:17 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	1.1		EPA 552.1	0.20	11/28/06	11:17 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28	U	EPA 552.1	0.28	11/28/06	11:17 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	9.4		EPA 552.1	0.18	11/28/06	11:17 PM	E96080
2456	Total Haloacetic Acids (HAAs)	[80]	ug/L							
2941	Chloroform	[NA]	ug/L	9.2		EPA 524.2	0.25	11/30/06	2:28 PM	E96080
2942	Bromoform	[NA]	ug/L	44		EPA 524.2	0.41	11/30/06	2:28 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	28		EPA 524.2	0.25	11/30/06	2:28 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	63		EPA 524.2	0.30	11/30/06	2:28 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	144.2						

**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, N, O, T, Z, 7, \* are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be 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  
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FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 12/12/06



Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota DW THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
<b>Laboratory ID: 2127340001</b>						<b>Sampled: 11/16/06 12:00</b>		<b>Received: 11/16/06 15:00</b>			
<b>Sample ID: 390 Lk. Lanette Grab</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		30	ug/L	0.25	EPA 524.2	VOC2731		11/30/06 13:54	WR	E96080	
Bromoform		43	ug/L	0.41	EPA 524.2	VOC2731		11/30/06 13:54	WR	E96080	
Chloroform		14	ug/L	0.25	EPA 524.2	VOC2731		11/30/06 13:54	WR	E96080	
Dibromochloromethane		64	ug/L	0.30	EPA 524.2	VOC2731		11/30/06 13:54	WR	E96080	
Total THMs		150 I	ug/L	0.50	EPA 524.2	VOC2731		11/30/06 13:54	WR	E96080	
Dibromoacetic Acid		13	ug/L	0.18	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 22:41	JL	E96080	
Dichloroacetic Acid		6.3	ug/L	0.68	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 22:41	JL	E96080	
Monobromoacetic Acid		0.42	ug/L	0.28	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 22:41	JL	E96080	
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 22:41	JL	E96080	
Total HAAs		22	ug/L	0.18	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 22:41	JL	E96080	
Trichloroacetic acid		2.1	ug/L	0.20	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 22:41	JL	E96080	

<b>Laboratory ID: 2127340002</b>						<b>Sampled: 11/16/06 13:00</b>		<b>Received: 11/16/06 15:00</b>			
<b>Sample ID: 803 Mazurka Grab</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		28	ug/L	0.25	EPA 524.2	VOC2731		11/30/06 14:28	WR	E96080	
Bromoform		44	ug/L	0.41	EPA 524.2	VOC2731		11/30/06 14:28	WR	E96080	
Chloroform		9.2	ug/L	0.25	EPA 524.2	VOC2731		11/30/06 14:28	WR	E96080	
Dibromochloromethane		63	ug/L	0.30	EPA 524.2	VOC2731		11/30/06 14:28	WR	E96080	
Total THMs		148 I 144.2	ug/L	0.50	EPA 524.2	VOC2731		11/30/06 14:28	WR	E96080	
Dibromoacetic Acid		9.4	ug/L	0.18	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 23:17	JL	E96080	
Dichloroacetic Acid		4.6	ug/L	0.68	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 23:17	JL	E96080	
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 23:17	JL	E96080	
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 23:17	JL	E96080	
Total HAAs		15	ug/L	0.18	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 23:17	JL	E96080	
Trichloroacetic acid		1.1	ug/L	0.20	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 23:17	JL	E96080	

<b>Laboratory ID: 2127340003</b>						<b>Sampled:</b>		<b>Received: 11/16/06 15:00</b>			
<b>Sample ID: TRIP BLANK</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2731		11/30/06 15:02	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2731		11/30/06 15:02	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2731		11/30/06 15:02	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2731		11/30/06 15:02	WR	E96080	
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2731		11/30/06 15:02	WR	E96080	

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



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext 285 Fax: (772) 467-1584

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota DW THMs  
 Sample Location: WP #5 POE Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
 Sample Number: 2023435002 PWS ID \_\_\_\_\_  
 Sampling Date: 12/30/05 11:00  
 Date Received: 1/04/06 8:40

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	8.0		EPA 524.2	0.25	1/06/06	12:52 PM	E96080
2942	Bromoform	[N/A]	ug/L	27		EPA 524.2	0.41	1/06/06	12:52 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	23		EPA 524.2	0.25	1/06/06	12:52 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	46		EPA 524.2	0.30	1/06/06	12:52 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 62-180, Table 1. Results Qualified with A, F, M, 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. John's Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 1/11/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**  
5600 US 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 285 Fax (772) 467-1584

Date issued: October 31, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota Wells TOC

[2127129]

Received: 10/19/06 15:06

Dear Brian Heath;

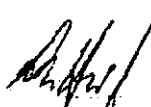
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E98080, 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 # E86370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/31/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 286 Fax: (772) 467-5884

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota Wells TOC  
Received: 10/19/06 15:06

[2127129]

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

HBEL Sample

**Method Narratives (If Applicable)**

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

**Quality Control Summary**

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

<u>Analytical Issue</u>
-------------------------

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

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: 10/31/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2127129]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota Wells TOC

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127129001 Sample ID: Well #1 Grab						Sampled: 10/19/06 12:55 Received: 10/19/06 15:06 Matrix: Water Results reported on Wet Weight Basis				
TOC		2.3	mg/L	0.28	EPA 415.1	WCGE28518		10/31/06 1:34	GG	E96080
Laboratory ID: 2127129002 Sample ID: Well #2 Grab						Sampled: 10/19/06 12:45 Received: 10/19/06 15:06 Matrix: Water Results reported on Wet Weight Basis				
TOC		2.0	mg/L	0.28	EPA 415.1	WCGE26518		10/31/06 1:34	GG	E96080
Laboratory ID: 2127129003 Sample ID: Well #3 Grab						Sampled: 10/19/06 11:15 Received: 10/19/06 15:06 Matrix: Water Results reported on Wet Weight Basis				
TOC		1.9	mg/L	0.28	EPA 415.1	WCGE28518		10/31/06 1:34	GG	E96080
Laboratory ID: 2127129004 Sample ID: Well #5 Grab						Sampled: 10/19/06 11:20 Received: 10/19/06 15:06 Matrix: Water Results reported on Wet Weight Basis				
TOC		1.5	mg/L	0.28	EPA 415.1	WCGE28518		10/31/06 1:34	GG	E96080

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

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

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

307 Coolidge Avenue  
Lohigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 10/31/06



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 US 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Chain-of-Custody**  
*and*  
**Agreement to Perform Services**

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

Laboratory not responsible for omitted information

\_\_\_ FDOH # E98080 \_\_\_ FDOH # E85370  
 5800 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 Lehigh Acres, FL 33938

✓ FDOH # E83509 \_\_\_ FDOH # E84418  
 4155 St. Johns Pkwy. 18331 Cortez Blvd.  
 Suite 1300 Brooksville, FL 34601  
 Sanford, FL 32771



Company: A.U.F.  
 Address: 140 HOPE ST  
LONGWOOD, FL Zip: 32750  
 Phone: 407-339-5424 Fax: \_\_\_\_\_  
 Client Contact: BILL T.  
 Project Name: CHUCUOTA  
 Sampled By: T. MCCARTHY

Method(s) of Shipment: \_\_\_\_\_

e-mail: \_\_\_\_\_

Standard Laboratory Turn Around Time

Or

Rush in \_\_\_\_\_ Business Days  
*Requires Laboratory Approval*

For Lab Use Only

Temperature: 14.5°C Custody Seal: \_\_\_\_\_ Intact: Y pH: 7.7  
 Checked: Y N: \_\_\_\_\_ Y: \_\_\_\_\_ N: \_\_\_\_\_

LAB # 212 7129

PRESERVATIVE					
1:1 HCL					

Preservation Key	
H-Hydrochloric Acid	P-Phosphoric Acid
N-Nitric Acid	ST-Sodium
S-Sulfuric Acid	T-Tartrate
SH-Sodium Hydroxide	U-Unpreserved

ANALYSES REQUESTED					
TOC					

COMMENTS
pH = 7.7
pH = 7.8
pH = 7.7
pH = 7.9

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	10/19/06	1255	G	DW	1	WELL # 1
002	"	1245	G	DW	1	WELL # 2
003	"	1115	G	DW	1	WELL # 3
004	"	1120	G	DW	1	WELL # 5

\* Sample Type: G-Grab C-Composite      \*\* Matrix: S-Solid SL-Sediment DW-Dinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Name

Report Page 4 of 4	RELINQUISHED BY <u>T.McCarthy</u>	RELINQUISHED BY <u>POUL for EEPER</u>	RELINQUISHED BY _____
	DATE/TIME <u>10/19/06 1506</u>	DATE/TIME <u>10/19/06 1600</u>	DATE/TIME _____
	RECEIVED BY <u>Parrell</u>	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>Michelle G. Smith</u>
	DATE/TIME <u>10/19/06 1506</u>	DATE/TIME _____	DATE/TIME <u>10-20-06 12:55</u>



**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 31, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota #1 DW SOC

[2025982]

Received: 10/05/06 13:00

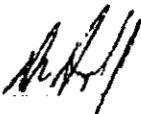
Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33938  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/31/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 205 Fax: (772) 467-5244

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota #1 DW SOC  
Received: 10/05/06 13:00

[2025982]

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>
2025982001	POE Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 505	PEST4811		
2025982001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2025982]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota #1 DW SOC

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2025982001						Sampled: 10/05/06 11:00		Received: 10/05/06 13:00			
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis			
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4805	10/12/06 13:08	10/12/06 23:16	JL	E96080	
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4805	10/12/06 13:08	10/12/06 23:16	JL	E96080	
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
Endrin		0.089 U	ug/L	0.089	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:26	JL	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:00	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:00	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:00	JL	E96080	
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:00	JL	E96080	
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:00	JL	E96080	
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:00	JL	E96080	
Alachlor		0.60 U	ug/L	0.60	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
Benzo(a)pyrene		0.069 U	ug/L	0.069	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
bis(2-ethylhexyl)phthalate		0.83 U	ug/L	0.83	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
Di(2-ethylhexyl)adipate		0.87 U	ug/L	0.87	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
Simazine		0.62 U	ug/L	0.62	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 19:53	WR	E96080	
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2339		10/11/06 18:36	JJM	E96080	
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2339		10/11/06 18:36	JJM	E96080	
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2341		10/10/06 12:43	JJM	E96080	
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2447	10/11/06 10:19	10/23/06 17:37	WR	E96080	
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2340	10/10/06 5:59	10/12/06 14:44	JJM	E96080	

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

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E98080

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 US-1 North, Fort Pierce, FL 34946  
 Phone (772) 465-2400, Ext. 285 Fax (772) 467-5884

**Chain-of-Custody**

and  
 Agreement to Perform Services

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

Laboratory not responsible for omitted information  
 FDOH # E98080 FDOH # E85370  
 5800 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
 FDOH # E83509 FDOH # E84418  
 255 Enterprise Rd., Suite 1 2514 Osanaw Blvd.  
 Deltona, FL 32725 Spring Hill, FL 34687

Company: Aqua Util Fl.

Address: 140 Hope St.

Longwood Fl. Zip: 32750

Phone: 407 339 5484 Fax: 407 339 7490

Client Contact: BILL T.

Project Name: Onluota #1

Sampled By: Terry McCarthy

Method(s) of  
 Shipment: \_\_\_\_\_

e-mail: \_\_\_\_\_  
 Standard Laboratory  
 Turn Around Time

Or  
 Rush In \_\_\_\_\_ Business Days  
 Requires Laboratory Approval

**For Lab Use Only:**

Temperature Checked:  Y  N  
 Custody Seals Intact:  Y  N  
 pH Checked:  Y  N

LAB # 2025982

**PRESERVATIVE**

**Preservation Key**  
 H-Hydrochloric Acid P-Phosphoric Acid  
 N-Nitric Acid ST-Sodium  
 S-Sulfuric Acid T-Tetrafluoride  
 SH-Sodium Hydroxide UM-Unpreserved

ANALYSES REQUESTED											
A	B	C	D	E	F	G	H	I	J	K	L
EDB/DBRC	515.1	531.1	Chloroformates	Chloroformate	Endothall	505		Diquat			
564								549			545.2

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	10/5/06	1100	G DW	3	POE	
	10/5/06	1100	G DW	1	POE	
	10/5/06	1100	G DW	1	POE	
	10/5/06	1100	G DW	1	POE	
	10/5/06	1100	G DW	3	POE	
	10/5/06	1100	G DW	3	POE	
	10/5/06	1100	G DW	1	POE	
	10/5/06	1100	G DW	1	POE	

**COMMENTS**  
 OR=10  
 Ph=8.0

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 of 4	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY
	DATE/TIME <u>10/5/06</u>	DATE/TIME <u>10-5-06 1321</u>	DATE/TIME
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>Amanda Stalo</u>
	DATE/TIME <u>10-5-06 1:00</u>	DATE/TIME <u>10/5/06 9</u>	DATE/TIME <u>10-6-06 0905</u>

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

CHAIN PAGE 1 of 1

**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: Chuluota #1 PWS I.D. #: 3590186  
 System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 107 E. 7th St.

City: Chuluota State: FL ZIP Code: 32750  
 Phone #: 407-339-5424 Fax #: 407-339-7490  
 E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_  
 Sample Date: 10/05/06 Sample Time: 11:00 AM  
 Sample Location (be specific): POE Grab

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (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: Terry McCarthy Sampler's Fax #: 407-339-7490  
 Sampler's Phone #: 407-339-5424  
 Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Operator  
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) Date Sample(s) Received: 10/5/06  
 PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 001  
 Lab Assigned Report Number or Job ID: 2025982001

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

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

Were any analyses subcontracted? Yes  No

If yes, please provide DOH certification numbers:

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: 31-Oct-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:

# ENVIRONMENTAL LABORATORIES, INC.

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

## SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota #1 DW SOC  
 Sample Location: POE Grab  
 Sample Number: 2025982001  
 Sampling Date: 10/05/06 11:00  
 Date Received: 10/05/06 13:00

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.099	U	EPA 505	0.099	0.40	10/10/06	10/10/06 22:26	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.019	U	EPA 505	0.019	0.076	10/10/06	10/10/06 22:26	E96080
2015	Methoxychlor	[40]	ug/L	0.043	U	EPA 505	0.043	0.17	10/10/06	10/10/06 22:26	E96080
2020	Toxaphene	[3]	ug/L	0.59	U	EPA 505	0.59	2.4	10/10/06	10/10/06 22:26	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	10/13/06	10/19/06 15:00	E96080
2032	Diquat	[20]	ug/L	4.8	U	EPA 549.2	4.8	19	10/10/06	10/12/06 14:44	E96080
2033	Endothal	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	10/11/06	10/23/06 17:37	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		10/16/06 12:43	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.67	U	EPA 525.2	0.67	2.7	10/13/06	10/25/06 19:53	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		10/11/06 18:36	E96080
2037	Stimazine	[4]	ug/L	0.62	U	EPA 525.2	0.62	2.5	10/13/06	10/25/06 19:53	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.83	U	EPA 525.2	0.83	3.3	10/13/06	10/25/06 19:53	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/13/06	10/19/06 15:00	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/13/06	10/19/06 15:00	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.23	U	EPA 525.2	0.23	0.92	10/13/06	10/25/06 19:53	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		10/11/06 18:38	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	10/13/06	10/25/06 19:53	E96080
2051	Alachlor	[2]	ug/L	0.60	U	EPA 525.2	0.60	2.4	10/13/06	10/25/06 19:53	E96080
2065	Heptachlor	[0.4]	ug/L	0.035	U	EPA 505	0.035	0.14	10/10/06	10/10/06 22:26	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.027	U	EPA 505	0.027	0.11	10/10/06	10/10/06 22:26	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	10/13/06	10/19/06 15:00	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	10/13/06	10/19/06 15:00	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	10/13/06	10/25/06 19:53	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.069	U	EPA 525.2	0.069	0.28	10/13/06	10/25/06 19:53	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	10/13/06	10/19/06 15:00	E96080
2383	PCB	[.5]	ug/L	0.13	U	EPA 505	0.13	0.52	10/10/06	10/10/06 22:26	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0020	U	EPA 504.1	0.0020	0.0080	10/12/06	10/12/06 23:16	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0048	U	EPA 504.1	0.0048	0.019	10/12/06	10/12/06 23:16	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.52	10/10/06	10/10/06 22:26	E96080

Reporting Form 62-550 730  
 Effective January 1995, Revised January 2004

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% 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 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, C, 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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

Date Issued: October 31, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota #2 DW SOC

[2025983]

Received: 10/05/06 13:00

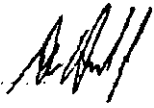
Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 10/31/06

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**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5800 US 1 North, Fort Pierce, FL 34946  
Phone (772) 467-2400, Ext. 288 Fax (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota #2 DW SOC  
Received: 10/05/06 13:00

[2025983]

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>
2025983001	POE Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
<u>EPA 504.1</u>		PEST4805	
2025983001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
<u>EPA 505</u>		PEST4811	
2025983001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

5800 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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FDOH # E83509

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/31/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-884

## CERTIFICATE OF ANALYSIS

[2025983]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota #2 DW SOC

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2025983001						Sampled: 10/05/06 10:25		Received: 10/05/06 13:00			
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis			
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4805	10/12/06 13:06	10/12/06 23:48	JL	E96080	
1,2-Dibromoethane		0.0046 U	ug/L	0.0046	EPA 504.1	PEST4805	10/12/06 13:06	10/12/06 23:48	JL	E96080	
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
Heptachlor		0.038 U	ug/L	0.038	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4811	10/10/06 13:42	10/10/06 22:55	JL	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:33	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:33	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:33	JL	E96080	
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:33	JL	E96080	
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:33	JL	E96080	
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 15:33	JL	E96080	
Alachlor		0.60 U	ug/L	0.60	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
Benzo(a)pyrene		0.068 U	ug/L	0.068	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
bis(2-ethylhexyl)phthalate		0.83 U	ug/L	0.83	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
Di(2-ethylhexyl)adipate		0.86 U	ug/L	0.86	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
Simazine		0.62 U	ug/L	0.62	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 20:32	WR	E96080	
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2339		10/11/06 19:08	JJM	E96080	
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2339		10/11/06 19:08	JJM	E96080	
Glyphosate		28 U	ug/L	28	EPA 547	HPLC2341		10/16/06 12:58	JJM	E96080	
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2447	10/11/06 10:19	10/23/06 17:59	WR	E96080	
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2340	10/10/06 5:59	10/12/06 14:51	JJM	E96080	

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

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

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



307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 10/31/06

Page 3 of 4



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**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

FOOH # E96080

5800 U.S. 1 North  
Fort Pierce, FL 34946

FOOH # E83509

4155 St. Johns Pkwy.  
Suite 1300  
Sanford, FL 32771

FOOH # E85370

307 Coolidge Avenue  
Lehigh Acres, FL 33936

FOOH # E84418

18331 Cortez Blvd.  
Brooksville, FL 34601

Company: Aqua Util FL

Address: 140 Hope St.

Longwood FL Zip: 32750

Phone: 407 339 5424 Fax: 407 339 7490

Client Contact: Bill T. pws #3590186

Project Name: Chuluota #2

Sampled By: Terry McCarthy

Method(s) of Shipment: \_\_\_\_\_

Standard Laboratory Turn Around Time

Or

Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval



**For Lab Use Only**

Temperature: 11.0C Checked:  N

Custody Seal: Intact Checked:  N

pH: 7.9 Checked:  N

LAB # 202592

**PRESERVATIVE**

--	--	--	--	--	--	--	--	--	--

**ANALYSES REQUESTED**

<u>EDB/DBPC</u>	<u>515.1</u>	<u>Charbamates</u>	<u>Glyphosate</u>	<u>Erdotha II</u>	<u>505</u>	<u>Diquat</u>	<u>625.2</u>		

**Preservation Key**

H-Hydrochloric Acid F-Phosphoric Acid  
N-Nitric Acid ST-Sodium  
S-Sulfuric Acid Thio sulfate  
SH-Sodium Hydroxide U-Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
<u>001</u>	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>POE</u>
	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>1</u>	<u>POE</u>
	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>1</u>	<u>POE</u>
	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>1</u>	<u>POE</u>
	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>POE</u>
	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>POE</u>
	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>1</u>	<u>POE</u>
	<u>10/5/06</u>	<u>10:25</u>	<u>G</u>	<u>DW</u>	<u>1</u>	<u>POE</u>

**COMMENTS**

d12 = 1.9  
ph = 7.9

\* 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 of 4	RELINQUISHED BY: <u>[Signature]</u>	RELINQUISHED BY: <u>[Signature]</u>	RELINQUISHED BY: _____
	DATE/TIME: <u>10/5/06</u>	DATE/TIME: <u>10-5-06 1331</u>	DATE/TIME: _____
	RECEIVED BY: <u>[Signature]</u>	RECEIVED BY: <u>[Signature]</u>	RECEIVED FOR HBE: CUSTODY BY: <u>[Signature]</u>
	DATE/TIME: <u>10-5-06 1:00</u>	DATE/TIME: <u>10/5/06 14:01</u>	DATE/TIME: <u>10/6/06 08:05</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: Chuluota #2 PWS I.D. #: 3 5 9 0 1 8 6

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Brumley Rd.

City: Chuluota State: FL ZIP Code: 32750

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_

Sample Date: 10/05/06 Sample Time: 10:25 AM

Sample Location (be specific): POE Grab

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

Sample Type (Check Only One) \_\_\_\_\_ Reason(s) for Sample (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Distribution                             | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (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: Terry McCarthy

Sampler's Phone #: 407-339-5424

Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy \_\_\_\_\_ Operator  
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) Date Sample(s) Received: 10/5/06

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 001

Lab Assigned Report Number or Job ID: 2025983001

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

<input type="checkbox"/> Inorganics	<input type="checkbox"/> Synthetic Organics	<input type="checkbox"/> Volatile Organics	<input type="checkbox"/> Disinfection Byproducts
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	<input type="checkbox"/> Radionuclides	<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**	<input type="checkbox"/> Secondaries
			<input type="checkbox"/> All 14
			<input 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 Cronier 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 Cronier Date: 31-Oct-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) 485-2400, Ext. 285 Fax: (772) 467-4584

**SYNTHETIC ORGANICS 62 - 550.310 (4) (b)**

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota #2 DW SOC  
Sample Location: POE Grab  
Sample Number: 2025983001  
Sampling Date: 10/05/06 10:25  
Date Received: 10/05/06 13:00

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.40	10/10/06	10/10/06 22:55	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.080	10/10/06	10/10/06 22:55	E96080
2015	Methoxychlor	[40]	ug/L	0.044	U	EPA 505	0.044	0.18	10/10/06	10/10/06 22:55	E96080
2020	Toxaphene	[3]	ug/L	0.60	U	EPA 505	0.60	2.4	10/10/06	10/10/06 22:55	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	10/13/06	10/19/06 15:33	E96080
2032	Diquat	[20]	ug/L	4.8	U	EPA 549.2	4.8	19	10/10/06	10/12/06 14:51	E96080
2033	Endothal	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	10/11/06	10/23/06 17:59	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		10/16/06 12:58	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.66	U	EPA 525.2	0.66	2.6	10/13/06	10/25/06 20:32	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		10/11/06 19:08	E96080
2037	Simazine	[4]	ug/L	0.62	U	EPA 525.2	0.62	2.5	10/13/06	10/25/06 20:32	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.83	U	EPA 525.2	0.83	3.3	10/13/06	10/25/06 20:32	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/13/06	10/19/06 15:33	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/13/06	10/19/06 15:33	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.23	U	EPA 525.2	0.23	0.92	10/13/06	10/25/06 20:32	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		10/11/06 19:08	E96080
2050	Atrazine	[3]	ug/L	0.47	U	EPA 525.2	0.47	1.9	10/13/06	10/25/06 20:32	E96080
2051	Alachlor	[2]	ug/L	0.60	U	EPA 525.2	0.60	2.4	10/13/06	10/25/06 20:32	E96080
2065	Heptachlor	[0.4]	ug/L	0.036	U	EPA 505	0.036	0.14	10/10/06	10/10/06 22:55	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.027	U	EPA 505	0.027	0.11	10/10/06	10/10/06 22:55	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	10/13/06	10/19/06 15:33	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	10/13/06	10/19/06 15:33	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	10/13/06	10/25/06 20:32	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.068	U	EPA 525.2	0.068	0.27	10/13/06	10/25/06 20:32	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	10/13/06	10/19/06 15:33	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.56	10/10/06	10/10/06 22:55	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0020	U	EPA 504.1	0.0020	0.0080	10/12/06	10/12/06 23:48	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0046	U	EPA 504.1	0.0046	0.018	10/12/06	10/12/06 23:48	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.52	10/10/06	10/10/06 22:55	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 >50% 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 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring port.

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

4156 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

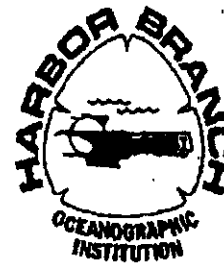
16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed 10/31/06



**HARBOR BRANCH ENVIRONMENTAL LABORATORY**

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



October 19, 2006

Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood FL 327505141

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota HAA5 [2126935]  
Received: 9/27/06 2:32:00 PM

Dear Brian Heath

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Laboratory Director

Southeast Florida  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 10/19/06

Central Florida  
Sanford, FL 32771  
FDOH # E83509

Fort Myers Area  
Lehigh Acres, FL 33930  
FDOH # E85370

West Central Florida  
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: Chuluota PWS I.D. #: 3590186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E 7th St

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 22 2126935 001 Location Code (if known): 001

Sample Date: 9/27/06 Sample Time: 12:30

Sample Location (be specific): 390 LK LANELE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.9

**Sample Type (Check Only One)**

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Distribution                               | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (which Ctr? _____)                   |
| <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 checked="" type="checkbox"/> Replacement (of invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time              | <input type="checkbox"/> Other: _____                                |   |
| <input type="checkbox"/> Ave Residence Time                         | Sampling Procedure Used or Other Comments: _____                     |   |
| <input type="checkbox"/> Near First Customer                        |  |   |

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

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

Sampler's Name: Terry McCarthy

Sampler's Phone #: 407 509 8398 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Oper  
Print Name Print Title

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

Signature: William [Signature] Date: 10/24/06



**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: \_\_\_\_\_  
 PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 001  
 Lab Assigned Report Number or Job ID: 20 2126935

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 type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial           | <input checked="" 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: E 84129  
 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: 19-Oct-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: \_\_\_\_\_

# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 TEL: 813-855-1844 FAX: 813-855-2813



Harbor Branch Environmental Laboratory  
 Drinking Water Analyses  
 Sample ID: 2126935001

October 18, 2006  
 Sample No.: 63937.07  
 PWS ID: \_\_\_\_\_

Disinfectant Residual (mg/L): \_\_\_\_\_

## Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/13/06	07:39	E84129
2451	Dichloroacetic Acid	N/A	µg/L	2.7	I	EPA 552.2	1	10/13/06	07:39	E84129
2452	Trichloroacetic Acid	N/A	µg/L	1.4	I	EPA 552.2	1	10/13/06	07:39	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1.7	I	EPA 552.2	1	10/13/06	07:39	E84129
2454	Dibromoacetic Acid	N/A	µg/L	11		EPA 552.2	1	10/13/06	07:39	E84129
2456	Total Haloacetic Acids	60	µg/L	16.8		EPA 552.2	1	10/13/06	07:39	E84129

**Qualifiers:**

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- U Analyte was undetected. Indicated concentration is method detection limit.

**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: Chuluota PWS I.D. #: 3590186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E 7th St.

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 2126735 202 Location Code (if known): \_\_\_\_\_

Sample Date: 7/27/06 Sample Time: 13:10

Sample Location (be specific): 803 MAZURKA

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: 7.9

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Distribution                             | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (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 checked="" type="checkbox"/> Replacement (of invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time            | <input type="checkbox"/> Other: _____                                |   |
| <input type="checkbox"/> Ave Residence Time                       | Sampling Procedure Used or Other Comments: _____                     |   |
| <input type="checkbox"/> Near First Customer                      |  |   |

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

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

Sampler's Name: Terry McCarthy

Sampler's Phone #: 407 509 8398 Sampler's Fax #: 407 339 7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Print Name, Oper Print Title

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

Signature: [Signature] Date: 10/24/06

## 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: \_\_\_\_\_  
 PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 008  
 Lab Assigned Report Number or Job ID: 2126735

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

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Inorganics    | <input type="checkbox"/> Synthetic Organics | <input type="checkbox"/> Volatile Organics | <input type="checkbox"/> Disinfection Byproducts     |
| <input type="checkbox"/> All 17        | <input type="checkbox"/> All 30             | <input type="checkbox"/> All 21            | <input type="checkbox"/> Trihalomethanes             |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin  | <input type="checkbox"/> Partial           | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate       | <input type="checkbox"/> Partial            | <input type="checkbox"/> Radionuclides     | <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** | <b>Secondaries</b>                                   |
|  |   |  | <input type="checkbox"/> All 14                      |
|  |   |  | <input type="checkbox"/> Partial                     |

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E89129

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: 19-Oct-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: \_\_\_\_\_

# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 S.W. VIEW BOULEVARD, GULFSHORE, FL 32407 910-855-1844 Fax 910-855-2218



Harbor Branch Environmental Laboratory  
 Drinking Water Analyses  
 Sample ID: 2126935002

October 18, 2006  
 Sample No.: 63937.08  
 PWS ID: \_\_\_\_\_

Disinfectant Residual (mg/L): \_\_\_\_\_

## Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis		Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
				Result	Qualifier					
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/13/06	07:58	EB4129
2451	Dichloroacetic Acid	N/A	µg/L	2.5	I	EPA 552.2	1	10/13/06	07:58	E84129
2452	Trichloroacetic Acid	N/A	µg/L	1.4	I	EPA 552.2	1	10/13/06	07:58	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1.8	I	EPA 552.2	1	10/13/06	07:58	E84129
2454	Dibromoacetic Acid	N/A	µg/L	12		EPA 552.2	1	10/13/06	07:58	E84129
2456	Total Haloacetic Acids	60	µg/L	17.7		EPA 552.2	1	10/13/06	07:58	E84129

**\* Qualifiers:**

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- 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) 467-1584  
CHAIN OF CUSTODY RECORD

63937  
Subcontracting Form 001A  
REV 001  
Effective Date 12/05/2002

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/29/06 TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS			
PROJECT NAME: <u>HAA5</u>							PRESERVATIVE							
SAMPLE TYPE: Composite = C, Grab = G														
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, OIL = O							PRESERVATIVE: HCl = F, HNO <sub>3</sub> = M, Na <sub>2</sub> SO <sub>3</sub> = ST, H <sub>2</sub> O <sub>2</sub> = S, NaOH = SH, Unpreserved = U							
Class Code	MATRIX	COLLECTION DATE	TIME	TYPE	REQ: ANALYST TO	QTY								
G1	DW	9/28/06	1310	G	2126 918001 B	1	✓							
G2		9/28/06	1330		2126 919001 B	1	✓							
G3		9/28/06	1515		2126 920001 B	1	✓							
G4		9/28/06	1620		2126 921001 B	1	✓							
G5		9/28/06	1815		2126 922001 B	1	✓							
G6		9/28/06	1710		2126 923001 B	1	✓							
G7	DW	9/28/06	1730		2126 925001	1	✓							
G8	DW	9/28/06	1710	G	2126 935002	1	✓							
G9	DW	9/28/06	1800	G	2126 941001	1	✓							
RELEASER: <u>Sample to FedEx</u>							DATE	TIME	RECEIVED BY:					
RELEASER: <u>FedEx</u>							9/28/06	1610	<u>FedEx</u>					
							DATE	TIME	LABORATORY NAME AND RECEIVED BY:					
									<u>X-Rodman</u>					
									DATE	TIME				
									9/29/06	0850				



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 285 Fax (772) 467-5584

**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 # 596080 FDOH # E65370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
 FDOH # E83509 FDOH # E84418  
 255 Enterprise Rd., Suite 1 2514 Osway Blvd.  
 Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Util FLA

Address: 140 HOPE ST.

LONGWOOD FL Zp: 32750

Phone: 407-339-5424 Fax:

Client Contact: BILL T

Project Name: CHULUOTA

Sampled By: J MCCARTHY

Method(s) of Shipment:

e-mail:

Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_ Business Days  
 Requires Laboratory Approval

For Lab Use Only  
 Temperature Checked 12.10C  
 Custody Seals Intact Y  
 pH Checked Y

LAB # 2126995

**Preservation Key**  
 H=Hydrochloric Acid P=Phosphoric Acid  
 Hn=Nitric Acid ST=Stannous  
 S=Sulfuric Acid T=Thiosulfate  
 SH=Sodium Hydroxide U=Unpreserved

ANALYSES REQUESTED

COMMENTS  
 CL2-0.5 pH-7.9  
 CL2-0.6 pH-7.9  
 Sub to J.A.L.

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	HAA5	PRESERVATIVE
	DATE	TIME						
001	9/27/06	1230	G	DW	1	390 LK. LANELLE	X	
002	9/27/06	1310	G	DW	1	803 MAZURKA	X	

Sample Type: G=Grab C=Composite

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

RELINQUISHED BY DATE/TIME <u>J. McCarthy</u> <u>9/27/06 1432</u>	RELINQUISHED BY DATE/TIME <u>Guido to F. Felix</u> <u>9/28/06 1600</u>	RELINQUISHED BY DATE/TIME 
RECEIVED BY DATE/TIME <u>[Signature]</u> <u>9/27/06 1432</u>	RECEIVED BY DATE/TIME 	RECEIVED FOR LABEL CUSTODY BY DATE/TIME <u>[Signature]</u> <u>9/28/06 1015</u>

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: September 14, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota #2 DW Scan

[2126612]

Received: 8/22/06 13:05

Dear Brian Heath;

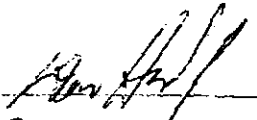
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy 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: 9/14/06





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota #2 DW Scan  
Received: 8/22/06 13:05

[2126612]

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>
2126612001	POE Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
<u>EPA 504.1</u>			
	PEST4785		
2126612001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
<u>EPA 505</u>			
	PEST4788		
2126612001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.
2126612001	Tetrachlorometaxylene		Surrogate - Outside acceptance Limits.

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FDOH # E84418

Printed: 8/14/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

## CERTIFICATE OF ANALYSIS

[2126612]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota #2 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2126612001						Sampled: 08/22/06 10:00		Received: 08/22/06 13:05			
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		4.1	T.O.N.	1.0	EPA 140.1	WCDE15048		08/22/06 17:04	PA	E83509	
pH	Q	7.77	SU	0.200	EPA 150.1	WCDE15054		08/23/06 13:55	PA	E83509	
Total Dissolved Solids		420	mg/L	5.0	EPA 160.1	WCDE15060		08/24/06 16:28	RM	E83509	
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Barium		0.018	mg/L	0.0018	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Iron		0.16	mg/L	0.025	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Manganese		0.0087	mg/L	0.0037	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Sodium		75	mg/L	0.50	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8090		08/25/06 0:04	DM	E96080	
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8093		08/26/06 12:19	DM	E96080	
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8117		09/11/06 14:16	DM	E96080	
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8091		08/24/06 22:33	DM	E96080	
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8096		09/1/06 0:41	DM	E96080	
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8097	08/28/06 18:45	08/31/06 23:01	DM	E96080	
Chloride		130	mg/L	5.0	EPA 300.0	IC6923		08/26/06 1:53	JL	E96080	
Fluoride		0.077	mg/L	0.011	EPA 300.0	IC6918		08/23/06 17:02	JL	E96080	
Nitrate as N		0.083	mg/L	0.0030	EPA 300.0	IC6918		08/23/06 17:02	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6918		08/23/06 17:02	JL	E96080	
Sulfate		16	mg/L	1.4	EPA 300.0	IC6923		08/26/06 1:53	JL	E96080	
Surfactants as LAS, Mol.wt.340		0.089	mg/L	0.042	EPA 425.1	WCDE15052	08/23/06 14:45	08/23/06 16:00	RM	E83509	
1,2-Dibromo-3-chloropropane		0.00098 U	ug/L	0.00098	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 19:33	JL	E96080	
1,2-Dibromoethane		0.0023 U	ug/L	0.0023	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 19:33	JL	E96080	
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4788	08/29/06 8:09	08/29/06 15:52	JL	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:25	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:25	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:25	JL	E96080	
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:25	JL	E96080	

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 Brooksville, FL 34601  
 FDOH # E84418

Printed: 9/14/06



Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota #2 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:25	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:25	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2685		08/27/06 17:00	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 20:54	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2331		09/7/06 18:40	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2331		09/7/06 18:40	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2328		08/28/06 12:37	JJM	E96080
Endothal		20 U	ug/L	20	EPA 548.1	SAL1019		08/31/06 8:54	SAL	E84129
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2327	08/25/06 10:42	08/28/06 12:00	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1019		08/25/06 18:26	SAL	E84129
Color		7.0	CU	1.8	SM2120 B	WCGE26151		08/23/06 13:30	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26221	08/28/06 13:00	08/29/06 13:48	GG	E96080

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

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

307 Coalidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/14/06





# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

**Chain-of-Custody**  
Agreement to Perform Services

USE BALL POINT PEN  
PRESS HARD  
COMPLETELY FILL OUT  
ALONG UNREVEALED AREAS  
PRINT LEGIBLY

Laboratory not responsible for omitted information

FDOH # E96080 FDOH # E85370  
5800 U.S. 1 North 307 Coolidge Avenue  
Fort Pierce, FL 34948 Lehigh Acres, FL 33936  
FDOH # E83509 FDOH # E84418  
4155 St. Johns Pkwy. 18331 Cortez Blvd.  
Suite 1300 Brooksville, FL 34801  
Sanford, FL 32771



Company: Aqua Util.

Address: 140 Hope St.

Longwood FL Zip: 32750

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Client Contact: BILL T.

Project Name: Chuluota #2

Sampled By: BILL T.

Method(s) of Shipment: \_\_\_\_\_

e-mail: \_\_\_\_\_  
Standard Laboratory Turn Around Time  
Or  
Rush In \_\_\_\_\_ Business Days  
Requires Laboratory Approval

Temperature		Relative Humidity		Date		Time		Signature	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>PRESERVATIVE</b>									
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>ANALYSES REQUESTED</b>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lead	Cadmium	Copper	Iron	Chloride	Sulfate	Fluoride	ph	Preservation Key	
H-Hydrochloric Acid		P-Phosphoric Acid		N-Nitric Acid		ST-Sodium		S-Sulfuric Acid	
SH-Sodium Hydroxide		U-Unpreserved		Thioacetate					
<b>COMMENTS</b>									
<p>*Dissolved = Acquired IFF An S.A.L.</p>									

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	Lead	Cadmium	Copper	Iron	Chloride	Sulfate	Fluoride	ph	COMMENTS
	DATE	TIME													
001	8/22/06	1100	G	DN		ROE									
"	"	"	G	"		"									
"	"	"	G	"		"									
"	"	"	G	"		"									
"	"	"	G	"		"									
"	"	"	G	"		"									
"	"	"	G	"		"									
"	"	"	G	"		"									

Report Page 5 of 5	RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME 8-22-06 1100	DATE/TIME 8-22-06 1205	DATE/TIME 8-22-06 1600
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
	DATE/TIME 8-22-06 1230	DATE/TIME 8-22-06 1315	DATE/TIME 8-23-06 1000

Distribution: WHITE with REPORT; YELLOW for FILE; PINK for CLIENT; GREEN for...



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

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

**Chain-of-Custody**  
and  
Agreement to Perform Services

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

Laboratory not responsible for omitted information

\_\_\_ FDOH # E86080  
5600 U.S. 1 North  
Fort Pierce, FL 34948

\_\_\_ FDOH # E85370  
307 Coolidge Avenue  
Lehigh Acres, FL 33936

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

\_\_\_ FDOH # E84418  
18331 Cortez Blvd.  
Brooksville, FL 34801



Company: Aqua Util

Address: 140 Hope St.

Longwood FL Zip: 32750

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Client Contact: Bill T.

Project Name: Chuluota #2

Sampled By: Bill T.

Method(s) of Shipment: \_\_\_\_\_

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

LAB ID		COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION	ANALYSES REQUESTED		COMMENTS	
DATE	TIME					As Will Appear On Report	color	TDS	odor		
001	8/22/06	1000	G	DN			ROE				
"	"	"	"	"	"	"	"				
"	"	"	"	"	"	"	"				
"	"	"	"	"	"	"	"				
"	"	"	"	"	"	"	"				
"	"	"	"	"	"	"	"				
001	"	"	"	"	"	"	"				
002	"	"	"	"	"	"	"				

*Preservative* (handwritten in top right)

*Preservation Key*  
H-Hydrochloric Acid P-Phosphoric Acid  
N-Nitric Acid BT-Sodium  
S-Sulfuric Acid Thiourea  
SH-Sodium Hydroxide U-Unpreserved

*ANALYSES REQUESTED*  
color TDS odor MBAG Reg. VOC's 504 ED/DBPC 515.1 525.2

545  
Report Page

RELINQUISHED BY <u>[Signature]</u> DATE/TIME <u>8-22-06 1100</u>	RELINQUISHED BY <u>[Signature]</u> DATE/TIME <u>8-22-06 1205</u>	RELINQUISHED BY <u>[Signature]</u> DATE/TIME <u>8-22-06 1600</u>
RECEIVED BY <u>[Signature]</u> DATE/TIME <u>8-22-06 1230</u>	RECEIVED BY <u>[Signature]</u> DATE/TIME <u>8-22-06 1202</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u> DATE/TIME <u>8-22-06 1000</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK for...



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5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

**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 FDOH # E85370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
 FDOH # E83509 FDOH # E84418  
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
 Deltona, FL 32725 Spring Hill, FL 34607



Company: Apwa Util  
 Address: 140 Hope St  
Longwood FL Zip: 32750  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Client Contact: Bill T.  
 Project Name: Chuluota #2  
 Sampled By: Bill T.

Method(s) of \_\_\_\_\_  
 Shipment: \_\_\_\_\_

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

*For Lab Use Only*

Temperature Checked  Y  N Custody Seals Intact  Y  N pH Checked  Y  N

LAB # 222612

PRESERVATIVE

ANALYSES REQUESTED

Chloride  
 Cyanide  
 Endothal  
 Diquat  
 505

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

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	8/22/06	1000	G DW	DW		POE
	"	1000	G DW	DW		"
	"	1000	G DW	DW		"
	"	1000	G DW	DW		"
001	"	1000	G DW	DW		"

\* Sample Type: G=Grab C=Composite \*\* Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY <u>Bill T.</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>Judith Lo Fildes</u>
DATE/TIME <u>8/22/06 1100</u>	DATE/TIME <u>8-22-06 1305</u>	DATE/TIME <u>8-23-06 1610</u>
RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
DATE/TIME <u>8-22-06 1230</u>	DATE/TIME <u>8-22-06 1915</u>	DATE/TIME <u>8-23-06 1000</u>

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

CHAIN PAGE 2 of 3

56 of 5  
Report Page

**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: Chuluota plant #2 PWS I.D. #: 3590186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 107 E 7th

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-339-5424 Fax #: 407-339-7490

E-Mail Address: betrendel@aquamerica.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_

Sample Date: 08/22/06 Sample Time: 10:00 AM

Sample Location (be specific): POE Grab

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

**Sample Type** (Check Only One)

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Distribution                              | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (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: Bill Trendel

Sampler's Phone #: 407-509-8398 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Bill Trendel Operator  
Print Name Print Title

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

Signature: William Trendel Date: 9/18/06

# 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: 8/22/06

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 001

Lab Assigned Report Number or Job ID: 2126612001

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: 14-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. 235 Fax: (772) 467-1584

**INORGANIC ANALYSIS**

**62 - 550.310 (1)**

**(PWS030)**

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota #2 DW Scan  
Sample Location: POE Grab  
Sample Number: 2126612001  
Sampling Date: 8/22/06 10:00  
Preservative: Nitric Acid, Sodium Hydroxide, or None  
Date Received: 8/22/06 13:05

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
1005	Arsenic	[0.01]	0.0010 U mg/L	SM 3113 B	0.0010	8/25/06	E84129
1010	Barium	[2]	0.018 mg/L	EPA 200.7	0.0018	8/25/06	E96080
1015	Cadmium	[0.005]	0.00070 U mg/L	EPA 200.7	0.00070	8/25/06	E96080
1020	Chromium	[0.1]	0.0018 U mg/L	EPA 200.7	0.0018	8/25/06	E96080
1024	Cyanide	[0.2]	0.0047 U mg/L	SM4500CN E	0.0047	8/29/06	E96080
1025	Fluoride	[4]	0.077 mg/L	EPA 300.0	0.011	8/23/06	E96080
1030	Lead	[0.015]	0.00061 U mg/L	EPA 200.9	0.00061	9/11/06	E96080
1035	Mercury	[0.002]	0.000060 U mg/L	EPA 245.1	0.000060	8/31/06	E96080
1036	Nickel	[0.1]	0.0020 U mg/L	EPA 200.7	0.0020	8/25/06	E96080
1040	Nitrate as N	[10]	0.083 mg/L	EPA 300.0	0.0030	8/23/06 17:02	E96080
1041	Nitrite as N	[1]	0.0022 U mg/L	EPA 300.0	0.0022	8/23/06 17:02	E96080
1045	Selenium	[0.05]	0.0022 U mg/L	EPA 200.9	0.0022	8/24/06	E96080
1052	Sodium	[160]	75 mg/L	EPA 200.7	0.50	8/25/06	E96080
1074	Antimony	[0.006]	0.0042 U mg/L	EPA 200.9	0.0042	8/26/06	E96080
1075	Beryllium	[0.004]	0.00010 U mg/L	EPA 200.7	0.00010	8/25/06	E96080
1085	Thallium	[0.002]	0.0010 U mg/L	EPA 200.9	0.0010	9/01/06	E96080

Southwest Florida  
DOH # E96080  
Printed: 8/14/06

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

**SECONDARY CHEMICAL ANALYSIS**

**62 - 550.320**

**(PWS031)**

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota #2 DW Scan  
Sample Location: POE Grab  
Sample Number: 2126612001  
Sampling Date: 8/22/06 10:00  
Preservative: Nitric Acid or None  
Date Received: 8/22/06 13:05

ID	Parameter	MCL	Result		Method	MDL	Date	Lab ID
1002	Aluminum	[0.2]	0.0030 U	mg/L	EPA 200.7	0.0030	8/25/06	E96080
1017	Chloride	[250]	130	mg/L	EPA 300.0	5.0	8/26/06	E96080
1022	Copper	[1]	0.0014 U	mg/L	EPA 200.7	0.0014	8/25/06	E96080
1025	Fluoride	[2]	0.077	mg/L	EPA 300.0	0.011	8/23/06	E96080
1028	Iron	[0.3]	0.16	mg/L	EPA 200.7	0.025	8/25/06	E96080
1032	Manganese	[0.05]	0.0087	mg/L	EPA 200.7	0.0037	8/25/06	E96080
1050	Silver	[0.1]	0.0010 U	mg/L	EPA 200.7	0.0010	8/25/06	E96080
1055	Sulfate	[250]	16	mg/L	EPA 300.0	1.4	8/26/06	E96080
1095	Zinc	[5]	0.010 U	mg/L	EPA 200.7	0.010	8/25/06	E96080
1905	Color	[15]	7.0	CU	SM2120 B	1.8	8/23/06 13:30	E96080
1920	Odor - Dechlorinated	[3]	4.1	T.O.N.	EPA 140.1	1.0	8/22/06 17:04	E83509
1925	pH	[6.5-8.5]	7.77	SU	EPA 150.1	0.200	8/23/06	E83509
1930	Total Dissolved Solids	[500]	420	mg/L	EPA 160.1	5.0	8/24/06	E83509
2905	Foaming Agents	[0.5]	0.089	mg/L	EPA 425.1	0.042	8/23/06 16:00	E83509

Southeast Florida  
DOH # E96080

Central Florida  
FDOH # E83509

Southwest Florida  
FDOH # E85370

West Central Florida  
FDOH # E84418

Printed: 9/14/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

## SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota #2 DW Scan  
 Sample Location: POE Grab  
 Sample Number: 2126612001  
 Sampling Date: 8/22/06 10:00  
 Date Received: 8/22/06 13:05

ID	Parameter	MCL	Result	Units	Qual. <sup>†</sup>	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	0.10 U	ug/L		EPA 505	0.10	8/29/06	8/29/06 15:52	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.020 U	ug/L		EPA 505	0.020	8/29/06	8/29/06 15:52	E96080
2015	Methoxychlor	[40]	0.044 U	ug/L		EPA 505	0.044	8/29/06	8/29/06 15:52	E96080
2020	Toxaphene	[3]	0.60 U	ug/L		EPA 505	0.60	8/29/06	8/29/06 15:52	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	8/28/06	8/31/06 19:25	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	8/25/06	8/28/06 12:00	E96080
2033	Endothall	[100]	20 U	ug/L		EPA 548.1	20		8/31/06 8:54	E84129
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		8/28/06 12:37	E96080
2035	Di(2-ethylhexyl)adipate	[400]	0.68 U	ug/L		EPA 525.2	0.68	8/31/06	9/05/06 20:54	E96080
2036	Oxamyl	[200]	0.41 U	ug/L		EPA 531.1	0.41		9/07/06 18:40	E96080
2037	Simazine	[4]	0.63 U	ug/L		EPA 525.2	0.63	8/31/06	9/05/06 20:54	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	0.85 U	ug/L		EPA 525.2	0.85	8/31/06	9/05/06 20:54	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	8/28/06	8/31/06 19:25	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	8/28/06	8/31/06 19:25	E96080
2042	Hexachlorocyclopentadiene	[50]	0.24 U	ug/L		EPA 525.2	0.24	8/31/06	9/05/06 20:54	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		9/07/06 18:40	E96080
2050	Atrazine	[3]	0.48 U	ug/L		EPA 525.2	0.48	8/31/06	9/05/06 20:54	E96080
2051	Alachlor	[2]	0.61 U	ug/L		EPA 525.2	0.61	8/31/06	9/05/06 20:54	E96080
2065	Heptachlor	[0.4]	0.038 U	ug/L		EPA 505	0.036	8/29/06	8/29/06 15:52	E96080
2067	Heptachlor epoxide	[.2]	0.027 U	ug/L		EPA 505	0.027	8/29/06	8/29/06 15:52	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	8/28/06	8/31/06 19:25	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	8/28/06	8/31/06 19:25	E96080
2274	Hexachlorobenzene	[1]	0.31 U	ug/L		EPA 525.2	0.31	8/31/06	9/05/06 20:54	E96080
2306	Benzo(a)pyrene	[.2]	0.070 U	ug/L		EPA 525.2	0.070	8/31/06	9/05/06 20:54	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	8/28/06	8/31/06 19:25	E96080
2383	PCB	[.5]	0.14 U	ug/L		EPA 505	0.14	8/29/06	8/29/06 15:52	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.00098 U	ug/L		EPA 504.1	0.00098	8/28/06	8/28/06 19:33	E96080
2946	1,2-Dibromoethane	[.02]	0.0023 U	ug/L		EPA 504.1	0.0023	8/28/06	8/28/06 19:33	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	8/29/06	8/29/06 15:52	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 >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

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

5600 US 1 North  
 Fort Pierce, FL 34946

4155 St. Johns Pkwy Suite 1300  
 Sanford, FL 32771

307 Coolidge Avenue  
 Lehigh Acres, FL 33936

16331 Cortez Blvd  
 Brooksville, FL 3460

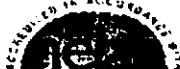
FDOH # E96080

FDOH # E83509

FDOH # E85370

FDOH # E84418

Printed: 9/14/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

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

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota #2 DW Scan  
Sample Location: POE Grab  
Sample Number: 2126612001  
Sampling Date: 8/22/06 10:00  
Date Received: 8/22/06 13:05

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	8/27/06 17:00	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:0	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/27/06 17:0	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/27/06 17:0	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:0	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/27/06 17:0	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/27/06 17:0	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/27/06 17:0	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/27/06 17:0	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/27/06 17:0	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:0	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/27/06 17:0	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/27/06 17:0	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/27/06 17:0	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/27/06 17:0	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/27/06 17:0	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/27/06 17:0	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/27/06 17:0	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/27/06 17:0	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:0	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:0	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, ? , 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. In void a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

600 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 34607  
FDOH # E84418

Printed: 9/14/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 462-2400, Ext. 255 Fax: (772) 467-584

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

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota #2 DW Scan  
Sample Location: Trip Blank  
Sample Number: 2126612002  
Sampling Date:  
Date Received: 8/22/06 13:05

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	8/27/06 17:33	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:33	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/27/06 17:33	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/27/06 17:33	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:33	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/27/06 17:33	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/27/06 17:33	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/27/06 17:33	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/27/06 17:33	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/27/06 17:33	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:33	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/27/06 17:33	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/27/06 17:33	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/27/06 17:33	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/27/06 17:33	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/27/06 17:33	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/27/06 17:33	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/27/06 17:33	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/27/06 17:33	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:33	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/27/06 17:33	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, ?, \*, 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. 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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34607  
FDOH # E64418

Printed: 9/14/06



**Don Hash**

---

**From:** Joyce Hodde  
**Sent:** Tuesday, August 08, 2006 3:59 PM  
**To:** Ben North  
**Cc:** Don Hash  
**Subject:** TRI-ANNUAL FOR AUF/CHULUOTA WTP 2

**Importance:** High

Hi, Ben

Operator forgot to put WTP #2 on ice - received out of temp range. Bill Trendel requested not to be run qualified and now needs another kit at your convenience with his sincere apologies. Do we get to charge them for their oversight?

Thx,  
JH

212 6612

*Joyce Hodde <>>*

**Group Leader/Technical Director**  
*Harbor Branch Environmental Laboratory Central Florida*  
*4155 St. Johns Pkwy, Suite 1300*  
*Sanford, FL 32771*  
*(407) 322-4686 x159*  
*FAX:(407) 322-4097*  
*hodde@hboi.edu*

*The information contained in the above e-mail message or messages (which includes any attachments) is confidential and may be legally privileged. It is intended only for the use of the person or entity to which it is addressed. If you are not the addressee any form of disclosure, copying, modification, distribution or any action taken or omitted in reliance on the information is unauthorized. If you received this communication in error, please notify the sender immediately and delete it from your computer system network.*

No virus found in this outgoing message.  
Checked by AVG Free Edition.  
Version: 7.1.405 / Virus Database: 268.10.7/411 - Release Date: 8/7/06

# SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory

DW Compliance

Sample ID: 2126612 001S

September 6, 2006

Sample No.: 62755.03

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	08/25/06	18:26	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) 467-1584  
CHAIN OF CUSTODY RECORD

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

Receiving Laboratory: S.A.L

102755

The samples are to be shipped by FedEx to arrive on 8/25/06. TAT: Std

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS			
PROJECT NAME: <u>PW Compliance As 548</u>							PRESERVATIVE							
SAMPLE TYPE: Composite = C, Grab = G,			Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				As by furnace	548						
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	KBEL SAMPLE ID	# Samples							SAMPLE COMMENTS	
01	DW	8/24/06	0825	G	2126581001H	1			✓				10X 100mc PHAC <sub>2</sub>	
02	DW	8/24/06	0945	G	2126582001H	1			✓				8x 40ml V Nity CE	
03	DW	8/24/06	1000	G	2126612001S	1			✓					
04	DW	8/24/06	0830	G	2126615001S	1			✓					
05	DW	8/24/06	1130	G	2126624001T	4			✓	✓				
06	DW		1005	G	2126625001T	4			✓	✓				
07	DW	8/24/06	0920	G	2126626001T	4			✓	✓				
08	DW	8/24/06	0920	G	2126624001	1	✓							
09	DW	8/24/06	1020	G	2126625001	1	✓							
10	DW	8/24/06	0715	G	2126636001	1	✓							
RELINQUISHED BY:		DATE	TIME	RECEIVED BY:		DATE	TIME							
<u>Handed to FedEx</u>		<u>8/24/06</u>	<u>16:00</u>	<u>Fed Ex</u>										
RELINQUISHED BY:		DATE	TIME	LABORATORY NAME AND RECEIVED BY:		DATE	TIME							
<u>Fed Ex</u>				<u>K. Nordmark</u>		<u>8/25/06</u>	<u>0815</u>							



# SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Oceanographic Institution Inc.

2126612, 2126615

Sample ID: 2126612 001

September 1, 2006

Sample No.: 62716.01

PWS ID: \_\_\_\_\_

## Synthetic Organics 62-550.310(4)(b)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2033	Endothall	100 µg/L	20	U	EPA 548.1	20	9	08/28/06	08/31/06	08:37	E84129

\* Qualifiers:

U

Analyte was undetected. Indicated concentration is method detection limit.

\*\* Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

62716

Receiving Laboratory: Southern Analytical

The samples are to be shipped by Fed. Ex to arrive on 8-24-06. TAT: Std.

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS
PROJECT NAME: _____							PRESERVATIVE				
SAMPLE TYPE: Composite = C, Grab = G,			Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				<div style="font-size: small;">ST</div> <div style="font-size: x-small;">Endothal</div> <div style="font-size: x-small;">548</div>				
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	Bottles					SAMPLE COMMENTS
01	AWE	DW	8-22-06	1600	G	7126612.003	3				
02	AWE	DW	8-22-06	0915	G	7126615.001	3				
RELINQUISHED BY: <u>[Signature]</u>		DATE 8-23-06	TIME 1600	RECEIVED BY: <u>Fed Ex</u>		DATE	TIME				
RELINQUISHED BY: <u>Fed Ex</u>		DATE	TIME	LABORATORY NAME AND RECEIVED BY: <u>K Workman</u>		DATE 8/24/06	TIME 0835				

**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 8, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota WTP #1 DW Scan [2126500]  
Received: 8/08/06 13:36

---

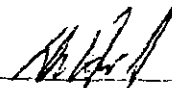
Dear Brian Heath;

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

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

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/8/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 265 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota WTP #1 DW Scan  
Received: 8/08/06 13:36

[2126500]

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

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

**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
<u>EPA 504.1</u>			
	PEST4780		
2126500001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
<u>EPA 505</u>			
	PEST4767		
2126500001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.
2126500001	Tetrachlorometaxylene		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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: 9/8/06

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

## CERTIFICATE OF ANALYSIS

[2126500]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota WTP #1 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
<b>Laboratory ID: 2126500001</b>						<b>Sampled: 08/08/06 11:20</b>		<b>Received: 08/08/06 13:36</b>			
<b>Sample ID: Chuluota WTP#1 Grab</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Odor - Dechlorinated		24	T.O.N.	1.0	EPA 140.1	WCDE14992		08/16/06 15:40	PA	E83509	
pH	Q	7.77	SU	0.200	EPA 150.1	WCDE14991		08/16/06 16:16	PA	E83509	
Total Dissolved Solids		470	mg/L	5.0	EPA 160.1	WCDE15009		08/11/06 16:00	PA	E83509	
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Barium		0.020	mg/L	0.0018	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Copper		0.0075	mg/L	0.0014	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Iron		0.027	mg/L	0.025	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Manganese		0.0051	mg/L	0.0037	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Sodium		91	mg/L	0.50	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8079		08/16/06 22:57	DM	E96080	
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8075		08/16/06 0:46	SP	E96080	
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8091		08/24/06 22:33	DM	E96080	
Thallium		0.0012	mg/L	0.0010	EPA 200.9	META8096		09/1/06 0:41	DM	E96080	
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8085	08/17/06 11:20	08/18/06 20:34	DM	E96080	
Chloride		150	mg/L	5.0	EPA 300.0	IC6905		08/10/06 19:00	JL	E96080	
Fluoride		0.092	mg/L	0.011	EPA 300.0	IC6901		08/9/06 12:40	JL	E96080	
Nitrate as N		0.019	mg/L	0.0030	EPA 300.0	IC6901		08/9/06 12:40	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6901		08/9/06 12:40	JL	E96080	
Sulfate		17	mg/L	1.4	EPA 300.0	IC6905		08/10/06 19:00	JL	E96080	
Surfactants as LAS, Mol.wt.340		0.090	mg/L	0.042	EPA 425.1	WCDE14999	08/9/06 11:30	08/9/06 13:00	RIA	E83509	
1,2-Dibromo-3-chloropropane		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4780	08/21/06 9:59	08/21/06 22:49	JL	E96080	
1,2-Dibromoethane		0.0024 U	ug/L	0.0024	EPA 504.1	PEST4780	08/21/06 9:59	08/21/06 22:49	JL	E96080	
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4767	08/15/06 10:02	08/15/06 21:39	JL	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4779	08/16/06 12:39	08/17/06 21:14	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4779	08/16/06 12:39	08/17/06 21:14	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4779	08/16/06 12:39	08/17/06 21:14	JL	E96080	
Dincseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4779	08/16/06 12:39	08/17/06 21:14	JL	E96080	
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4779	08/16/06 12:39	08/17/06 21:14	JL	E96080	

5600 US 1 North  
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 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418



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**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126500]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota WTP #1 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4779	08/16/06 12:39	08/17/06 21:14	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2679		08/17/06 20:29	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
Atrazine		0.49 U	ug/L	0.49	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2433	08/18/06 7:32	08/23/06 14:36	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2323		08/15/06 16:03	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2323		08/15/06 16:03	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2325		08/17/06 13:47	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2432	08/15/06 7:17	08/21/06 18:18	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2326	08/14/06 13:14	08/18/06 11:37	JJM	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1018		08/14/06 17:37	SAL	E84129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1018		08/21/06 10:03	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26069		08/10/06 9:00	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26128	08/17/06 12:30	08/18/06 17:54	GG	E96080

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FDOH # E85370

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**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 265 Fax (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2126500]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota WTP #1 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Analyzed Date/Time	Lab Analyst	Lab ID
<b>Laboratory ID: 2126500002</b>					<b>Sampled:</b>		<b>Received: 08/08/06 13:36</b>		
<b>Sample ID: Trip Blank</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>		
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2679	08/17/06 21:03	WR	E96080

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

Q Sample held beyond the accepted holding time.

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

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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) 467-5884

**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 FDOH # E85370  
 5600 U.S. 1 North 307 Coollidge Avenue  
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
 FDOH # E83508 FDOH # E84418  
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
 Deltona, FL 32725 Spring Hill, FL 34607



Company: AQUA UTIL FL.  
Address: 140 HOPE ST

Method(s) of Shipment: \_\_\_\_\_

LONGWOOD FL. Zip: 32745

Phone: 407-334-5424 Fax: \_\_\_\_\_

Client Contact: BILL T

Project Name: CHULOOKA WTP # 1

Sampled By: T. MCCARTHY

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

For Lab Use Only							LAB # <u>212500</u>	
Temperature Checked	Y	N	Custody Seals Intact	Y	NA	pH Checked		Y
PRESERVATIVE							<b>Preservation Key</b> H=Hydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST=Sodium S=Sulfuric Acid Thio sulfate SH=Sodium Hydroxide U=Unpreserved	
ANALYSES REQUESTED								
	N	L	M	P	PH	A	<b>COMMENTS</b>  pH = 8.1 CL <sub>2</sub> = 1.0  * Time on pg 1 is 1120	
531.1	X							
515.1		X						
525.2			X					
548				X				
505					X			
504						X		
VOCs						X		

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	8/8/06	*	G	DW	1	CHULOOKA WTP # 1
	"		G	DW	1	"
	"		G	DW	1	"
	"		G	DW	3	"
	"		G	DW	3	"
	"		G	DW	3	"
001	"		G	DW	3	"
002					3	Trip blanks 8/11/06

\* 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	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>8/8/06 1200</u>	DATE/TIME <u>8-8-06 1330</u>	DATE/TIME <u>8/10/06 1005</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>8-8-06 1:10</u>	DATE/TIME <u>8/10/06 1336</u>	DATE/TIME <u>8-9-06 1100</u>
	Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER		
	CHAIN PAGE 2 of 3		





# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

## 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 FDOH # E85370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 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 Util FL

Address: 140 HOPE ST

LONGWOOD FL Zip: 32750

Phone: 407-339-5424 Fax: \_\_\_\_\_

Client Contact: BILL T.

Project Name: CHULUOTA WTP#1

Sampled By: T. MCALATHY

Method(s) of \_\_\_\_\_  
Shipment: \_\_\_\_\_

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

For Lab Use Only										LAB # <u>212650</u>		
Temperature Checked	Custody Seals Intact		pH Checked									
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N							
PRESERVATIVE										Preservation Key		
ANALYSES REQUESTED										H=Hydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST=Sodium S=Sulfuric Acid Thioulfate SH=Sodium Hydroxide U=Unpreserved		
B	C	F	D	D	A	9	0			COMMENTS		
OPDF	NO <sub>3</sub> , NO <sub>2</sub> , CL, SO <sub>4</sub> , F	Color	AMBIOSA	CN	PH, TDS, Alkalinity	1-4-3 METALS	549	547				
X												pH = 8.1
	X											CL <sub>2</sub> = 1.0
		X										
				X								
					X							
						X						
							X					
								X				
									X			
										X		
											X	

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	9/8/06	1120	G	DW	1	CHULUOTA WTP#1
	"	"	G	DW	1	"
	"	"	G	DW	1	"
	"	"	G	DW	1	"
	"	"	G	DW	1	"
	"	"	G	DW	1	"
	"	"	G	DW	1	"
001	"	"	G	DW	1	"

\* 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 6 of 6	RELINQUISHED BY <u>T. McAlathy</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>9/8/06 1200</u>	DATE/TIME <u>8-8-06 1336</u>	DATE/TIME <u>[Signature]</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>8-8-06 1:10</u>	DATE/TIME <u>[Signature]</u>	DATE/TIME <u>8-8-06 1000</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: Chuluota plant #1 PWS I.D. #: 3|5|9|0|1|8|6  
 System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 107 E. 7th St.

City: Chuluota State: FL ZIP Code: \_\_\_\_\_  
 Phone #: 910 407-339-5424 Fax #: 407-339-7490  
 E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_  
 Sample Date: 08/08/06 Sample Time: 11:20 AM

Sample Location (be specific): Chuluota WTP#1 Grab

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Qtr? _____)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Ave Residence Time	<input type="checkbox"/> Other: _____
<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: Terry McCarthy  
 Sampler's Phone #: 407-339-5424 Sampler's Fax #: 407-339-7490  
 Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Bill Trendel Operator  
 Print Name Print Title

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

Signature: William Trendel Date: 9/18/06

**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: 8/8/06

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 001

Lab Assigned Report Number or Job ID: 2126500001

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                      |  | <input type="checkbox"/> Bromate           |
| <input type="checkbox"/> Nitrite            | <input type="checkbox"/> Dioxin Only                  | <u>Radionuclides</u>                       | <input type="checkbox"/> Chlorite          |
| <input type="checkbox"/> Asbestos Only      |   | <input type="checkbox"/> Single Sample     | <u>Secondaries</u>                         |
|   |   | <input type="checkbox"/> Qtrly Composite** | <input 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: 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) 465-2400, Ext. 285 Fax: (772) 467-1584

**INORGANIC ANALYSIS**

**62 - 550.310 (1)**

**(PWS030)**

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota WTP #1 DW Scan  
Sample Location: Chuluota WTP#1 Grab  
Sample Number: 2126500001  
Sampling Date: 8/08/06 11:20  
Preservative: Nitric Acid, Sodium Hydroxide, or None  
Date Received: 8/08/06 13:36

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
1005	Arsenic	[0.01]	0.0010 U mg/L	SM 3113 B	0.0010	8/21/06	E84129
1010	Barium	[2]	0.020 mg/L	EPA 200.7	0.0018	8/16/06	E96080
1015	Cadmium	[0.005]	0.00070 U mg/L	EPA 200.7	0.00070	8/16/06	E96080
1020	Chromium	[0.1]	0.0018 U mg/L	EPA 200.7	0.0018	8/16/06	E96080
1024	Cyanide	[0.2]	0.0047 U mg/L	SM4500CN E	0.0047	8/18/06	E96080
1025	Fluoride	[4]	0.092 mg/L	EPA 300.0	0.011	8/09/06	E96080
1030	Lead	[0.015]	0.00061 U mg/L	EPA 200.9	0.00061	8/16/06	E96080
1035	Mercury	[0.002]	0.000060 U mg/L	EPA 245.1	0.000060	8/18/06	E96080
1036	Nickel	[0.1]	0.0020 U mg/L	EPA 200.7	0.0020	8/16/06	E96080
1040	Nitrate as N	[10]	0.019 mg/L	EPA 300.0	0.0030	8/09/06 12:40	E96080
1041	Nitrite as N	[1]	0.0022 U mg/L	EPA 300.0	0.0022	8/09/06 12:40	E96080
1045	Selenium	[0.05]	0.0022 U mg/L	EPA 200.9	0.0022	8/24/06	E96080
1052	Sodium	[160]	91 mg/L	EPA 200.7	0.50	8/18/06	E96080
1074	Antimony	[0.006]	0.0010 U mg/L	SM 3113 B	0.0010	8/14/06	E84129
1075	Beryllium	[0.004]	0.00010 U mg/L	EPA 200.7	0.00010	8/18/06	E96080
1085	Thallium	[0.002]	0.0012 mg/L	EPA 200.9	0.0010	9/01/06	E96080

Southeast Florida  
DOH # E96080

Central Florida  
FDOH # E83509

Southwest Florida  
FDOH # E85370

West Central Florida  
FDOH # E84418

Printed: 9/8/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5500 U.S. | North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 288 Fax: (772) 467-8884

**SECONDARY CHEMICAL ANALYSIS**

**62 - 550.320**

**(PWS031)**

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota WTP #1 DW Scan  
 Sample Location: Chuluota WTP#1 Grab  
 Sample Number: 2126500001  
 Sampling Date: 8/08/06 11:20  
 Preservative: Nitric Acid or None  
 Date Received: 8/08/06 13:36

ID	Parameter	MCL	Result		Method	MDL	Date	Lab ID
1002	Aluminum	[0.2]	0.0030 U	mg/L	EPA 200.7	0.0030	8/16/06	E96080
1017	Chloride	[250]	150	mg/L	EPA 300.0	5.0	8/10/06	E96080
1022	Copper	[1]	0.0075	mg/L	EPA 200.7	0.0014	8/16/06	E96080
1025	Fluoride	[2]	0.092	mg/L	EPA 300.0	0.011	8/09/06	E96080
1028	Iron	[0.3]	0.027	mg/L	EPA 200.7	0.025	8/16/06	E96080
1032	Manganese	[0.05]	0.0051	mg/L	EPA 200.7	0.0037	8/16/06	E96080
1050	Silver	[0.1]	0.0010 U	mg/L	EPA 200.7	0.0010	8/16/06	E96080
1055	Sulfate	[250]	17	mg/L	EPA 300.0	1.4	8/10/06	E96080
1095	Zinc	[5]	0.010 U	mg/L	EPA 200.7	0.010	8/16/06	E96080
1905	Color	[15]	4.0	CU	SM2120 B	1.8	8/10/06 9:00	E96080
1920	Odor - Dechlorinated	[3]	24	T.O.N.	EPA 140.1	1.0	8/08/06 15:40	E83509
1925	pH	[6.5-8.5]	7.77	SU	EPA 150.1	0.200	8/08/06	E83509
1930	Total Dissolved Solids	[500]	470	mg/L	EPA 160.1	5.0	8/11/06	E83509
2905	Foaming Agents	[0.5]	0.090	mg/L	EPA 425.1	0.042	8/09/06 13:00	E83509

Southeast Florida  
DOH # E96080

Central Florida  
FDOH # E83509

Southwest Florida  
FDOH # E85370

West Central Florida  
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. 285 Fax: (772) 467-1584

## SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota WTP #1 DW Scan  
 Sample Location: Chuluota WTP#1 Grab  
 Sample Number: 2126500001  
 Sampling Date: 8/08/06 11:20  
 Date Received: 8/08/06 13:36

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	8/15/06	8/15/06 21:39	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.020 U	ug/L		EPA 505	0.020	8/15/06	8/15/06 21:39	E96080
2015	Methoxychlor	[40]	0.044 U	ug/L		EPA 505	0.044	8/15/06	8/15/06 21:39	E96080
2020	Toxaphene	[3]	0.60 U	ug/L		EPA 505	0.60	8/15/06	8/15/06 21:39	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	8/16/06	8/17/06 21:14	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	8/14/06	8/18/06 11:37	E96080
2033	Endothal	[100]	2.8 U	ug/L		EPA 548.1	2.8	8/15/06	8/21/06 18:16	E96080
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		8/17/06 13:47	E96080
2035	Di(2-ethylhexyl)adipate	[400]	0.68 U	ug/L		EPA 525.2	0.68	8/18/06	8/23/06 14:36	E96080
2036	Oxamyl	[200]	0.41 U	ug/L		EPA 531.1	0.41		8/15/06 16:03	E96080
2037	Simazine	[4]	0.63 U	ug/L		EPA 525.2	0.63	8/18/06	8/23/06 14:36	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	0.85 U	ug/L		EPA 525.2	0.85	8/18/06	8/23/06 14:36	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	8/16/06	8/17/06 21:14	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	8/16/06	8/17/06 21:14	E96080
2042	Hexachlorocyclopentadiene	[50]	0.24 U	ug/L		EPA 525.2	0.24	8/18/06	8/23/06 14:36	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		8/15/06 16:03	E96080
2050	Atrazine	[3]	0.49 U	ug/L		EPA 525.2	0.49	8/18/06	8/23/06 14:36	E96080
2051	Alachlor	[2]	0.61 U	ug/L		EPA 525.2	0.61	8/18/06	8/23/06 14:36	E96080
2065	Heptachlor	[0.4]	0.036 U	ug/L		EPA 505	0.036	8/15/06	8/15/06 21:39	E96080
2067	Heptachlor epoxide	[.2]	0.027 U	ug/L		EPA 505	0.027	8/15/06	8/15/06 21:39	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	8/16/06	8/17/06 21:14	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	8/16/06	8/17/06 21:14	E96080
2274	Hexachlorobenzene	[1]	0.31 U	ug/L		EPA 525.2	0.31	8/18/06	8/23/06 14:36	E96080
2306	Benzo(a)pyrene	[.2]	0.070 U	ug/L		EPA 525.2	0.070	8/18/06	8/23/06 14:36	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	8/16/06	8/17/06 21:14	E96080
2383	PCB	[.5]	0.14 U	ug/L		EPA 505	0.14	8/15/06	8/15/06 21:39	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.0010 U	ug/L		EPA 504.1	0.0010	8/21/06	8/21/06 22:49	E96080
2946	1,2-Dibromoethane	[.02]	0.0024 U	ug/L		EPA 504.1	0.0024	8/21/06	8/21/06 22:49	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	8/15/06	8/15/06 21:39	E96080

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

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% 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 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 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 3460  
 FDOH # E84418

Printed: 9/8/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

3600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-584

## VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota WTP #1 DW Scan  
Sample Location: Chuluota WTP#1 Grab  
Sample Number: 2126500001  
Sampling Date: 8/08/06 11:20  
Date Received: 8/08/06 13:36

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	8/17/06 20:29	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 20:29	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/17/06 20:29	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/17/06 20:29	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 20:29	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/17/06 20:29	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/17/06 20:29	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/17/06 20:29	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/17/06 20:29	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/17/06 20:29	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 20:29	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/17/06 20:29	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/17/06 20:29	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/17/06 20:29	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/17/06 20:29	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/17/06 20:29	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/17/06 20:29	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/17/06 20:29	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/17/06 20:29	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 20:29	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 20:29	E96080

Reporting Form 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, ?, \*, 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.

600 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 34607  
FDOH # E84418

Printed: 9/8/06



**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: \_\_\_\_\_ PWS I.D. #: 

--	--	--	--	--	--	--	--	--	--

System Type (check one)     Community     Nontransient Noncommunity     Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_

Sample Location (be specific): Trip Blank

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

<b>Sample Type (Check Only One)</b>	<b>Reason(s) for Sample (Check all that apply)</b>	
<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) Date Sample(s) Received: 8/8/06

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2126500002

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 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: 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.**

5200 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

**VOLATILE ORGANICS**

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

Client: Aqua Utilities Florida, Inc. Workorder: Chuluota WTP #1 DW Scan  
Sample Location: Trip Blank  
Sample Number: 2126500002  
Sampling Date:  
Date Received: 8/08/06 13:36

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	8/17/06 21:03	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 21:3	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/17/06 21:3	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/17/06 21:3	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 21:3	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/17/06 21:3	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/17/06 21:3	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/17/06 21:3	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/17/06 21:3	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/17/06 21:3	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 21:3	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/17/06 21:3	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/17/06 21:3	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/17/06 21:3	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/17/06 21:3	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/17/06 21:3	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/17/06 21:3	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/17/06 21:3	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/17/06 21:3	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 21:3	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/17/06 21:3	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 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? , \*, 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. In the event of a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

600 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 34607  
FDOH # E84418

Printed: 9/8/06



# SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Oceanographic Institution Inc.  
5600 US 1 North  
Fort Pierce, FL 34946-

August 21, 2006  
Project No: 62309

## Laboratory Report

Project Name **Drinking Water Compliance Metals**

Parameters	Units	Results	Method	Detection Limit	Date/Time Analyzed	Date/Time Prep	Analyst
Sample Description		2126500 001S					
Matrix		Drinking Water					
SAL Sample Number		62309.01					
Date/Time Collected		08/08/06 11:20					
Date/Time Received		08/11/06 08:55					
<b>Metals</b>							
Arsenic	mg/l	0.001 U	SM 3113 B	0.001	08/21/06 10:03		BMD
Antimony	mg/l	0.001 U	SM 3113 B	0.001	08/14/06 14:37		BMD

Sample Description **2126501 001S**  
Matrix **Drinking Water**  
SAL Sample Number **62309.02**  
Date/Time Collected **08/08/06 10:00**  
Date/Time Received **08/11/06 08:55**

<b>Metals</b>							
Arsenic	mg/l	0.001 U	SM 3113 B	0.001	08/21/06 10:03		BMD
Antimony	mg/l	0.001 U	SM 3113 B	0.001	08/14/06 14:37		BMD

**SOUTHERN ANALYTICAL LABORATORIES, INC.**

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



Harbor Branch Oceanographic Institution Inc.  
5600 US 1 North  
Fort Pierce, FL 34946-

August 21, 2006  
Project No: 62309

**Laboratory Report**

Project Name **Drinking Water Compliance Metals**

Footnotes

- Test results presented in this report meet all the requirements of the NELAC standards.
- A statement of estimated uncertainty of test results is available upon request.
- U Analyte was undetected. Indicated concentration is method detection limit.

A handwritten signature in black ink, appearing to read "Francis I. Daniels".

Harbor Branch  
Environmental Laboratory

**HARBOR BRANCH ENVIRONMENTAL LABORATORY**  
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292  
Fax: (772) 467-1584  
**CHAIN OF CUSTODY RECORD**

62309

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

Receiving Laboratory: SAL

The samples are to be shipped by FERRIS to arrive on 8/11/06 TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY					ANALYSIS REQUIRED			COLLECTION REMARKS	
PROJECT NAME: <u>Vic Compliance Metals</u>					PRESERVATIVE				
SAMPLE TYPE: Composite = C, Grab = G,				Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				SAMPLE COMMENTS	
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O									
Client Code	MATRIX	COLLECTION DATE	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles			
<u>01</u>	<u>DW</u>	<u>8/9/06</u>	<u>1120</u>	<u>L</u>	<u>212650001S</u>	<u>1</u>	<u>by Ferris</u>		
<u>02</u>	<u>DW</u>	<u>8/9/06</u>	<u>1200</u>	<u>L</u>	<u>2126501001S</u>	<u>1</u>	<u>125ml P, HNO<sub>3</sub></u>		
RELINQUISHED BY: <u>[Signature]</u>				DATE: <u>8/11/06</u>	TIME: <u>1100</u>	RECEIVED BY: <u>[Signature]</u>		DATE: <u>08/11/06</u>	TIME: <u>0833</u>
RELINQUISHED BY: <u>[Signature]</u>				DATE: <u>8/11/06</u>	TIME: <u>1100</u>	LABORATORY NAME AND RECEIVED BY: <u>[Signature]</u>		DATE: <u>08/11/06</u>	TIME: <u>0833</u>

125ml P, HNO<sub>3</sub>

**LABOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126477]

*3rd  
Quarter  
2006*

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota TTHM/HAA5 Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126477001					Sampled: 08/04/06 10:20		Received: 08/04/06 12:50			
Sample ID: 390 Lk Lanella					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		26	ug/L	0.25	EPA 524.2	VOC2678		08/15/06 21:02	WR	E96080
Bromoform		37	ug/L	0.41	EPA 524.2	VOC2678		08/15/06 21:02	WR	E96080
Chloroform		13	ug/L	0.25	EPA 524.2	VOC2678		08/15/06 21:02	WR	E96080
Dibromochloromethane		54	ug/L	0.30	EPA 524.2	VOC2678		08/15/06 21:02	WR	E96080
Total THMs		130	ug/L	0.50	EPA 524.2	VOC2678		08/15/06 21:02	WR	E96080
Laboratory ID: 2126477002					Sampled: 08/04/06 10:50		Received: 08/04/06 12:50			
Sample ID: 803 Mazurka					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		26	ug/L	0.25	EPA 524.2	VOC2678		08/15/06 21:36	WR	E96080
Bromoform		38	ug/L	0.41	EPA 524.2	VOC2678		08/15/06 21:36	WR	E96080
Chloroform		8.6	ug/L	0.25	EPA 524.2	VOC2678		08/15/06 21:36	WR	E96080
Dibromochloromethane		53	ug/L	0.30	EPA 524.2	VOC2678		08/15/06 21:36	WR	E96080
Total THMs		125.6	ug/L	0.50	EPA 524.2	VOC2678		08/15/06 21:36	WR	E96080
Laboratory ID: 2126477003					Sampled:		Received: 08/04/06 12:50			
Sample ID: Trip Blanks					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2678		08/15/06 22:10	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2678		08/15/06 22:10	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2678		08/15/06 22:10	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2678		08/15/06 22:10	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2678		08/15/06 22:10	WR	E96080

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

1500 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/31/06



Page 3 of 4

# SOUTHERN ANALYTICAL LABORATORIES, INC.

1000 W. U.S. HWY. 90, SUITE 100, DULLES, FL 32677 813-855-1844 FAX 813-855-8218



Harbor Branch Oceanographic Institution Inc.

HBL#2126477

Sample ID: 190 Lake Lanette

August 30, 2006

Sample No.: 62697:01

PWS ID: 3590186

Disinfectant Residual (mg/L): 0.1

## Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis		Analytical Method	Lab MDL	Analysis Date	Analysis Time	DQH Lab Certification #
				Result	Qualifier*					
2450	Monochloroacetic Acid	N/A	µg/L	1	U,Q	EPA 552.2	1	08/27/06	01:28	E84129
2451	Dichloroacetic Acid	N/A	µg/L	3.3	L,Q	EPA 552.2	1	08/27/06	01:26	E84129
2452	Trichloroacetic Acid	N/A	µg/L	1.6	L,Q	EPA 552.2	1	08/27/06	01:26	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1.5	L,Q	EPA 552.2	1	08/27/06	01:26	E84129
2454	Dibromoacetic Acid	N/A	µg/L	9.7	Q	EPA 552.2	1	08/27/06	01:26	E84129
2456	Total Haloacetic Acids	60	µg/L	16.1	Q	EPA 552.2	1	08/27/06	01:28	E84129

### Qualifiers:

- LQ: The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit. Sample analyzed beyond the accepted holding limit/ client's request.
- Q: Sample held beyond the accepted holding time.
- U,Q: Analyte was not detected; indicated concentration is method detection limit. Sample held beyond the accepted holding time.

**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: June 8, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota TTHM

[2125756]

Received: 5/18/06 15:00

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418

Printed: 6/8/06





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 225 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Chuluota TTHM  
Received: 5/18/06 15:00

[2125756]

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

**HBEL Sample** **Method Narratives (If Applicable)**

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

**Quality Control Summary**

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

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

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

Printed: 6/8/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 205 Fax: (772) 467-5384

**CERTIFICATE OF ANALYSIS**

[2125756]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2125756001</b>					<b>Sampled: 05/18/06 12:10</b>		<b>Received: 05/18/06 15:00</b>			
<b>Sample ID: 803 Mazurka Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		31	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 2:53	WR	E96080
Bromoform		75	ug/L	0.41	EPA 524.2	VOC2639		05/31/06 2:53	WR	E96080
Chloroform		8.6	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 2:53	WR	E96080
Dibromochloromethane		76	ug/L	0.30	EPA 524.2	VOC2639		05/31/06 2:53	WR	E96080
Total THMs		190	ug/L	0.50	EPA 524.2	VOC2639		05/31/06 2:53	WR	E96080
<b>Laboratory ID: 2125756002</b>					<b>Sampled: 05/18/06 11:20</b>		<b>Received: 05/18/06 15:00</b>			
<b>Sample ID: 390 Lk Lanette Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		29	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 3:29	WR	E96080
Bromoform		52	ug/L	0.41	EPA 524.2	VOC2639		05/31/06 3:29	WR	E96080
Chloroform		16	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 3:29	WR	E96080
Dibromochloromethane		66	ug/L	0.30	EPA 524.2	VOC2639		05/31/06 3:29	WR	E96080
Total THMs		160	ug/L	0.50	EPA 524.2	VOC2639		05/31/06 3:29	WR	E96080
<b>Laboratory ID: 2125756003</b>					<b>Sampled:</b>		<b>Received: 05/18/06 15:00</b>			
<b>Sample ID: Trip Blank</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 4:04	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2639		05/31/06 4:04	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 4:04	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2639		05/31/06 4:04	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2639		05/31/06 4:04	WR	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418



Printed: 6/8/06



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 US 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**Chain-of-Custody**

and  
**Agreement to Perform Services**

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

Laboratory not responsible for omitted information  
 \_\_\_ FDOH # E98080 \_\_\_ FDOH # E85370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 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 Util. FLA  
 Address: 140 HOPE ST.

LOWWOOD, FL Zip: 32750

Phone: 407-339-5424 Fax: \_\_\_\_\_

Client Contact: BILL T.

Project Name: CHULOOTA

Sampled By: TERRY MCCARTHY

Method(s) of Shipment: \_\_\_\_\_

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>2125756</u>
Checked	Intact	Checked			
<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
<b>PRESERVATIVE</b>					
<b>ANALYSES REQUESTED</b>					
<b>Preservation Key</b>					
H=Hydrochloric Acid			P=Phosphoric Acid		
N=Nitric Acid			ST=Sodium		
S=Sulfuric Acid			Thiosulfate		
SH=Sodium Hydroxide			U=Unpreserved		
<b>COMMENTS</b>					
<u>FIELD PRESERVED</u>					
<u>CL2=0.8 pH=8.0</u>					
<u>CL2=0.9 pH=8.2</u>					
<u># BOTH SAMPLES</u>					
<u>MAX RES TIME</u>					

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	TTHM'S
	DATE	TIME					
<u>001</u>	<u>5/18/06</u>	<u>1210</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>803 MAZURKA</u>	<u>X</u>
<u>002</u>	<u>5/18/06</u>	<u>1120</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>390 LK. LANELLE</u>	<u>X</u>
<u>003</u>					<u>3</u>	<u>TRIP BLANK</u>	<u>X</u>

\* 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 of 4	RELINQUISHED BY <u>Terry McCarthy</u>	RELINQUISHED BY <u>People to People</u>	RELINQUISHED BY _____
	DATE/TIME <u>5/18/06 1500</u>	DATE/TIME <u>5-18-06 1600</u>	DATE/TIME _____
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>5-18-06 1500</u>	DATE/TIME _____	DATE/TIME <u>5-19-06 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**

**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: 06/30/2006  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 5/18/06

PWS ID (From Page 1): 3590181c Sample Number (From Page 1): 001

Lab Assigned Report Number or Job ID: 2125756001

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 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           |  | <input type="checkbox"/> Bromate                    |
| <input type="checkbox"/> Nitrite       | <input type="checkbox"/> Dioxin Only       | <u>Radionuclides</u>                       | <input type="checkbox"/> Chlorite                   |
| <input type="checkbox"/> Asbestos Only |  | <input type="checkbox"/> Single Sample     | <u>Secondaries</u>                                  |
|  |  | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14                     |
|  |  |  | <input type="checkbox"/> Partial                    |

Were any analyses subcontracted?  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-Jun-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) 465-2400, Ext. 285 Fax: (772) 467-5884

**DISINFECTION BYPRODUCTS ANALYSES**

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota TTHM  
 Sample Location: 803 Mazurka Grab Disinfectant Residual (mg/L) 0.8  
 Sample Number: 2125756001 PWS ID 3590186  
 Sampling Date: 5/18/06 12:10  
 Date Received: 5/18/06 15:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	--------

2941	Chloroform	[N/A]	ug/L	8.6		EPA 524.2	0.25	5/31/06	2:53 AM	E96080
2942	Bromoform	[N/A]	ug/L	75		EPA 524.2	0.41	5/31/06	2:53 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	31		EPA 524.2	0.25	5/31/06	2:53 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	76		EPA 524.2	0.30	5/31/06	2:53 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, 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.

600 US 1 North  
Fort Pierce, FL 34946  
DOH # E96080  
Printed: 6/8/06

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

**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: Chuluota Lea PWS I.D. #: 3 5 9 0 1 8 6

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E. 7th Street

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407 509 8398 Fax #: 407-339-7490

E-Mail Address: betrende1@cquaamerica.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 008 Location Code (if known): \_\_\_\_\_

Sample Date: 05/18/06 Sample Time: 11:20 AM

Sample Location (be specific): 390 Lk Lanelle Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: 8.2

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Distribution                             | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>4th</u> ) |
| <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.  
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: Terry McCarthy

Sampler's Phone #: 407-339-5424 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy Print Name Water Treat Oper Print Title

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

Signature: [Signature] Date: 6/14/06

**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: 06/30/2006  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 5/18/06

PWS ID (From Page 1): 3590186 Sample Number (From Page 1): 002

Lab Assigned Report Number or Job ID: 2125756002

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 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: \_\_\_\_\_

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-Jun-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) 465-2400, Ext. 255 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota TTHM  
 Sample Location: 390 Lk Lanelle Grab Disinfectant Residual (mg/L) 0.9  
 Sample Number: 2125756002 PWS ID 3590186  
 Sampling Date: 5/18/06 11:20  
 Date Received: 5/18/06 15:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	16		EPA 524.2	0.25	5/31/06	3:29 AM	E96080
2942	Bromoform	[N/A]	ug/L	52		EPA 524.2	0.41	5/31/06	3:29 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	29		EPA 524.2	0.25	5/31/06	3:29 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	66		EPA 524.2	0.30	5/31/06	3:29 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, 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.

500 US 1 North  
Fort Pierce, FL 34946  
DOH # E96080  
Printed: 6/8/06

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.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: January 11, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota DW THMs

[2023435]

Received: 1/04/06 8:40

Dear Brian Heath;

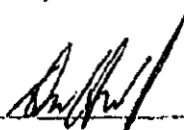
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 1/11/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Chuluota DW THMs  
**Received:** 1/04/06 8:40

**(2023435)**

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

**Quality Control Summary**

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

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E98080

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



Printed: 1/11/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5500 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext 285 Fax: (772) 467-564

**CERTIFICATE OF ANALYSIS**  
[2023435]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota DW THMs

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2023435001</b>						<b>Sampled: 12/30/05 13:00</b>				
<b>Sample ID: WP #2 POE Grab</b>						<b>Received: 01/04/06 8:40</b>				
						<b>Matrix: Water</b>				
						<b>Results reported on Wet Weight Basis</b>				
Bromodichloromethane		40	ug/L	0.25	EPA 524.2	VOC2578		01/6/06 12:17	WR	E96080
Bromoform		33	ug/L	0.41	EPA 524.2	VOC2578		01/6/06 12:17	WR	E96080
Chloroform		18	ug/L	0.25	EPA 524.2	VOC2578		01/6/06 12:17	WR	E96080
Dibromochloromethane		70	ug/L	0.30	EPA 524.2	VOC2578		01/6/06 12:17	WR	E96080
Total THMs		160	ug/L	0.50	EPA 524.2	VOC2578		01/6/06 12:17	WR	E96080
<b>Laboratory ID: 2023436002</b>						<b>Sampled: 12/30/05 11:00</b>				
<b>Sample ID: WP #5 POE Grab</b>						<b>Received: 01/04/06 8:40</b>				
						<b>Matrix: Water</b>				
						<b>Results reported on Wet Weight Basis</b>				
Bromodichloromethane		23	ug/L	0.25	EPA 524.2	VOC2578		01/6/06 12:52	WR	E96080
Bromoform		27	ug/L	0.41	EPA 524.2	VOC2578		01/6/06 12:52	WR	E96080
Chloroform		8.0	ug/L	0.25	EPA 524.2	VOC2578		01/6/06 12:52	WR	E96080
Dibromochloromethane		46	ug/L	0.30	EPA 524.2	VOC2578		01/6/06 12:52	WR	E96080
Total THMs		100	ug/L	0.50	EPA 524.2	VOC2578		01/6/06 12:52	WR	E96080

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

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

4755 St. John's Pkwy Suite T300  
Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 1/11/06



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 265 Fax: (772) 467-584

**Chain-of-Custody**  
and  
**Agreement to Perform Services**

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

Laboratory not responsible for omitted information  
FDQH # E96080 FDQH # E85370  
5600 U.S. 1 North 307 Coakledge Avenue  
Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
FDQH # E83509 FDQH # E84418  
255 Enterprise Rd., Suite 1 2514 Ossawaw Blvd.  
Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Util. FL.  
Address: 140 HOPE ST.  
LOWWOOD, FL. Zip: 32750  
Phone: 407-339-5424 Fax: \_\_\_\_\_  
Client Contact: BILL T  
Project Name: CHULVOYA  
Sampled By: T. MCCARTHY

Method(s) of Shipment: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Standard Laboratory Turn Around Time  
Or  
Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval

**For Lab Use Only**

Temperature Checked:  Y  N  
Custody Seals Intact:  Y  N  
pH Checked:  Y  N

LAB # 202 3435

PRESERVATIVE											
H											
ANALYSES REQUESTED											

**Preservation Key**

H=Hydrochloric Acid    P=Phosphoric Acid  
N=Nitric Acid    S=Sulfuric Acid  
S=Sulfuric Acid    Th=Thiosulfate  
SOH=Sodium Hydroxide    U=Unpreserved

**COMMENTS**

TTHMS

CL2 L8 pH 7.8 TEMP 22.7  
CL2 L8 pH 7.5 TEMP 22.6

AQUA UTIL IN HOUSE  
SPECIALTY SAMPLES

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	12/30/05	1300	G	DW	3	WP# 2 POE
002	12/30/05	1100	G	DW	3	WP# 5 POE

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 of 4	RELINQUISHED BY: <u>T. McCarthy</u>	RELINQUISHED BY: <u>[Signature]</u>	RELINQUISHED BY: <u>[Signature]</u>
	DATE/TIME: <u>12/30/05 1130</u>	DATE/TIME: <u>12/30/05 1420</u>	DATE/TIME: <u>01/04/06</u>
	RECEIVED BY: <u>[Signature]</u>	RECEIVED BY: <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY: <u>John [Signature]</u>
	DATE/TIME: <u>12/30/05 1330</u>	DATE/TIME: <u>12/30/05 1420</u>	DATE/TIME: <u>1-4-06 8:20</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: \_\_\_\_\_ PWS I.D. #:

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### SAMPLE INFORMATION (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code: (if known): \_\_\_\_\_

Sample Date: 12/30/05 Sample Time: 1:00 PM

Sample Location (be specific): WP #2 POE Grab

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 checked="" type="checkbox"/> Distribution                               | <input 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 checked="" type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites**    | <input type="checkbox"/> Violation Resolution                     |
| <input checked="" 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 checked="" type="checkbox"/> Ave Residence Time                         | Sampling Procedure Used or Other Comments: _____          |   |
| <input checked="" type="checkbox"/> Near First Customer                        |   |   |

\*See 62-550.500(8) 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: 06/30/2006  
 Fort Pierce, FL 34948 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 1/4/06  
 PWS ID (From Page 1): Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2023435001

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 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:

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: 11-Jan-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. 285 Fax: (772) 467-5884

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota DW THMs  
 Sample Location: WP #2 POE Grab Disinfectant Residual (mg/L \_\_\_\_\_  
 Sample Number: 2023435001 PWS ID \_\_\_\_\_  
 Sampling Date: 12/30/05 13:00  
 Date Received: 1/04/06 8:40

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Analysis Lab ID
2941	Chloroform	[NA]	ug/L	18		EPA 524.2	0.25	1/06/06	12:17 PM	E96080
2942	Bromoform	[NA]	ug/L	33		EPA 524.2	0.41	1/06/06	12:17 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	40		EPA 524.2	0.25	1/06/06	12:17 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	70		EPA 524.2	0.30	1/06/06	12:17 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 62-160. Tests 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. John's Pkwy Suite 1300  
 Sanford, FL 32771  
 FDOH # E83509

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

2514 Osawaw Boulevard  
 Spring Hill, FL 34607  
 FDOH # E84418



Printed: 1/11/06

# 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: \_\_\_\_\_ PWS I.D. #: 

--	--	--	--	--	--	--	--	--	--

System Type (check one)     Community     Nontransient Noncommunity     Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 12/30/05      Sample Time: 11:00 AM

Sample Location (be specific): WP #5 POE Grab

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 one? _____)             |
| <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(8) 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: 06/30/2006  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 1/4/06

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2023435002

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 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: \_\_\_\_\_

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

Date issued: March 21, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
140 Hope Street  
Longwood, FL 327505141

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota TTHM

[2125009]

Received: 3/09/06 11:40

Dear Brian Heath;

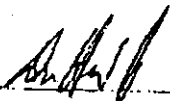
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

4165 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/21/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**  
5800 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 288 Fax: (772) 467-5884

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Chuluota TTHM  
**Received:** 3/09/06 11:40

[2125009]

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>

<u>Quality Control Summary</u>		
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>

5800 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 3/21/06

4155 St. Johns Pkwy Suite 130D  
Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33938  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-5844

## CERTIFICATE OF ANALYSIS [2125009]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Chuluota TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2125009001						Sampled: 03/09/06 9:15		Received: 03/09/06 11:40		
Sample ID: 390 Lk Lanella Grab						Matrix: Water		Results reported on Wet Weight Basis		
Bromodichloromethane		23	ug/L	0.25	EPA 524.2	VOC2612		03/20/06 22:10	WR	E96080
Bromoform		35	ug/L	0.41	EPA 524.2	VOC2612		03/20/06 22:10	WR	E96080
Chloroform		13	ug/L	0.25	EPA 524.2	VOC2612		03/20/06 22:10	WR	E96080
Dibromochloromethane		46	ug/L	0.30	EPA 524.2	VOC2612		03/20/06 22:10	WR	E96080
Total THMs		120	117 ug/L	0.50	EPA 524.2	VOC2612		03/20/06 22:10	WR	E96080
Laboratory ID: 2125009002						Sampled: 03/09/06 9:45		Received: 03/09/06 11:40		
Sample ID: 803 Mazurka Grab						Matrix: Water		Results reported on Wet Weight Basis		
Bromodichloromethane		23	ug/L	0.25	EPA 524.2	VOC2612		03/20/06 22:44	WR	E96080
Bromoform		35	ug/L	0.41	EPA 524.2	VOC2612		03/20/06 22:44	WR	E96080
Chloroform		7.6	ug/L	0.25	EPA 524.2	VOC2612		03/20/06 22:44	WR	E96080
Dibromochloromethane		47	ug/L	0.30	EPA 524.2	VOC2612		03/20/06 22:44	WR	E96080
Total THMs		110	112.6 ug/L	0.50	EPA 524.2	VOC2612		03/20/06 22:44	WR	E96080

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

229.6  
114.8

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

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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

2514 Osawaw Boulevard  
 Spring Hill, FL 34607  
 FDOH # E84418





**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 US 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**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 # E86080 FDOH # E85370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
 FDOH # E83509 FDOH # E84418  
 255 Enterprise Rd., Suite 1 2514 Osawen Blvd.  
 Deltona, FL 32725 Spring Hill, FL 34607

Company: AQUA UTIL FL.  
 Address: 140 HOPE ST.  
LONGWOOD FL. Zip: 32750  
 Phone: 407 339-5424 Fax \_\_\_\_\_  
 Client Contact: BILL T.  
 Project Name: CHULUOTA  
 Sampled By: T. MCCARTHY

Method(s) of Shipment: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Standard Laboratory Turn Around Time \_\_\_\_\_  
 Or \_\_\_\_\_  
 Rush in \_\_\_\_\_ Business Days  
 Requires Laboratory Approval

**For Lab Use Only**

Temperature Checked  Y  N  
 Custody Seals Intact  Y  NA  
 pH Checked  Y  N

LAB # 2125009

**PRESERVATIVE**

H							
---	--	--	--	--	--	--	--

**ANALYSES REQUESTED**

TTHM'S							
--------	--	--	--	--	--	--	--

**Preservation Key**  
 H=Hydrochloric Acid P=Phosphoric Acid  
 N=Nitric Acid ST=Stannous  
 S=Sulfuric Acid Th=Thiourea  
 SH=Sodium Hydroxide U=Unpreserved

**COMMENTS**

temp 19.4 C 1.2 pH 7.8  
 temp 19.6 C 1.2 pH 7.7  
 \*\* both samples preserved in field

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	3/9/06	0915	G	DW	3	390 LK LANELE
002	3/9/06	0945	G	DW	3	803 MAZURKA

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 1 of 1	RELINQUISHED BY <u>T. McCarthy</u>	RELINQUISHED BY <u>Jim Hark</u>	RELINQUISHED BY <u>Jackie to Kelly</u>
	DATE/TIME <u>3/9/06 1000</u>	DATE/TIME <u>3/9/06 1140</u>	DATE/TIME <u>3-9-06 1100</u>
	RECEIVED BY <u>Billie Hark</u>	RECEIVED BY <u>Jim Hark</u>	RECEIVED FOR HBEL CUSTODY BY <u>Jim Hark</u>
	DATE/TIME <u>3/9/06 105</u>	DATE/TIME <u>3/9/06 1140</u>	DATE/TIME <u>3/10/06 10:00</u>

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

CHAIN PAGE 2 of 2

**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: Chuluota PWS I.D. #: 3590186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E. 7th Street

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-509-8398 Fax #: 407-339-7490

E-Mail Address: betrendel@aquamerica.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 001 Location Code (if known): \_\_\_\_\_

Sample Date: 03/09/06 Sample Time: 9:15 AM

Sample Location (be specific): 390 Lk Lanelle Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.8

**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: Terry McCarthy

Sampler's Phone #: 407-339-5424 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy water treat. oper.  
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: 06/30/2006  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 3/9/06

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2125009001

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 checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial           | <input type="checkbox"/> Halacetic 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"/> Dirty 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: \_\_\_\_\_

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: 21-Mar-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. 205 Fax: (772) 467-5284

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota TTHM  
Sample Location: 390 Lk Lanella Grab Disinfectant Residual (mg/L \_\_\_\_\_  
Sample Number: 2125009001 PWS ID \_\_\_\_\_  
Sampling Date: 3/09/06 9:15  
Date Received: 3/09/06 11:40

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	--------

2941	Chloroform	[N/A]	ug/L	13		EPA 524.2	0.25	3/20/06	10:10 PM	E96080
2942	Bromoform	[N/A]	ug/L	35		EPA 524.2	0.41	3/20/06	10:10 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	23		EPA 524.2	0.25	3/20/06	10:10 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	46		EPA 524.2	0.30	3/20/06	10:10 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 62-160, Table 1. Results qualified with A, F, M, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/21/06





**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: Chuluota PWS I.D. #: 3590186

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 118 E. 7th Street

City: Chuluota State: FL ZIP Code: \_\_\_\_\_

Phone #: 407-509-8398 Fax #: 407-339-7490

E-Mail Address: betrendel@aquamerica.com

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 002 Location Code (if known): \_\_\_\_\_

Sample Date: 03/09/06 Sample Time: 9:45 AM

Sample Location (be specific): 803 Mazurka Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.7

**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 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(8) 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: Terry McCarthy

Sampler's Phone #: 407-339-5484 Sampler's Fax #: 407-339-7490

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, Terry McCarthy water treat. oper.  
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: 06/30/2006  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 3/9/06

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2125009002

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 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: \_\_\_\_\_

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: 21-Mar-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. 200 Fax (772) 467-1584

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Chuluota TTHM  
Sample Location: 803 Mazurka Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
Sample Number: 2125009002 PWS ID \_\_\_\_\_  
Sampling Date: 3/09/06 9:45  
Date Received: 3/09/06 11:40

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	--------

2941	Chloroform	[NA]	ug/L	7.6		EPA 524.2	0.25	3/20/06	10:44 PM	E96080
2942	Bromoform	[NA]	ug/L	35		EPA 524.2	0.41	3/20/06	10:44 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	23		EPA 524.2	0.25	3/20/06	10:44 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	47		EPA 524.2	0.30	3/20/06	10:44 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, 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

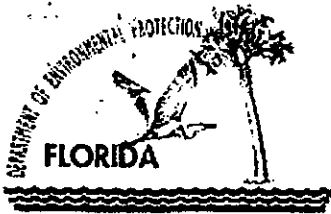
4155 St. Johns Pkwy Suite 1300  
Santard, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osowaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/21/06



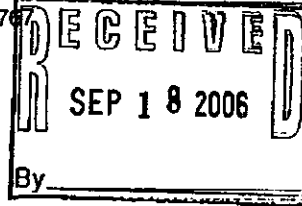


# Department of Environmental Protection

Jeb Bush  
Governor

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3766

Colleen M. Castille  
Secretary



September 7, 2006

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

Attention: Jack Lihvarcik, President

Seminole County - PW  
Chuluota Water System  
PWS ID Number 3590186

OCD-PW-SS-06-1031 9/12/06

Jerry  
Good project to have Patrick  
work on. Most are easy resolutions  
we need to outsource repairs

JUL

Dear Mr. Lihvarcik:

The Department conducted a sanitary survey of the above-referenced public water system on August 29, 2006. This inspection was conducted by Kim Dodson and Nathan Hess, in the presence of Bob Anzag and Bill Trendel, both of Aqua Utilities Florida. A copy of the sanitary survey report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed on pages 7-13 of the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code (F.A.C.)* Rules 62-550, 62-555, 62-560 and 62-602.

Correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than **October 16, 2006**.

Please be advised that enforcement action is forthcoming for failure to comply with maximum contaminant level for total trihalomethanes.

If you have any questions, please contact Nathan Hess at the above address or by phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager  
Drinking Water Compliance and Enforcement

KMD/nh  
Enclosures

cc: Jerry Connolly, Aqua Utilities Florida, Inc. [EMAIL: [gpconnolly@aquaaamerica.com](mailto:gpconnolly@aquaaamerica.com)  
[mjoreilly@aquaaamerica.com](mailto:mjoreilly@aquaaamerica.com)]

Jim Collins, Seminole County Health Department  
Echo Goodner, DEP Drinking Water Compliance/Enforcement  
Nathan Hess, DEP Drinking Water Compliance/Enforcement  
Kenny Davis, DEP Drinking Water Compliance

DOCUMENT NUMBER: DATE  
04331 MAY 22 06  
FPSC-COMMISSION CLERK

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

**PLANT #1**

**GENERAL INFORMATION**

System Name CHULUOTA WATER SYSTEM WTP #1 County Seminole PWS ID # 3590186-1  
Plant Location 118 E 7<sup>th</sup> Street, Chuluota, FL 32766 Phone \_\_\_\_\_  
Owner Name Aqua Utilities Florida, Inc. Phone 610-645-1026  
Owner Address 762 Lancaster Avenue, Bryn Mawr, PA 19010  
Contact Person Jerry P. Connolly Title Manager of Operations Phone 352-787-0980  
This Survey Date 8/29/06 Last Survey Date 6/29/04 Last C.I. Date 7/23/98

**PWS TYPE & CLASS**

Community (4C)

**PWS STATUS**

Approved system with approval number & date  
12/20/61 5331-18150

**SERVICE AREA CHARACTERISTICS**

Residential

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
Operator(s) & Certification Class-Number  
William Trendel C-6411  
Terry McCarthy C-4617

O & M Log:  Yes  No  Not required  
Operator Visitation Frequency

Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
Days/wk: Required 6 Actual 6

Non-consecutive Days?  Yes  No  N/A  
MORs submitted regularly?  Yes  No  N/A  
Data missing from MORs?  No  Yes  N/A  
Maximum-day design capacities reported on MOR's  
differ from Department records.

Number of Service Connections \*1,307  
Population Served \*4,574 Basis Operator  
Average Day (from MORs) 68,927 gpd  
Max. Day (from MORs) 128,000 gpd 5/06 MOR  
Max-day Design Capacity 720,000 gpd  
Comments \*System-wide

**RAW WATER SOURCE**

GROUND; Number of Wells 2  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source Interconnect w/ WTP #2  
Emergency Water Capacity 720,000 gpd

**AUXILIARY POWER SOURCE**

Yes  None  Not Required  
Source Diesel  
Capacity of Standby (kW) 105  
Switchover:  Automatic  Manual  
Standby Plan:  Yes  No  
Hrs Operated Under Load 1 hr/wk.

**What equipment does it operate?**

Well pumps All  
 High Service Pumps All  
 Treatment Equipment All

Satisfy average-day demand?  Yes  No  Unk

Comments No audio-visual alarm system  
Generator had a small fuel spill prior to inspection.

**TREATMENT PROCESSES IN USE**

Aeration, hypochlorination, iron sequestration -  
Aquadene orthopolyphosphate dosage 1.0 mg/l.

**What additional treatment is needed?**

Chloramination  
For control of what deficiencies?  
Disinfection byproducts

**DISTRIBUTION SYSTEM**

Flow Measuring Device \*Flow Meter  
Meter Size & Type McCrometer  
Backflow Prevention Devices:  Yes  No  
Cross-connections None observed.  
Written Cross-connection Control Program: Yes  
Coliform Sampling Plan:  Yes  No  N/A  
Comments \*Wells individually metered - no finished  
water meter.

Plant Name WTP #1  
 Plant PWS ID # 3590186-1  
 Date 8/29/06

**GROUND WATER SOURCE**

Well Number	1	2		
Year Drilled	1961	1966		
Depth Drilled	240'	235'		
Drilling Method	Unknown	Unknown		
Type of Grout	Unknown	Unknown		
Static Water Level	Unknown	Unknown		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Unknown		
Length (outside casing)	122'	128'		
Diameter (outside casing)	10"	8"		
Material (outside casing)	Steel	Steel		
Well Contamination History	No	No		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	Above ground	diesel fuel	storage tank
PUMP	Type	Vertical turbine	Vertical turbine	
	Manufacturer Name	Goulds	Goulds	
	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	250	500	
	Motor Horsepower	60	Unknown	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	OK	OK		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	N/A	N/A		

**COMMENTS** Well #1 was out of service at time of inspection. Provide update on status when problem is diagnosed.  
 No well vents on wells #1 and #2. Well pumps run simultaneously.

Plant Name WTP #1  
 Plant PWS ID # 3590186-1  
 Date 8/29/06

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make (3) Stenner Capacity 85 gpd  
 Chlorine Feed Rate 20 to 25 gpd.  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 1.03 Remote 0.66  
 Remote tap location 803 Mazurka St.  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Into top of GST.  
 Booster Pump Info \_\_\_\_\_  
 Comments System is currently using free chlorine to maintain disinfection. A temporary change to free chlorine was approved by the Department in July 2004.

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

**AERATION (Gases, Fe, & Mn Removal)**

Type Cascade Capacity 500 gpm  
 Aerator Condition \*Unknown  
 Bloodworm Presence \*Unknown  
 Visible Algae Growth \*Unknown  
 Protective Screen Condition \*Unknown  
 Comments Per operator, aerators are inspected monthly and cleaned 3 times per year. \*Tank not climbed at time of inspection.

**AMMONIATION**

Make (2) Stenner Capacity 40 gpd  
 Injection Points Into top of GST.  
 Comments This process is currently NOT in use. 18% aqueous ammonia. 12/2003 conversion to aqueous ammonia cleared - 59-0080853-016. Maximum use rate aqueous ammonia not to exceed 14mg/l. Proposed ratio 4.5 parts chlorine to 1.0 part ammonia. Chloramines cleared for service in August 2000 as corrective action for maximum contaminant level violations for total trihalomethanes.

**STORAGE FACILITIES**

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

Tank Type/Number	G1	H1	
Capacity (gal)	100,000	10,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	No	Yes	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	N/A	Unknown	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments Both tanks exhibit extensive corrosion. The dates of last cleaning and inspection are unknown.

**HIGH SERVICE PUMPS**

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Goulds	
Model	Unknown	Unknown	
Capacity (gpm)	450	500	
Motor HP	25	25	

Comments \_\_\_\_\_

Plant Name WTP #2  
Plant PWS ID # 3590186-2  
Date 8/29/06

**PLANT #2**

**GENERAL INFORMATION**

System Name CHULUOTA WATER SYSTEM WTP #2 County Seminole PWS ID # 3590186-2  
Plant Location Brumley Road, Chuluota, FL 32766 Phone \_\_\_\_\_  
Owner Name Aqua Utilities of Florida, Inc. Phone 610-645-1026  
Owner Address 762 Lancaster Avenue, Bryn Mawr, PA 19010  
Contact Person Jerry P. Connolly Title Manager of Operations Phone 352-787-0980  
This Survey Date 8/29/06 Last Survey Date 6/29/04 Last C.I. Date 7/23/98

**PWS TYPE & CLASS**

Community (4C)

**PWS STATUS**

Approved system with approval number & date  
WC59-263422 cleared 8/15/96

Unapproved system

**SERVICE AREA CHARACTERISTICS**

Residential

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
Operator(s) & Certification Class-Number  
William Trendel C-6411  
Terry McCarthy C-4617

O & M Log:  Yes  No  Not required

Operator Visitation Frequency

Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
Days/wk: Required 6 Actual 6

Non-consecutive Days?  Yes  No  N/A

MORs submitted regularly?  Yes  No  N/A

Data missing from MORs?  No  Yes  N/A

\*Maximum-day design capacity reported on MORs  
differs from that in Department records.

Number of Service Connections \*1,307

Population Served \*4,574 Basis Operator

Average Day (from MORs) 386.701 gpd

Max. Day (from MORs) 653.700 gpd 5/06 MOR

Max-day Design Capacity 1,080,000 gpd

Comments \*System-wide

**RAW WATER SOURCE**

GROUND; Number of Wells 2  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source Interconnect w/ WTP #2  
Emergency Water Capacity 720,000 gpd

**AUXILIARY POWER SOURCE**

Yes  None  Not Required  
Source Diesel

Capacity of Standby (kW) Unknown

Switchover:  Automatic  Manual

Standby Plan:  Yes  No

Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

Well pumps All

High Service Pumps All

Treatment Equipment All

Satisfy average-day demand?  Yes  No  Unk

Comments No audio-visual alarm system.

Provide specifications for newly installed generator.

**TREATMENT PROCESSES IN USE**

Aeration, hypochlorination, iron sequestration -

Aquadene orthopolyphosphate dosage 1.0 mg/l.

What additional treatment is needed?

Chloramination

For control of what deficiencies?

Disinfection byproducts

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter

Meter Size & Type McCrometer

Backflow Prevention Devices:  Yes  No

Cross-connections None observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan:  Yes  No  N/A

Comments Wells individually metered - no finished  
water meter.



Plant Name WTP #2  
 Plant PWS ID # 3590186-2  
 Date 8/29/06

**GROUND WATER SOURCE**

Well Number	3	5	
Year Drilled	1987	2002	
Depth Drilled	218'	250'	
Drilling Method	Cable tool	Rotary	
Type of Grout	Unknown	Neat cement	
Static Water Level	30.2'	31'	
Pumping Water Level	55'	52'	
Design Well Yield	500 gpm	500 gpm	
Test Yield	800 gpm	550 gpm	
Actual Yield (if different than rated capacity)	Unknown	Unknown	
Strainer	Open hole	Open hole	
Length (outside casing)	122'	40'	
Diameter (outside casing)	10"	18"	
Material (outside casing)	Black steel	Black steel	
Well Contamination History	None	None	
Is inundation of well possible?	No	No	
6' X 6' X 4" Concrete Pad	Yes	Yes	
SET BACKS	Septic Tank	>200'	>200'
	Reuse Water	N/A	N/A
	WW Plumbing	>100'	>100'
	Other Sanitary Hazard	None observed	None observed
PUMP	Type	Vertical turbine	Vertical turbine
	Manufacturer Name	Floserve	Fairbanks Morse
	Model Number	Unknown	10M7000
	Rated Capacity (gpm)	500	500
	Motor Horsepower	20	25
Well casing 12" above grade?	Yes	Yes	
Well Casing Sanitary Seal	No*	Yes	
Raw Water Sampling Tap	Yes	Yes	
Above Ground Check Valve	Yes	Yes	
Fence/Housing	Yes	Yes	
Well Vent Protection	N/A	N/A	

**COMMENTS** There are no well vents on wells #3 and #5. \*The concrete base/pump head interface is not properly sealed on well #3; the concrete base is broken around the pump head.

Plant Name WTP #2  
 Plant PWS ID # 3590186-2  
 Date 8/29/06

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make (2) Stenner Capacity 85 gpd  
 Chlorine Feed Rate 20-25 gpd  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 1.0 Remote 0.67  
 Remote tap location 390 Lake Lenelle  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Into top of GST2.  
 Booster Pump Info \_\_\_\_\_  
 Comments System is currently using free chlorine to maintain disinfection. Department records do not show a permit in place for this type of treatment.

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

**AERATION (Gases, Fe, & Mn Removal)**

Type Cascade Capacity 1300 & 650 gpm  
 Aerator Condition Good  
 Bloodworm Presence Unknown  
 Visible Algae Growth No  
 Protective Screen Condition Good  
 Comments Per operator, aerators are inspected monthly and cleaned 3 times per year.

**AMMONIATION**

Make (2) Stenner Capacity 40 gpd  
 Injection Points Into GST.  
 Comments This process is currently NOT in use. 18% aqueous ammonia. 12/2003 conversion to aqueous ammonia cleared - 59-0080853-017. Maximum use rate aqueous ammonia not to exceed 14 mg/l. Proposed ratio 4.5 parts chlorine to 1.0 part ammonia. Chloramines cleared for service in August 2000 as corrective action for maximum contaminant level violations for total trihalomethanes.

**STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic

Tank Type/Number	G1	G2	H
Capacity (gal)	50,000	300,000	10,000
Material	Concrete	Concrete	Steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	N/A	N/A	Yes
Sight Glass or Level Indicator	Yes	Yes	Yes
Fittings for Sight Glass	N/A	N/A	Yes
Protected Openings	Yes	Yes	Yes
PRV/ARV	N/A	N/A	PRV
On/Off Pressure	N/A	N/A	Unknown
Access Padlocked	Yes	Yes	Yes

Comments G1 is out of service and has not been inspected. Hydropneumatic tank sight glass needs to be cleaned/replaced. The dates of last cleaning and inspection are unknown.

**HIGH SERVICE PUMPS**

Pump Number	1	2	3
Type	Centrifugal	Centrifugal	Centrifugal
Make	Worthington	Worthington	Worthington
Model	3LR-9	3LR-9	T641
Capacity (gpm)	500	500	500
Motor HP	30	30	30
Date Installed	1996	1996	2003
Maintenance	OK	OK	OK

Comments HSPs limiting factor.

System Name: Chuluota Water System  
PWS ID # 3590186  
Date 8/29/06

## **DEFICIENCIES:**

1. **Failure to comply with the maximum contaminant level (MCL) for total trihalomethanes (TTHMs).** Treatment processes approved as corrective action for MCL violations of TTHMs have been taken offline.

The ultimate concern of the public water system supervision program is the quality of water for human consumption when the water reaches the consumers. [Rule 62-550.300, F.A.C.]

Public water systems shall take necessary corrective action approved by the Department to meet all applicable MCLs, MRDLs, and treatment technique requirements. [Rule 62-550.300, F.A.C.]

The Department shall be notified within 48 hours of receiving results that are not in compliance with an MCL or MRDL (except for violations of the microbiological, nitrate, or nitrite MCL and acute violations of the MRDL for chlorine dioxide), and notify the public in accordance with Rule 62-560.410, F.A.C. [Rule 62-550.500(8), F.A.C.]

Results of test measurement or analysis shall be reported to the Department within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

2. **Failure to obtain written approval from the Department for discontinuing use of ammonia feed facilities.** The Department was notified of the temporary conversion to free chlorine to address water quality issues in the distribution system in July 2004. The conversion to chloramines was cleared in August 2000 as corrective action for MCL violations of TTHMs.

Prior to discontinuing use of any existing drinking water treatment, suppliers of water shall obtain written approval from the Department. Each request for approval shall be submitted in writing to the appropriate Department of Environmental Protection District Office and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements in Part III of this chapter, including applicable requirements in the engineering references listed in Rule 62-555.330, F.A.C. Additionally, each request for approval to discontinue use of existing drinking water treatment facilities, each request for approval to change drinking water treatment chemicals shall include assurance of continuing compliance with applicable primary or secondary drinking water standards. [Rule 62-555.520(1)(b), F.A.C.]

3. **Failure to implement a cross-connection control program.**

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

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

**DEFICIENCIES (continued):**

we need to  
write Auto  
alarm  
transistor  
and provide live  
technician

**4. Failure to provide an audio-visual alarm system for standby power.**

At each site where standby power is required the supplier of water shall provide by December 31, 2005, an audio-visual alarm system that is activated in the event any power source fails. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. [Rule 62-555.350(14)(f), F.A.C.]

I thought  
we did  
manuals  
for all  
systems?

**5. Failure to provide an operation and maintenance manual.**

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

**6. Failure to provide totalizing flow meters to measure the net quantity of finished drinking water.**

All water treatment plants that are connected to a community water system shall be equipped with a totalizing flow meter to measure the net quantity of finished drinking water, excluding any filter backwash water, produced at the plant each day. [Rule 62-555.320(16), F.A.C.]

\*REPEAT VIOLATION

Can we  
get our  
chemical  
provided  
to remove  
those  
contaminants?

**7. Failure to properly store and/or remove unused ammonium hydroxide. Drums of ammonium hydroxide have been kept at the plants since the ammonia feed was taken offline in 2004. Storage facilities at water treatment plant #1 do not have ventilation, and a drum is stored in direct sunlight at water treatment plant #2.**

Ammonium hydroxide storage facilities shall be equipped in accordance with Sections 5.4.1 and 5.4.5.2, Recommended Standards for Water Works.

Aqua ammonia feed pumps and storage shall be enclosed and separated from other operating areas. The aqua ammonia room shall be equipped as in Section 5.4.1 with the following changes:

- a. A corrosion resistant, closed, unpressurized tank shall be used for bulk storage, vented through an inert liquid trap to a high point outside and an incompatible connector or lockout provisions shall be made to prevent accidental addition of other chemicals to the storage tank.
- b. The storage tank shall be fitted either with cooling/refrigeration and/or with provision without opening the system to dilute and mix the contents with water to avoid conditions where temperature increases cause the ammonia vapor pressure over the aqua ammonia to exceed atmospheric pressure.
- c. An exhaust fan shall be installed to withdraw air from high points in the room and makeup air shall be allowed to enter at a low point.

System Name: Chuluota Water System  
PWS ID # 3590186  
Date 8/29/06

**DEFICIENCIES (continued):**

- d. The aqua ammonia feed pump, regulators, and lines shall be fitted with pressure relief vents discharging outside the building away from any air intake and with water purge lines leading back to the headspace of the bulk storage tank.
- e. The aqua ammonia shall be conveyed direct from storage to the treated water stream injector without the use of a carrier water stream unless the carrier stream is softened.
- f. The point of delivery to the main water stream should be placed in a region of rapid, preferably turbulent, water flow.
- g. Provisions should be made for easy access for removal of calcium scale deposits from the injector.
- h. Provision of a modestly-sized scrubber capable of handling occasional minor emissions should be considered.

[Section 5.4.5.2, Recommended Standards for Water Works]

**Water Treatment Plant #1**

- see below  
note says  
inspect on this  
in order to assess  
this finding*
8. **Failure to maintain finished-drinking-water storage tanks.** The finished-drinking-water storage tanks exhibit corrosion, and the maintenance on the ground storage tank as indicated in the 2004 inspection report provided by Adirondack Engineering Services, Inc. has not been completed. The tank inspection conducted by Adirondack did not evaluate the condition and thickness of the tank roof and interior steel surfaces. The tank inspection report also stipulated that the assessment "...does not extend beyond the year 2005 without the necessary recommended cleaning, in-depth inspection, and maintenance."

Provide results of inspections for structural and coating integrity for the ground storage and hydropneumatic tanks, and provide a schedule for necessary maintenance identified during the tank inspection process. Ensure proper disinfection and bacteriological evaluations are conducted in accordance with 62-555.340, F.A.C.

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

**DEFICIENCIES (continued):**

S THIS  
subjected to  
re placement?

9. **Failure to provide security for the wells and drinking water treatment plant.** The gate is broken in several locations and there is a large gap where the gate closes.

Wellheads shall be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected against tampering, vandalism, and sabotage. [Rule 62-555.315(1), F.A.C.]

Drinking water treatment or pumping facilities shall be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected to prevent tampering, vandalism, and sabotage. Finished-drinking-water storage facilities shall be enclosed by fences with lockable access gates, shall have lockable access openings and lockable cages or enclosures obstructing access to ladders, or shall be otherwise protected to prevent tampering, vandalism, and sabotage. [Rule 62-555.320(5), F.A.C.]

10. **Failure to provide well vents on wells #1 and #2.**

Should be  
simple  
solution

Well pumps installed on or after August 28, 2003, except those installed under a construction permit for which the Department received a complete application before August 28, 2003, shall pump from a well that is vented to the atmosphere unless the well pump is a packer-type jet pump, the well casing also serves as well pump suction piping, the well is a flowing artesian well, there is no appreciable drawdown in the well, or the supplier of water provides justification for not venting the well to the atmosphere. All well vents shall terminate at least 12 inches above the 100-year flood elevation and, in coastal areas subject to flooding by wave action, at least 12 inches above the 100-year wave-action elevation. New or altered well vents shall be designed and constructed in accordance with Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.320(8)(c), F.A.C.]

Provisions shall be made for venting the well casing to atmosphere. The vent shall terminate in a downturned position, at or above the top of the casing or pitless unit in a minimum 1½-inch diameter opening covered with a 24 mesh, corrosion resistant screen. The pipe connecting the casing to the vent shall be of adequate size to provide rapid venting of the casing. [Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C. ]

**Water Treatment Plant #2**

11. **Failure to maintain well #3.** The concrete base is broken around the pump head at well #3.

Simple  
solution to  
one repair.

Properly seal openings between the base and pump head to prevent contaminants from entering the well at the upper terminal.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

**DEFICIENCIES (continued):**

**12. Failure to provide well vents on wells #3 and #5.**

Simple resolution to not drain instead of  
Well pumps installed on or after August 28, 2003, except those installed under a construction permit for which the Department received a complete application before August 28, 2003, shall pump from a well that is vented to the atmosphere unless the well pump is a packer-type jet pump, the well casing also serves as well pump suction piping, the well is a flowing artesian well, there is no appreciable drawdown in the well, or the supplier of water provides justification for not venting the well to the atmosphere. All well vents shall terminate at least 12 inches above the 100-year flood elevation and, in coastal areas subject to flooding by wave action, at least 12 inches above the 100-year wave-action elevation. New or altered well vents shall be designed and constructed in accordance with Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.320(8)(c), F.A.C.]

Provisions shall be made for venting the well casing to atmosphere. The vent shall terminate in a downturned position, at or above the top of the casing or pitless unit in a minimum 1½-inch diameter opening covered with a 24 mesh, corrosion resistant screen. The pipe connecting the casing to the vent shall be of adequate size to provide rapid venting of the casing. [Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C.]

**13. Failure to maintain hydropneumatic tank sight glass in good operating condition. The sight glass needs to be cleaned or replaced.**

Hire contractor to replace  
Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

**COMMENTS/REMINDERS:**

14. Provide information pertaining to the status of any actions taken, or planned, in response to recommendations raised by the Hartman and Associates report dated September 24, 2004, including upgrades to the distribution system piping.

15. Well #1 was out of service at the time of inspection. The Department was notified on September 1 that the well pump will have to be pulled and repaired. Ensure proper disinfection and bacteriological evaluation/survey in accordance with 62-555.315(6)(a) through (e), F.A.C. prior to placing the well back in service.

No supplier of water shall alter or replace underground portions of, or abandon, any public water system well without first obtaining a permit from the appropriate water management district or delegated permitting authority if such a permit is required under Chapter 62-532, F.A.C. In addition, no supplier of water shall introduce a new source of water into any public water system; alter, or discontinue use of, any public water system components other than wells (but including well pumping equipment and appurtenances); or alter the type of chemicals being used to treat drinking water without first obtaining a construction permit or written approval from the Department if such a permit or such approval is required under subsection 62-555.520(1), F.A.C., or first submitting written notification to the Department if such notification is required under subsection 62-555.520(1), F.A.C. [Rule 62-555.350(9), F.A.C.]

System Name Chuluota Water System  
PWS ID # 3590186  
Date 8/29/06

**COMMENTS/REMINDERS (continued):**

Wells shall be disinfected to inactivate any microbiological contaminant that may have been introduced into the wells during construction, repair, or maintenance and to allow the true microbiological character of well water to be determined through a bacteriological survey. [Rule 62-555.315(6), F.A.C.]

Suppliers of water shall describe in monthly operation reports all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]

Well pumps installed on or after August 28, 2003 shall pump from a well that is vented to the atmosphere unless the well pump is a packer-type jet pump, the well casing also serves as well pump suction piping, the well is a flowing artesian well, there is no appreciable drawdown in the well, or the supplier of water provides justification for not venting the well to the atmosphere. All well vents shall terminate at least 12 inches above the 100-year flood elevation and, in coastal areas subject to flooding by wave action, at least 12 inches above the 100-year wave-action elevation. New or altered well vents shall be designed and constructed in accordance with Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.320(8)(c), F.A.C.]

16. Upon converting back to chloramines for disinfection, it will be necessary to conduct lead and copper tap sampling for two consecutive six-month periods. If the lead and copper action levels are not exceeded during the two consecutive six-month periods, the system will return to reduced monitoring.
17. The population served has been updated in Department records. Please note the following changes to monitoring requirements:
  - a. Five monthly distribution bacteriological samples are now required. Update and submit a copy of the coliform sampling plan.
  - b. 40 samples are required for lead and copper tap sampling (20 while on reduced monitoring). In addition, three designated sampling sites from the distribution system will be required for water quality parameters. Submit a new lead and copper tap sampling plan for review and approval prior to sampling.
18. Due to growth and expansion of the service area, re-evaluate the MRT sites to ensure they are representative of the distribution system and update the Disinfectant/Disinfection Byproduct Rule Monitoring Plan if necessary.
19. Update the permitted maximum-day operating capacities reported on MOR's. Water treatment plant #1 is permitted for 720,000 GPD, and water treatment plant #2 is permitted for 1,080,000 GPD. The combined system total is 1,800,000 GPD.
20. Provide the specifications for the new generator at water treatment plant# 2.
21. Ensure Hach CL 17 chlorine analyzers are calibrated in accordance with DEP SOP FT 1900 (copy enclosed).



System Name Chuluota Water System  
PWS ID # 3590186  
Date 8/29/06

**COMMENTS/REMINDERS (continued):**

22. The Department advises developing a plan for early detection of nitrifying bacteria activity in the distribution system to avoid water quality issues. Regular monitoring for dissolved oxygen, nitrate, nitrite, pH, and heterotrophic plate counts is advised. The Hartman and Associates report also includes recommendations under the heading "Process Issues associated with Chloramination."
23. Provide dates of last cleaning and inspection for all finished drinking water storage tanks. A document explaining some requirements for tank maintenance is enclosed.
24. Maintain *all* records on site and available for twenty-four hour inspection. This includes *complete* O&M logs, O&M Manual, Emergency Preparedness Plan, Up-to-date map of distribution system and any other records required by Chapters 62-550, 62-555, 62-560, and 62-602 of Florida Administrative Code (F.A.C.).

**Monitoring Reminders:**

*From Each Plant*

1. Primary Inorganics (includes nitrate and nitrite) (Due by 12/31/2006)
2. Secondary Contaminants (Due by 12/31/2006)
3. Volatile Organic Contaminants (Due by 12/31/2006)
4. Synthetic Organic Contaminants (2 quarters, due 9/30/2006 and 12/31/2006)
5. Radiologicals (Gross Alpha and Radium 228 due in 2008)

*From Distribution*

1. TTHM (Quarterly until further notice, July – September 2006, October – December 2006, etc...)
2. HAA5 (July - September 2006)
3. Lead and Copper (Please note changes due to population size) (June – September 2006)
4. Monthly Bacteriological (1 raw sample per well and a total of 5 distribution samples)

Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

Inspector  Title Environmental Specialist I Date 8/31/06

Approved by  Title Environmental Manager Date 9/8/06

**RESPONSE FORM**

Please provide any changes to the following:

PWS ID Number: 3590186

Business Name: \_\_\_\_\_

PWS Name: Chuluota Water System

Mailing Address: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Florida Department of Environmental Protection  
Drinking Water Compliance/Enforcement Program  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803**

Attention: Nathan Hess, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated August 29, 2006 the following actions were done to correct the listed deficiencies:

<u>Deficiency Item No.</u>	<u>Corrective Action Done</u>	<u>Date Done</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: \_\_\_\_\_

Name of PWS Owner/Representative: \_\_\_\_\_

(Please Type or Print)

FT 1900 Continuous Monitoring With Multi-Parameter Meters  
**FT 1900. CONTINUOUS MONITORING WITH  
MULTI-PARAMETER METERS**

Use in conjunction with:

- FT 1000 General Field Testing and Measurement
- FQ 1000 Field Quality Control Requirements
- FS 1000 General Sampling Procedures
- FD 1000 Documentation Procedures

1. **INTRODUCTION:** Many facilities rely on in-line continuous measurement devices to monitor parameters such as dissolved oxygen, conductivity, pH, temperature, residual chlorine and turbidity. In order to ensure the stability and reliability of such measurements, the calibration of these instruments must be checked regularly. In cases where it is impractical to take these instruments off-line on a daily basis, use the calibration procedures described below.

2. **CALIBRATION AND USE**

2.1. Calibrate the instrument **before installation** using the prescribed procedures for initial calibration described in the parameter-specific SOPs (e.g., FT 1100, FT 1200, FT 1400, FT 1500 and FT 2000). For Turbidity, perform the calibration of the sensor (in the multi-probe instrument) according to the manufacturer instructions.

2.2. **On a daily basis** measure a grab sample taken at the same location as the in-line monitor. The test measurements must be taken with an instrument that has been properly calibrated per the FDEP SOPs (i.e., checked or calibrated daily).

2.3. Compare the results of the daily check with the continuous monitor reading taken at the same time as the sample was collected. The multi-parameter or continuous meter calibration is acceptable if the results meet the following criteria:

2.3.1. Dissolved Oxygen: no greater than 0.2 mg/L difference (or historically established criteria not to exceed 0.5 mg/L difference);

2.3.2. Specific Conductance: no greater than 10% of the calibrated instrument reading;

2.3.3. pH: no greater than 0.2 pH units difference (or historically established criteria not to exceed 0.5 pH units difference);

2.3.4. Temperature: no greater than 0.5°C difference;

2.3.5. Residual Chlorine: no greater than 20% of the calibrated instrument reading; and

2.3.6. Turbidity: no greater than 20% of the calibrated instrument reading. Higher acceptance ranges may be considered by FDEP on a case-by-base basis. The FDEP Environmental Assessment Section will help in preparing a suitable study design.

2.4. Perform the initial calibration (per section 2.1 above) each time the instrument is taken offline, after every preventative maintenance activity, and **immediately** after determining that any of the criteria checks in 2.3.1 through 2.3.6 above are not met.

3. See FT 1000, section 2.2 for specific quality control measures that must be observed.

4. If historically generated data demonstrate that a specific instrument remains stable for longer periods of time, the time interval between initial calibration and calibration checks may be increased.

4.1. All acceptable field data must be bracketed by acceptable checks (see section 2.3 above). Qualify data that are not bracketed by acceptable checks (see FT 1000, section 2.2.6).

**DEP-SOP-001/01**  
**FT 1900 Continuous Monitoring With Multi-Parameter Meters**

- 4.2. The maximum time interval is one month or at the conclusion of a sampling event, whichever is less.
- 4.3. Base the selected time interval on the shortest interval that the instrument maintains stability.
- 4.4. If an extended time interval is used, and the instrument consistently fails to meet the final calibration check:
  - 4.4.1. The instrument may need maintenance to correct the problem; or
  - 4.4.2. The time period is too long and must be decreased.
- 4.5. Retain all data associated with studies that support a decreased frequency of calibration checks for at least five years after the procedure was last used.
5. PREVENTIVE MAINTENANCE: Refer to FT 1000, section 3.
6. RECORDS
  - 6.1. Record all information specified in the individual SOPs.
  - 6.2. Document the daily checks by recording:
    - Date
    - Time
    - Location
    - Reading from the continuous monitor
    - Reading from the second instrument
    - The name of the person conducting the check
  - 6.3. Where applicable, calculate and record the percent difference of the results being compared. Indicate the acceptability of the check per criteria in section 2.3

## FINISHED-DRINKING-WATER STORAGE TANK CLEANING AND INSPECTION

### **Provide documentation of cleaning and inspection for finished water storage tanks.**

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired.

Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

### **Provide documentation showing proper disinfection following cleaning and/or inspection of the finished-drinking-water storage tank.**

Before new or altered storage facilities and storage facilities taken out of operation for repair or maintenance that might lead to contamination of water are placed into, or returned to, operation, they shall be properly disinfected in accordance with American Water Works Association (AWWA) Standard C652. [Rule 62-555.340(1), F.A.C.]

*Note: Disinfection methods allowing discharge of the initially heavily chlorinated water that may contain various chlorinated organic compounds into the distribution system are discouraged. It is advised that the free chlorine residual in the storage facility be reduced to a concentration appropriate for distribution by completely draining the storage facility and refilling with potable water.*

*Prior to disposal of heavily chlorinated water from the tank disinfection process, the environment into which the chlorinated water is being discharged shall be inspected, and if there is any likelihood that the chlorinated discharge will cause damage, then a reducing agent shall be applied to the water to be wasted to thoroughly neutralize the chlorine residual in the water. Federal, state, or local environmental regulations may require special provisions or permits prior to disposal of highly chlorinated water. The proper authorities should be contacted prior to disposal of highly chlorinated water.*

### **Provide results of a bacteriological evaluation following disinfection.**

Bacteriological evaluations to verify proper disinfection of storage facilities shall be conducted. A total of at least two samples -- each taken on a separate day and taken at least six hours apart from the other sample(s) -- shall be collected at each of the locations indicated in the applicable AWWA standard. The chlorine residual in the facilities shall be no more than four milligrams per liter. Samples containing more than four milligrams per liter of total chlorine shall be considered invalid. [Rule 62-555.340(2)(a), F.A.C.]

If any sample shows the presence of total coliform, the facilities shall be redisinfecting and resampled until two consecutive samples at each sampling location show the absence of total coliform. [Rule 62-555.340(2)(b), F.A.C.]

Bacteriological test results shall be considered unacceptable if the tests were completed more than 60 days before the Department received the results. [Rule 62-555.340(2)(c), F.A.C.]

## **FINISHED-DRINKING-WATER STORAGE TANK CLEANING AND INSPECTION**

Page 2 of 2

Except as allowed under the next paragraph and except as allowed under special construction permit conditions established in accordance with paragraph 62-555.533(2)(f), F.A.C., no disinfected storage facilities shall be placed into, or returned to, operation until a bacteriological evaluation has been satisfactorily completed, results of the evaluation have been submitted to the appropriate Department of Environmental Protection (DEP) District Office, and said DEP District Office has approved the facilities for operation. [Rule 62-555.340(3), F.A.C.]

When constructing or altering storage facilities, for which a public water system construction permit is not required per subsection 62-555.520(1), F.A.C., and when taking storage facilities out of operation for repair or maintenance that might lead to contamination of water, the facilities may be placed into, or returned to, operation without the Department's approval after disinfection and satisfactory completion of a bacteriological evaluation. The results of the bacteriological evaluation shall be submitted to the appropriate DEP District Office along with the next monthly operation report(s), or if no monthly operation report is required, within ten days after the end of the month during which the bacteriological evaluation was completed. [Rule 62-555.340(4), F.A.C.]

### **Ensure proper notification to affected customers and the Department.**

Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television by no later than the previous business day before taking public water system (PWS) components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality or interrupt water service to any service connection. [Rule 62-555.350(10)(d), F.A.C.]

Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's (DOH) "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the DOH's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

Suppliers of water shall describe in the monthly operation reports all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]

Suppliers of water shall describe in the operation and maintenance logs all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]



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

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

October 23, 2006

Kim Dodson  
Environmental Manager  
Drinking Water Compliance and Enforcement  
Florida Department of Environmental Protection  
Central District  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767

**RE: Reply to Sanitary Survey  
Chuluota Water System  
PWS IS No. 3590186  
SeminoleCounty**

Dear Mrs. Dodson:

The purpose of the correspondence is to provide a written response as requested in your September 7, 2006 letter regarding the public water system sanitary survey conducted at the referenced facility.

**Deficiencies:**

1. *Failure to comply with the maximum contaminant level (MCL) for total trihalomethanes (TTHMs). Treatment process approved as corrective action for MCL violations of TTHMs have been taken offline.*

**Response:**

The chloramination system was taken offline to address severe black water conditions in portions of the distribution system. Aqua Utilities Florida (AUF) initially hired Tetra-Tech (Hartman and Associates, Inc.) to evaluate the system and make recommendations, one of which was to remain on free chlorine if possible. Now that the system has exceeded the TTHM MCL, AUF has hired Boyd Environmental Engineering to design new chloramination facilities for the well stations to address TTHM formation while minimizing the risk of creating black water conditions in the distribution system.

2. *Failure to obtain written approval from the Department for discontinuing use of ammonia feed facilities. The Department was notified of the temporary conversion to*

*free chlorine to address water quality issues in the distribution system in July 2004. The conversion to chloramines was cleared in August 2000 as corrective action for MCL violations of TTHMs.*

**Response:**

AUF hesitated to go back to chloramine disinfection due to the experience with black water problems in July 2004. Beginning in 2005, AUF operation staff worked with the free chlorine system and the operation of the distribution system in an effort to try to keep TTHMs below the MCL while maintaining water quality in the distribution system. Unfortunately, these efforts could not maintain the TTHMs below the MCL, and AUF has hired Boyd Environmental Engineering to redesign the disinfection system.

3. *Failure to implement a cross-connection control program.*

**Response:**

AUF has a Cross Connection Control Program. A copy of the program has been sent to the operator for reference. AUF is in the process of purchasing software to maintain records of each backflow device. This will allow AUF to send letters to customers requiring the customer to have their backflow device tested and a record sent to AUF.

4. *Failure to provide an audio-visual alarm system for standby power.*

**Response:**

AUF has SCADA installed at both plants that sends a page to the operator when a power loss occurs, when the generator turns on (even during exercising), when the generator turns off and the plant returns to normal power, for low pressure, etc.

5. *Failure to provide an operation and maintenance manual.*

**Response:**

AUF has instituted a program to ensure that all required records will be kept at the plant available for inspections and use by operators and staff. Once the system design is complete, an updated O&M manual will be kept onsite.

6. *Failure to provide totalizing flow meters to measure the net quantity of finished drinking water.*

**Response:**



Finished water meters are installed at Plant #2. Finished water meters will be installed at plant #1 within 180 days of this letter.

7. *Failure to properly store and/or remove unused ammonium hydroxide.*

**Response:**

Dumont Chemical Company has removed the unused ammonium hydroxide. The storage areas will be brought into compliance before chemicals are stored again.

8. *Failure to maintain finished-drinking-water storage tanks.*

**Response:**

MKT Engineers, Inc. inspected the tank in question earlier this year. A copy of the letter and drawings referenced in the letter are attached. Also, AUF is currently taking bids from contractors to do the referenced work plus additional work to recondition the storage tank. A copy of the bid sheet is also included. See attachment # 1.

9. *Failure to provide security for the wells and drinking water treatment plant.*

**Response:**

The wooden gates will be repaired no later than 60 days from the date of this letter.

10. *Failure to provide well vents on wells #1 and #2.*

**Response:**

Vents have been installed elbowed down and screened.

11. *Failure to maintain well #3.*

**Response:**

The concrete base has been repaired.

12. *Failure to provide well vents on wells #3 and #5.*

**Response:**

Vents have been installed elbowed down and screened.

13. *Failure to maintain hydropneumatic tank sight glass in good operating condition.*

**Response:**

The sight glass will be replaced within 30 days from the date of this letter.

**Comments/Reminders: (which require response)**

14. *Provide information pertaining to the status of any actions taken, or planned, in response to recommendations raised by the Hartman and Associates report dated September 24, 2004, including upgrades to the distribution system piping.*

**Response:**

The Hartman and Associates study, as stated in their report, was initiated as a result of the overwhelming customer complaints of black water and hydrogen sulfide taste and odors. AUF operation staff worked with the free chlorine system to try to keep TTHMs below the MCL while maintaining water quality. Some goals of the report have been met as evidenced by the fact that AUF has received few customer water quality complaints of any kind (not just black water or taste and odor incidents) from Chuluota customers. AUF understands that additional work is necessary to bring the system into compliance with the TTHM MCL, and has engaged Boyd Environmental Engineering for this purpose.

15. *Well #1 was out of service at the time of inspection.*

**Response:**

Well #1 was sampled properly and the results were faxed to the Central District FDEP. The well was placed back into service on October 3, 2006.

18. *Due to growth and expansion of the service area, re-evaluate the MRT sites to ensure they are representative of the distribution system and update the Disinfectant/Disinfection Byproduct Rule Monitoring Plan if necessary.*

**Response:**

The DBP monitoring plan will be reviewed and updated if necessary as part of the design of modifications to the disinfection system at the well stations.

19. *Update the permitted maximum-day operating capacities reported on MOR's.*

**Response:**

This has been corrected on the MOR.

20. *Provide the specifications for the new generator at water treatment plant #2.*

**Response:**

A copy of the specifications is enclosed. See attachment # 2.

22. *The Department advises developing a plan for early detection of nitrifying bacteria activity in the distribution system to avoid water quality issues.*

**Response:**

The water quality issues will be addressed in Boyd Environmental Engineering's design plan.

23. *Provide dates of last cleaning and inspection for all finished drinking water storage tanks.*


**Response:**

The tank at plant # 1 was inspected and cleaned in August 2005. The tank at plant # 2 was inspected and cleaned in December 2005. Both reports from Extech, LLC are enclosed. See attachment # 3.

If you have any questions, please contact me at (352) 787-0980. Thank you.

Sincerely,

**AQUA UTILITIES FLORIDA, INC.**



Patrick A. Farris  
Compliance Specialist

Attachments



# MKT ENGINEERS, INC.

407.628.8555

(F) 407.844.6516

e-mail: [mktengineers@gmail.com](mailto:mktengineers@gmail.com)

KISHORE D. TOLIA, P.E.  
PRESIDENT

February 24, 2006

Mr. Brian Heath  
Aqua Utilities Florida, Inc.  
P.O. Box 490310  
Leesburg, Florida 34749

RE: CHULUOTA WATER PLANT NO. 1  
7<sup>th</sup> STREET RESERVOIR, CHULUOTA, FL  
MKT PROJECT NO. 05332

Dear Mr. Heath:

As authorized by your company, we have inspected and have reviewed condition of above-mentioned tank. With your approval, we had retained Extech LLC of Charlotte, North Carolina to inspect the tank with robotics and visual inspection. You have received their report. Based on their inspection report and our own inspection, we conclude that the tank is structurally sound. There are some pits, and rust appears at various locations. We need to take some corrective measures. These are shown in our structural drawings, which will be forwarded to you next week.

It is our professional opinion that the tank is structurally sound, other than few corrective steps outlined in our drawings.

Please do not hesitate to call us if we can answer any other questions.

Sincerely,

MKT Engineers, Inc.

Kishore D. Tolia  
Professional Engineer No. 18092  
State of Florida

KDT:lav

cc: Boyd Env. Eng.  
File

C:\Documents and Settings\mkt5\My Documents\PROJECTS\2005\05332\05332ltr022706.doc

**Fax Transmission**

To:	Thursday, October 05, 2006	From:	AQUA Utilities Florida Inc,
Reference:	Rehabilitation of Ground Water Tank of Chuluota #1	Pages:	1

Bid Sheet for Rehabilitation of Ground Water Tank Chuluota Plant N.-1				
Item	Description	Unit	Quantity	Price
1	<b>Demolition</b>			
1.1	Remove screen enclosure including roof panels above aerator enclosure, posts, beams and bracing members	LS	1	
1.2	Remove Curb Plate	LS	1	
1.3	Remove Hand Rails, Posts and Kick Plates. (Keep ladder rungs and cage intact, take care not to damage ladder cage when taking out hand rails)	LS	1	
1.4	Remove Roof Plates from Top of entire tank. (Take care not to damage tank shell walls)	LS	1	
1.5	Refurbished Aerator Assembly, ( Take out aerator as needed and clean out thoroughly before applying coatings, as show in draws)	LS	1	
2	<b>Repair</b>			
2.1	Bast clean all structural members (coils, beams, plate shell interior and baffle walls.)	LS	1	
2.2	Examine all beams and all members thoroughly. If localized area that has holes or pits wich indicate more than 50% of metal loss. Add reinforcing plate as show in "Typical repair detail"	LS	1	
2.3	Prime all surfaces	LS	1	
2.4	Coat all surfaces using Tnemec Hi- build paint	LS	1	
3	<b>Reinstall</b>			
3.1	Reinstall Aerator Assembly, if it was previous taked out	LS	1	
3.2	Reinstall Roof Plates from Top of entire tank.	LS	1	
3.3	Reinstall hand rails, posts and kick plates.	LS	1	
3.4	Reinstall Curb Plate	LS	1	
3.5	Reinstall screen enclosure including roof panels above aerator enclosure, posts, beams and bracing members	LS	1	
Total				

Sincerely yours

AQUA Utilities Florida Inc.

Aqua Utilities Florida, Inc  
00021  
Chuluota, FL # 2

Chuluota WTP 2

CATERPILLAR 3208-SR4 Standby Genset 3KJ00875 AR NO  
1093769 00021  
KW 200 KVA 250 ACV 480 AMPS 301

Prime Mover Make  
Caterpillar  
Prime Mover Model 3208  
Prime Mover S/N 5YF03859  
Prime Mover Spec AR NO  
4P-2649  
Generator Type SR-4

AVR  
AC Fuses:  
Circuit Breaker Square D  
Access for Loadbank within  
25R  
Controller EMCPII  
DC Fuses  
Annunciator N/A  
Safety Switches

DC Alternator  
Battery(s) 4D  
System Voltage: 24Vdc  
Battery Age:  
Battery Charger Maier  
Controls Mtd inside genset  
enclosures  
JWH

Hose(s)  
Belts  
Fuel/Type & Capacity  
Oil Type / Capacity 28qts  
Coolant Capacity

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# ***WATER TANK INSPECTION REPORT***

*Prepared for*

***Aqua Utilities Florida  
Longwood, Florida***

***Chuluota Plant 300,000 Gallon Concrete Reservoir***



**December 2005**



***Extech, LLC***

*4801 Lindstrom Drive  
Charlotte, North Carolina 28226  
Tel: (704) 543-7940 Fax: (704) 543-7940  
[www.extechllc.com](http://www.extechllc.com)*

## INTRODUCTION

On December 19th & 20th, 2005 an Extech inspection team performed an interior/exterior condition assessment of one concrete reservoir for Aqua Utilities Florida. The tank bottom was also cleaned of silt deposits during this project. The tank inspected during this period is identified as the :

❖ **Chuluota Water Treatment Plant: 300,000-Gallon Concrete Reservoir**

The inspection and cleaning were conducted to satisfy State of Florida's 5-year inspection requirement, establish the current condition of the structure, remove any solids/precipitates accumulated on the bottom and to identify any physical defects that may have developed since construction. The storage tank was inspected in accordance with the latest version of ANSI/AWWA D110-86/95 AWWA Standard for Wire and Strand-Wound, Circular, Prestressed Concrete Water Tanks, AWWA D101-53 (86R) standard for water tank inspections, the M42 AWWA Tank Guidance Manual and State of Florida guidelines. All work was performed in accordance with applicable AWWA, NSF, EPA, OSHA Codes and Standards. A two-man crew consisting of a NACE Certified Coatings Inspector and a qualified assistant performed the inspection.

The interior tank inspection was conducted with the use of a remotely operated vehicle (ROV) dubbed the TankRover. Extech developed the use of this specially modified ROV for water tank inspections in 1996. We are not only the original pioneers of this application, but continually innovate to improve our services for our valued customers. When using the TankRover, no special preparation, no additional disinfection nor any downtime is required.

The TankRover is equipped with several accessories to perform the various functions called out in the scope of work. A rotating surface-cleaning tool is used to remove loose rust or debris on vertical surfaces in order to view the potential metal loss under the coating. A color-coded sediment stick is used to determine silt depth on the tank's bottom. The unit has high-powered thrusters, which are used to maneuver throughout the tank and are angled up & away from the floor so as to disturb as little bottom sediment as possible.

The reservoir bottom was cleaned with the VR600 crawling ROV. It is equipped with an on board pump that vacuumed the floor clean of deposits and discharged the debris into a nearby settling pond.

All of the equipment used for the robotic inspection/cleaning was disinfected in accordance with AWWA C652 using a 200-ppm chlorine solution prior to insertion into the water storage vessels.

The exterior portions of the tank was inspected by walking the roof and shell portions that were accessible from the vertical ladder, and portions that could be inspected from the tank's base. The objectives of the assessment were to accomplish the following;

- Perform field inspections and tests to assess the structural and coating integrity of the tank.
- Review the safety compliance of tank ladders and access.
- Review sanitary conditions and protection.
- Provide recommendations for rehabilitation.



## **EXECUTIVE SUMMARY**

The condition and recommendations for this potable water storage tank are briefly summarized in this section. For detailed information regarding the individual tank conditions and specific recommendations, please refer to the section so designated.

This reservoir is in good condition overall. The exterior coating is fairly new and holding up well. Settlement/shrinkage cracks are static as far as we can tell. There was no efflorescence noted in the interior and no concrete spall was reported anywhere. Only a dusting of silt was on the tank bottom outside the baffle curtain enclosure prior to vacuuming. The majority of deposits were captured within the baffle curtain enclosure and averaged about two inches deep. The baffle curtain enclosure itself is in good condition with no rips or tears noted.

Sanitary checkpoints, which include all vents and openings in the vessel, were up to par. Eyebrow overflow screens and the central vent is in good condition. The hatch complies with AWWA recommendations.

Safety features for working on or around the reservoir were found to be OSHA compliant. The entire perimeter of the roof is surrounded with aluminum tube safety railings. Each ladder, both interior and exterior is equipped with a fall arrest system. They are also in compliance with OSHA design requirements.

Visibility was extremely poor due to the cloudiness of the water, which hampered the inspection and cleaning processes. Since this reservoir needs to remain in uninterrupted service, our recommendation is to have a filtration system installed to decrease turbidity. Our only other recommendation is to take a close look at the cracks mentioned in this report at the next five-year inspection to monitor any change.

## **DETAILED OBSERVATIONS**

Interior and exterior photographs provided in the report were developed from a digital camera and were captured in digital format from the interior videotape. The interior images are as clear as our printing technology will allow. The interior video-snaps in the report provide a reference for our comments. Keep in mind that the videotape provides the greatest detail and should be viewed as part of the report. Whenever possible, each video-snap (VS) is marked with the time stamp from the videotape. This allows the reader to easily view the original footage for each feature.

Narration on the videotape is done in the field and some of the comments may be different than the written report. The written report is the official document and contains the formal opinion of Extech.

## Chuluota 300,000-Gallon Concrete Reservoir

This reservoir is a 300,000-gallon pre-stressed concrete water storage tank 24 feet high and 50 feet in diameter. Crom Tank of Florida built the reservoir in 2002. A wide-angle view of the tank's east side is shown in digital photograph DP#01. The tank has a self-supported dome roof with no interior columns. The dome is equipped with three eyebrow overflows in addition to a roof vent. One 44" X 36" fiberglass hatch provides interior access through the roof. There is one rectangular 55" X 20" manway at grade level. Digital photograph DP#12 shows the manhole on the south side of the reservoir.

### EXTERIOR

#### *Roof*

The tank roof has a textured brush finish with a protective/decorative coating. It is in good condition with no spalling or significant cracking. Digital photograph DP#04 is a general view of the roof's south quadrant. The coating exhibits a little weathering, but otherwise is intact. The roof top aeration system, shown in DP#03 provides constant moisture around its base. Some mold and mildew staining is inevitable. Digital photographs DP#06 & DP#07 show examples of this condition. Only a few of the usual hairline surface cracks were visible. The glove in DP #08 highlights one surface crack, that was a little wider.

#### *Shell*

The coating on the tank shell is in similar condition as on the roof. The usual hairline cracks in the shotcrete are present with a low frequency of occurrence. Digital photographs DP#13 and DP#14 show these typical surface cracks. The area shown in digital photograph DP#15 was photographed because of the rust colored spots along the crack. The concern is if reinforcing wire is exposed and starting to expand due to corrosion. This could cause concrete spall if left unattended. We believe these cracks are basically superficial and only on the surface of the shotcrete. The tank shell is devoid of any areas of streaming efflorescence that would indicate water flow, nor is there any evidence of past leaks or cracks that have self-sealed.

#### *Overflow*

Overflow events are handled by the three "eyebrow" openings distributed around the perimeter of the dome. The eyebrow overflows were found to be in good condition. There were no large cracks or chips noted. All three openings had fine mesh bug screens that were in good repair. Digital photograph DP#09 shows the typical condition observed on these openings.

### *Vents*

The tank is equipped with a 60-inch diameter fiberglass domed vent in addition to the eyebrow openings mentioned above. It is visible to the left of the rooftop tray aeration system in digital photograph DP#04. Under the mushroom cap is a cylindrical riser that is fitted with fine mesh screens. A close-up showing the good condition of the screens appears in DP#05.

### *Foundation*

The tank foundation is in good condition. There was no evidence of structural cracks or leakage. Encroaching vegetation does not appear to be a problem. Representative photos of this can be seen in DP#12 and DP#16.

### *Ladders/Railings*

The shell ladder is constructed of aluminum tubing. The ladder step-off onto the roof is shown in digital photograph DP#10. It is equipped with a rail type fall arrest system. The ladder, which extends to grade level, is equipped with a locked anti-climb deterrent. These are visible in DP#11. The ladder measures 18 inches wide, with a standard 12 inches between rungs and 10 inches of toe kick space. The roof perimeter is enclosed with 2-inch aluminum tube safety railings. They are visible in the background of many of the roof photos. The railings measured 45 inches high with a center rail and 6-inch high aluminum plate toe board.

### *INTERIOR*

The interior of the tank was accessed through the single 44" X 36" hinged hatch equipped with a locked hasp to provide security. The hatch is mounted on a 6-inch sanitary curb and the cover itself has a rubber gasket. This is more readily visible in digital photograph DP#10.

The water level during the inspection was consistently 5 feet below the overflow level. The tank level gauge shows a maximum fill level of 20.0 feet.

### *Roof (ceiling)*

The general condition of the interior roof is very good. Digital photographs numbered DP#18 through DP#20 show various portions of the interior roof. No surface cracks or efflorescence was observed. In all of these photos you can see the impressions made from the wood forms. Rusted form tie ends were noted in a few areas of the roof, but do not seem to be an issue at this time. However, they may provide a starting point for spall in the future.

Digital photograph DP#19 also shows the left and right inlet tubes from the rooftop tray aeration system. In between the two tubes is the supply pipe for the aeration system. Light surface corrosion is present on these fittings.

### *Baffle Curtain Enclosure*

Digital photographs DP#21 through DP#24 were taken in sequence looking from the left and moving to the right. Various components of the baffle curtain enclosure above the waterline appear in these photos. The anchors in the dome and the cables that hold the top edge of the curtains have moderate surface corrosion on them. The framing for the edges of the curtains appear to be constructed of stainless steel angle, but some of the fasteners may be zinc plated. Video-snap VS#05 shows one of the inside corners at the bottom the enclosure after the floor was vacuumed clean. A representative condition of the baffle curtains is depicted in video-snap VS#11. One of the outside bottom fasteners is shown in video-snap VS#12 on the north side of the baffle enclosure.

### *Ladders*

The interior ladder is of FRP construction and is equipped with a rail type fall arrest system. All anchor brackets were found to be in good condition. A section of the interior ladder can be see in digital photograph DP#17 next to the level float array. The aluminum fall arrest rail has a light build-up of surface corrosion. The base connection of the ladder to the floor is shown in video-snap VS#08.

### *Shell*

The upper concrete walls, above the normal water line and in the fluctuation zone are in good condition. The general condition observed was like that depicted in digital photographs DP#18 and DP#20.

Below the water line, the ROV had to hug the wall pretty close due to the visibility through the water. A good representative shot of the shell condition, in the submerged zone, is represented by video-snap VS#09. The concrete is in good condition with no evidence of spalling or active corrosion cells.

### *Floor*

The shell wall to floor intersection was surveyed around the entire circumference and no visible defects were noted. *Inside* the baffle curtain enclosure the average depth of sediment deposits was two inches. The floor area *outside* the baffle curtain enclosure had a very light sediment accumulation that amounted to just a dusting. Video-snap VS#01 shows the area directly in front of the west panel of the baffle enclosure. Our first look of the accumulation just inside the baffle enclosure appears in video-snap VS#03. Examples of cleaned areas of the floor are shown in video-snaps VS#05 and VS#06. The texture of the concrete is readily visible during various portions of the video.

*Inlet/ Outlet/Drain*

This tank has separate inlet and outlet piping. The two inlets for the processed water are visible in the roof of digital photographs DP#19. In between the two large diameter pipe stubs is the supply pipe for the rooftop tray aeration system. The outlet could not be located where it was thought to be. The floor drain was located on the opposite side directly across from the access hatch as shown on the blue prints. A video-sap through the VR600's camera is captured by VS#07.

**RECOMMENDATIONS**

Continue with the maintenance program currently in place. Hairline cracks should be monitored to see if they widen or change. The reservoir should be scheduled for inspection once again in five years.

*Rory R. Collins*

NACE Certified Coating Inspector #5796

## GLOSSARY OF TERMS

**ADHESION:** State in which two surfaces are held together by interfacial forces, which may consist of valence forces or interlocking action or both

**AGGREGATE:** Granular material, such as sand, gravel, crushed stone, crushed hydraulic-cement concrete, or iron blast-furnace slag used with a hydraulic cementing medium to produce either concrete or mortar.

**BUGHOLES:** Small regular or irregular cavities, usually not exceeding 15 mm in diameter, resulting from entrapment of air bubbles in the surface of formed concrete during placement and compaction.

**CHEMICAL ATTACK:** Decomposition of a coating or concrete due to the action of a chemical.

**CONTRACTION JOINT:** Formed, sawed, or tooled groove in a concrete structure to create a weakened plane and regulate the location of cracking resulting from the dimensional change of different parts of the structure.

**DISBONDMENT:** The loss of adhesion between a coating and the substrate.

**EFFLORESCENCE:** A white crystalline or powdery deposit on the surface of concrete. Efflorescence results from leaching of lime or calcium hydroxide out of a permeable concrete mass over time by water, followed by reaction with carbon dioxide and acidic pollutants.

**FINISH:** The texture of a concrete surface after compaction and finishing operations have been performed.

**GROUT, GROUTING:** A plastic mixture of cementitious materials and water used as filler for cracks, or other void spaces, in concrete surfaces to be coated.

**HONEYCOMB:** Voids left in concrete due to failure of the mortar to effectively fill the spaces among coarse aggregate particles.

**HYDRAULIC, HYDROSTATIC PRESSURE:** A force exerted on the concrete/coating interface due to the level of the ground water.

**ISOLATION JOINT:** A separation between adjoining parts of a concrete structure.

**LAITANCE:** A thin, weak brittle layer of cement and aggregate fines on a concrete surface. The amount of laitance is influenced by the degree of working or the amount of water in the concrete.

**OSMOTIC PRESSURE:** A force exerted on the concrete /coating interface through the capillaries in the concrete due to a moisture differential across the coating.

**PINHOLES:** Film defect characterized by small pore-like flaws in a coating, which extend entirely through the applied film and have the general appearance of pinpricks, fine holes, or voids when viewed by reflected light.

**PLASTIC CRACKING, PLASTIC SHRINKAGE CRACKING:** Cracking that occurs in the surface of fresh concrete soon after it is placed and while it is still plastic.

**POROSITY, SURFACE POROSITY:** The ratio usually expressed as a percentage, of the volume of voids in a material to the total volume of the material, including the voids.

**PROFILE, SURFACE PROFILE:** Surface contour as viewed from the edge.

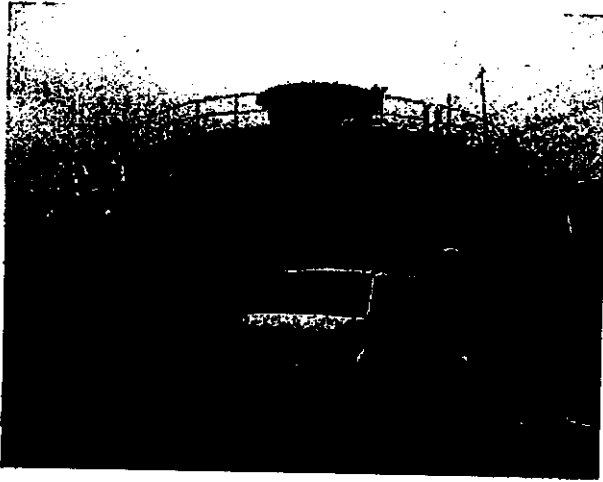
**REFLECTIVE CRACKING:** Cracking that develops in a coating directly over a dynamic crack in concrete.

**SEALANT, JOINT SEALANT:** Compressible material used to exclude water and solid foreign materials from joints.

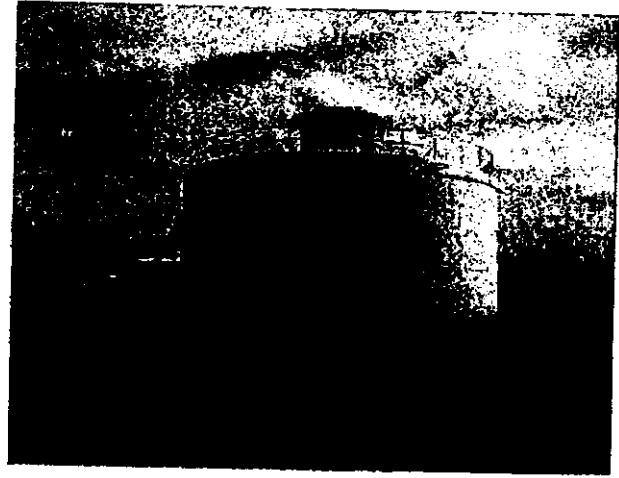
**STATIC CRACKS:** A crack in the concrete surface whose width does not change.

**VAPOR BARRIER:** Waterproof membrane placed under concrete floor slabs that are placed on grade.

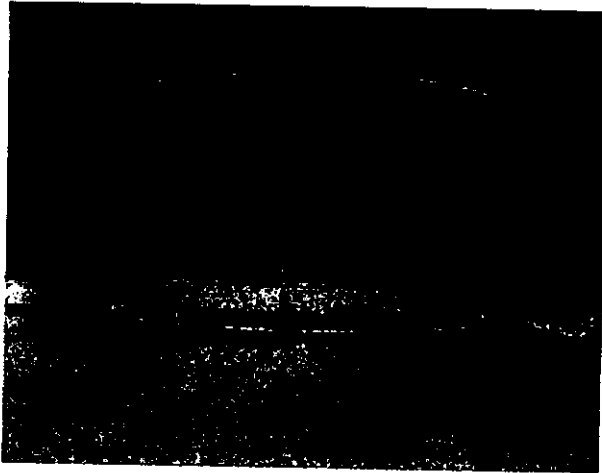
***Appendix A***  
***Digital Photographs***



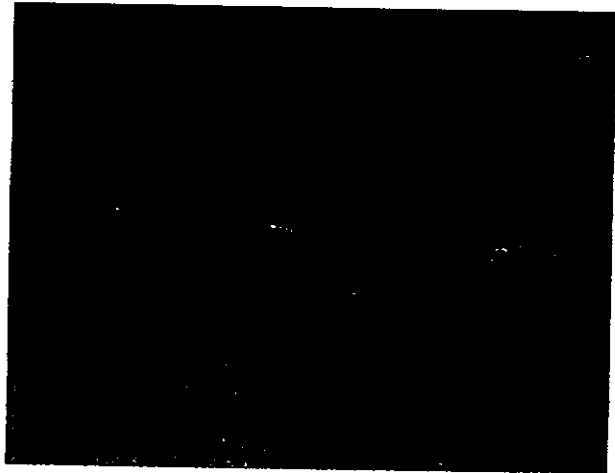
DP#01.JPG  
General view of east side of the 300,000-gallon  
concrete clearwell at the Chuluota Plant.



DP#02.JPG  
Wide-angle view of the west side of the  
300K-gallon concrete reservoir.

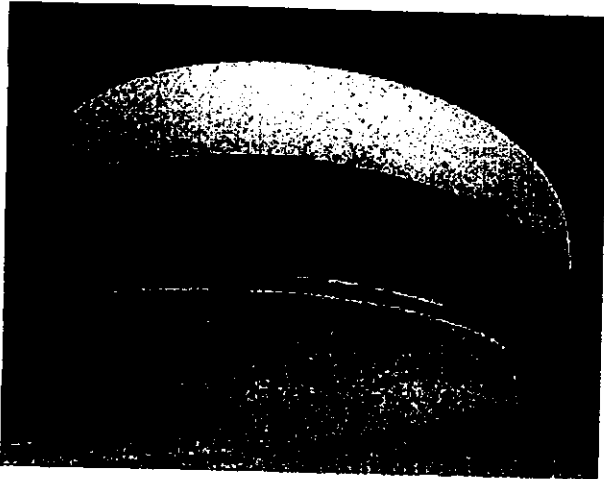


DP#03.JPG  
Roof top tray aeration system on top of the reservoir.  
All screens are in good condition.

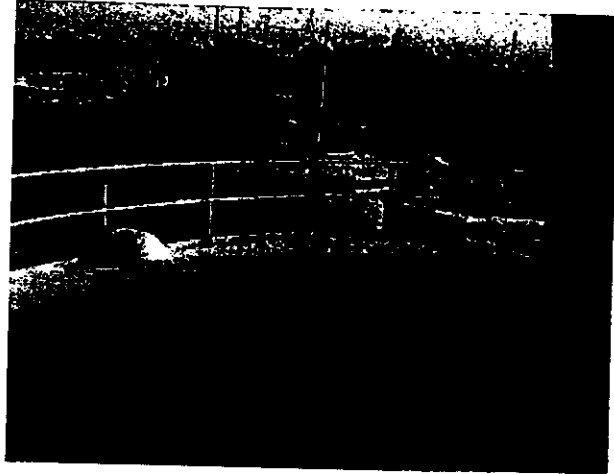


DP#04.JPG  
General view of west side of roof with roof vent  
to the right and eyebrow overflow to the left.

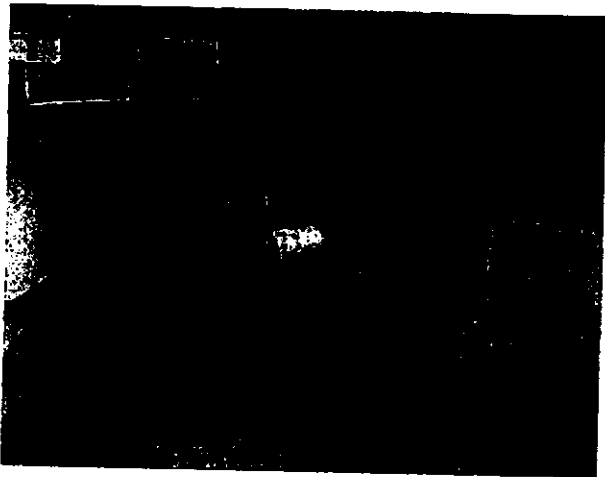




DP#05.JPG  
Close-up of roof vent showing good condition  
of fine mesh bug screen panels.



DP#06.JPG  
Northeast side of roof - general view. Note mold  
on surface next to the tray aeration system.



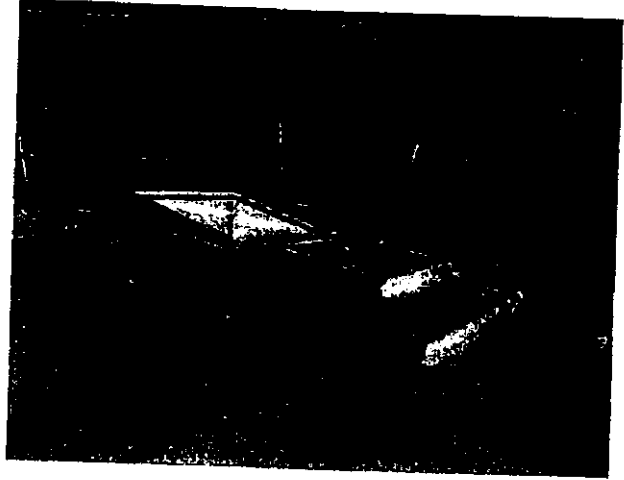
DP#07.JPG  
Bottom of tray aeration system and drain  
pipe observed on the west side of the roof.



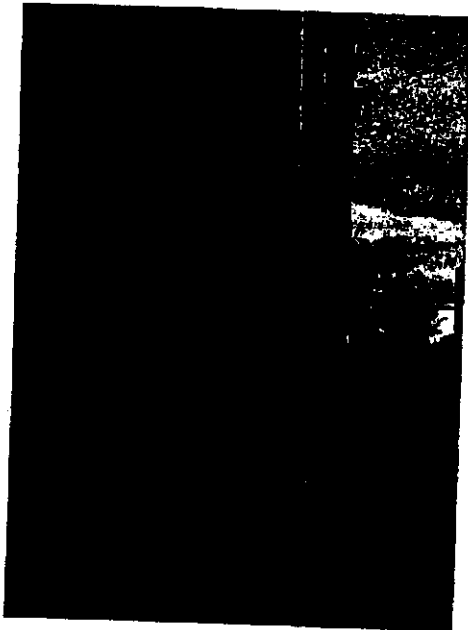
DP#08.JPG  
Shrinkage crack on the surface of the roof  
clockwise from the hatch area.



DP#09.JPG  
One of three eyebrow overflow openings. Condition typical of all with good screens. Railing toe kick in foreground.



DP#10.JPG  
Wide-angle view of ladder step-off onto roof in front of the access hatch.



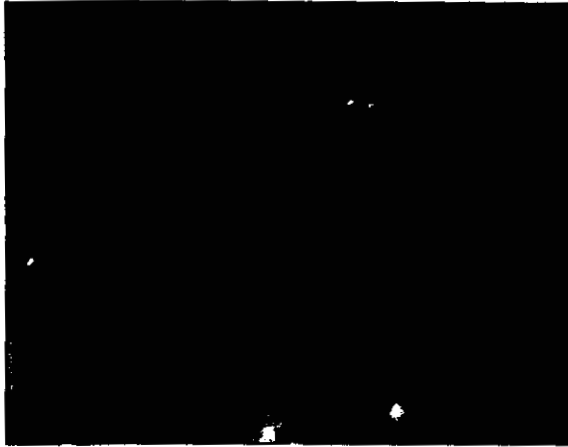
DP#11.JPG  
Bottom half of shell ladder with lockable anti-vandal guard.



DP#12.JPG  
Single grade level manhole located on the south side. Measures approximately 55" X 20".

Chuluota Plant

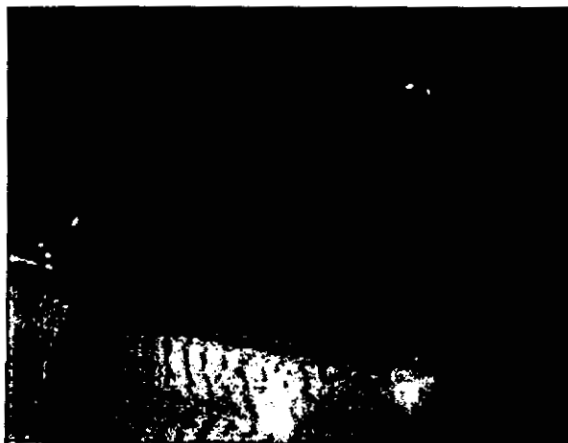
300K Reservoir



VS #1. Showing "edge" of sediment deposits that the VR600 cleaner is cutting a path through. Area on outside of baffle curtain facing east. (Time: 2:15)

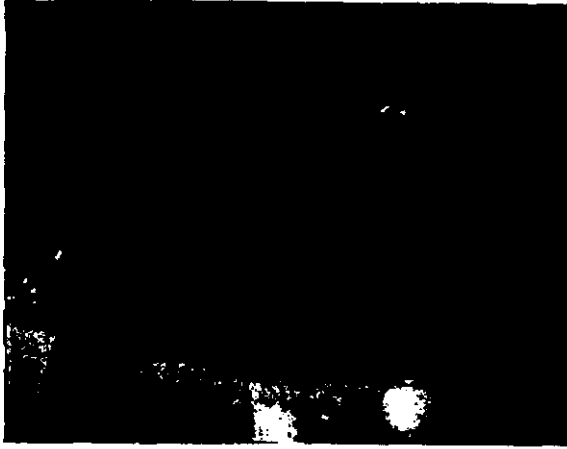


VS #2. Wanted to show the gas bubbles being released from the deposits as the rotating brush breaks up the solids. (Time: 3:10)

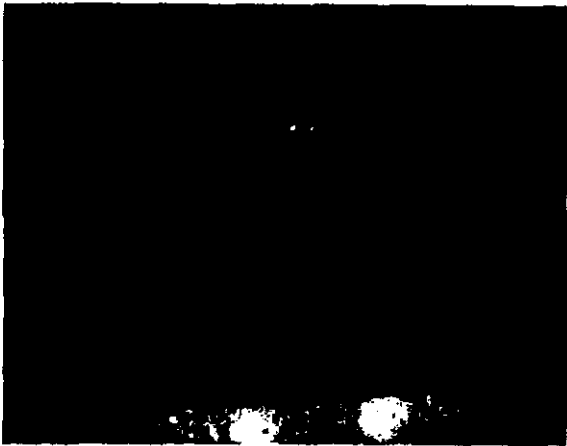


VS #3. First look at accumulation as we entered the baffle curtain enclosure. (Time: 8:16)

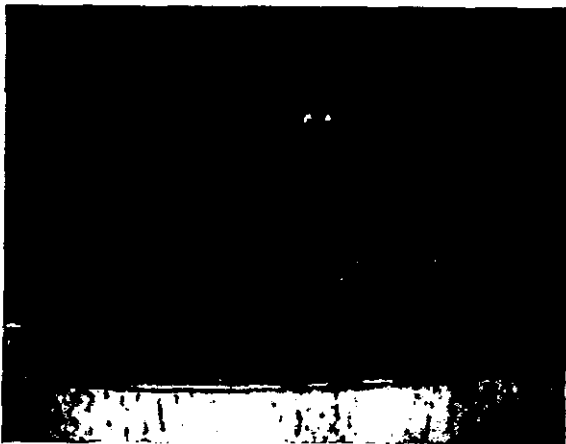
Chuluota Plant



VS #4. Area in front of central inlet pipe that shows silt depth (on left side of frame) compared to cleaned floor (on right side of frame). (Time: 14:58)

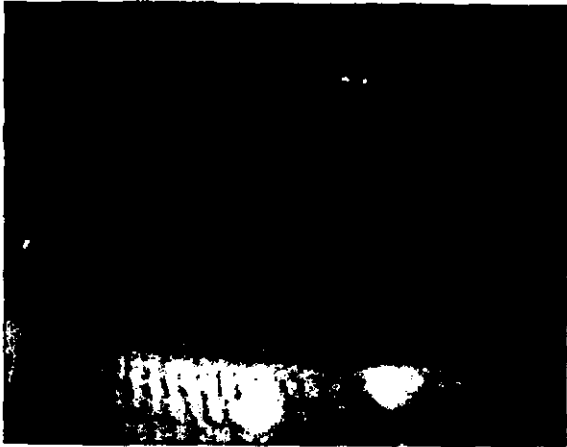


VS #5. Good view of concrete floor that has been cleaned inside corner of baffle curtain enclosure. (Time: 18:18)

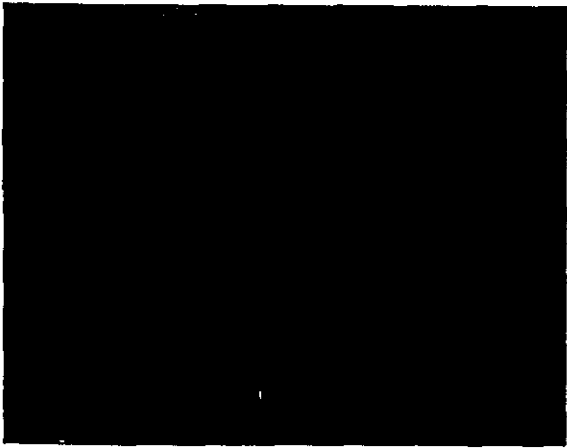


VS #6. Another area inside the baffle enclosure where the cleaned area (with staining) is contrasted with the deposits yet to be vacuumed out. (Time: 19:15)

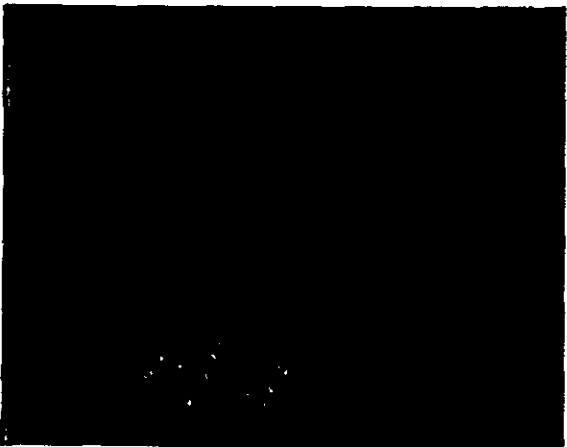
Chuluota Plant



VS #7. View of floor drain on the west side of the tank behind the baffle enclosure. (Time: 26:51)



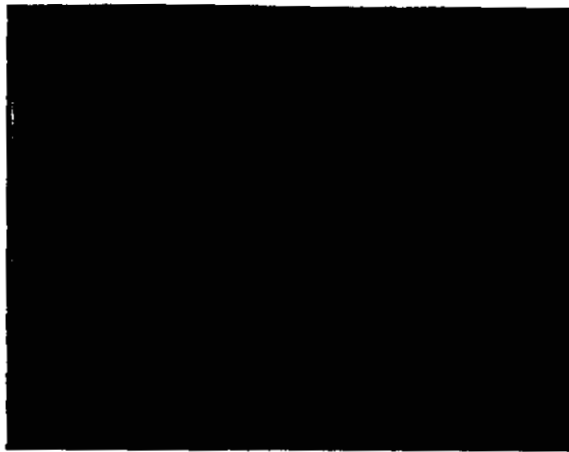
VS #8. Base of ladder and floor showing just a dusting of resettled particulates. (Time: 30:43)



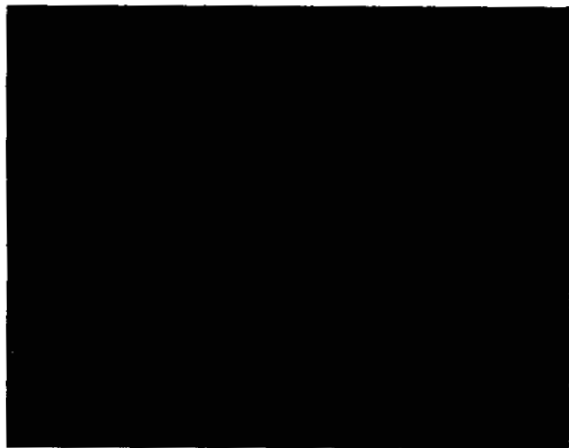
VS #9. Wide-angle view of shell wall at 10-feet below the waterline condition typical of interior shell. (Time: 40:49)

Chuluota Plant

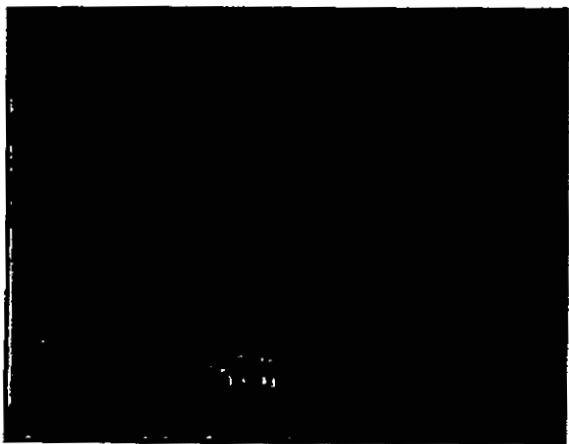
300K Reservoir



VS #10. Cleaned area along side base of the baffle curtain showing SS angle fastener to floor. (Time: 54:40)



VS #11. General view of the baffle curtain: typical condition found on all panel s/sides. (Time: 59:20)



VS #12. Area on outside of north baffle curtain panel shows bottom fastener and cleaned floor. (Time: 1:04:49)

# ***WATER TANK INSPECTION REPORT***

*Prepared for*

***MKT Engineers  
Aqua Utilities Flaorida  
Of the  
7<sup>th</sup> Street Reservoir  
Chuluota, FL***

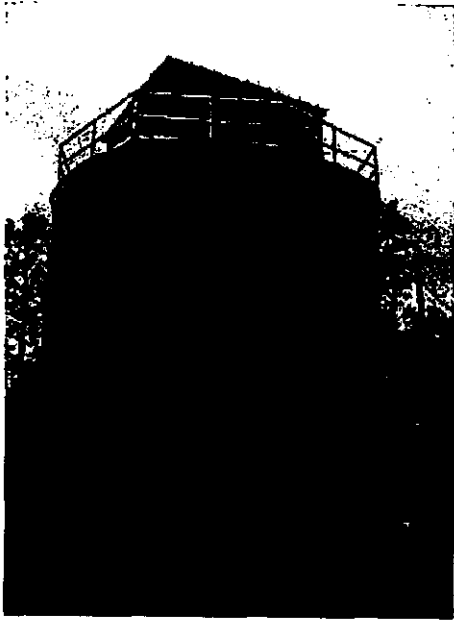


***August 22, 2005***

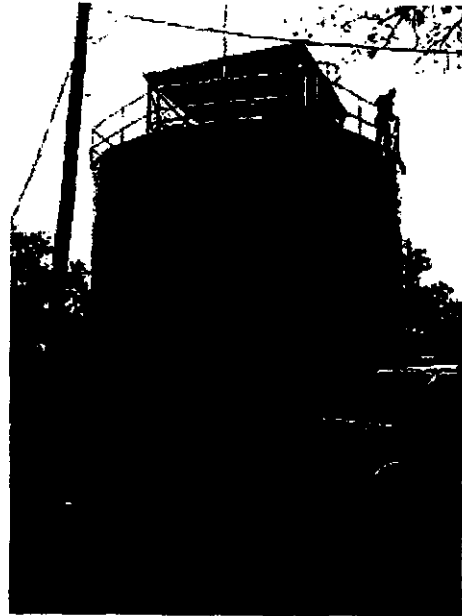


***Extech, LLC***

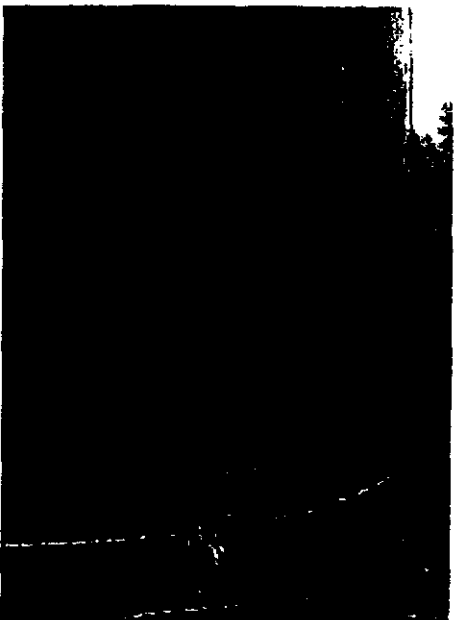
*490 Industrial Park Road  
Deep River, CT 06417  
Tel: (860) 526-2610 Fax: (860) 526-5018  
[www.extechllc.com](http://www.extechllc.com)*



DP#01.JPG  
Northeast view of the 100K gallon ground reservoir  
7th Street - Chuluota, FL



DP#02.JPG  
Southwest view of the 7th Street ground reservoir.

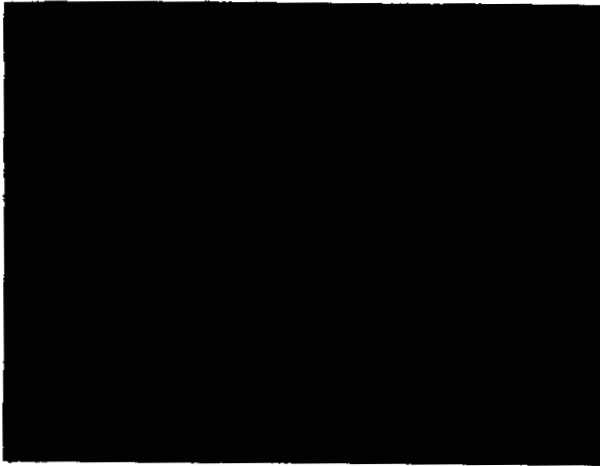


DP#03.JPG  
Bottom of shell ladder with safety cage and fall arrest system.  
The single shell grade manhole is also in view.

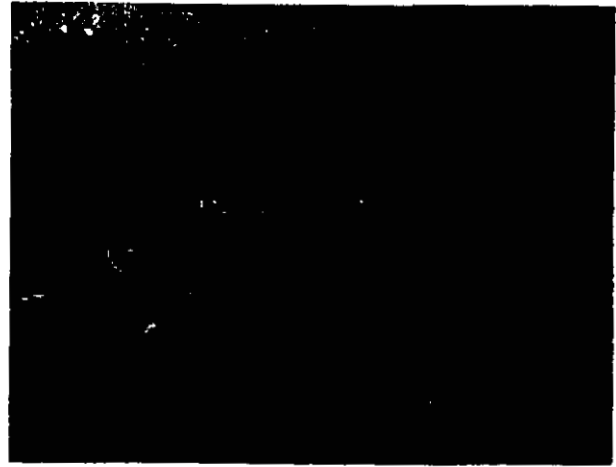


DP#04.JPG  
Localized corrosion on the East shell  
third course.

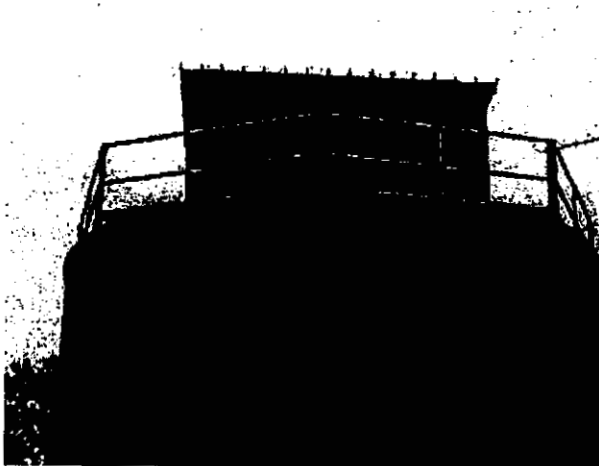




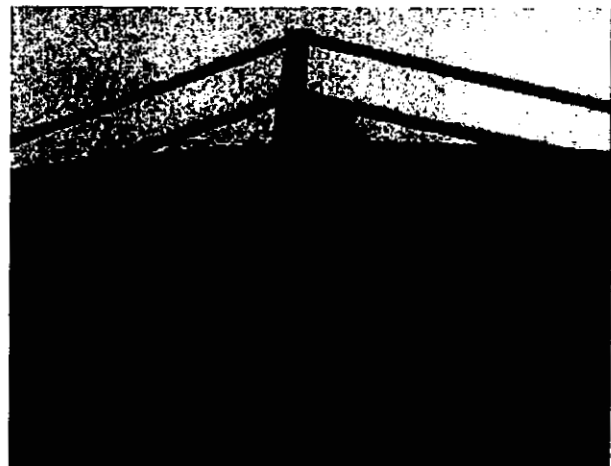
DP#05.JPG  
Isolated corrosion area on the South side  
second shell course.



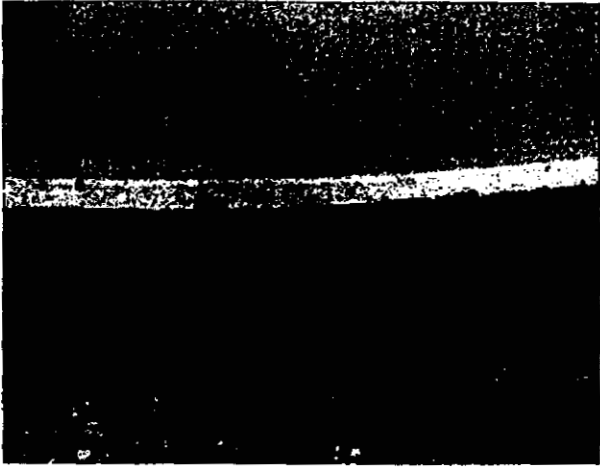
DP#06.JPG  
Pipe penetrations on the bottom shell course - North side.



DP#07.JPG  
View of the roof top tray aeration enclosure as seen  
from the ground. Also overflow pipe stub below rain drip.



DP#08.JPG  
Zoom shot of the shell overflow opening on the  
North side. Bug screen is in good repair.



DP#09.JPG  
Area near base chine where coating repair was done in the past.



DP#10.JPG  
Base flange has no flexible grout to seal and protect the edges against corrosion.



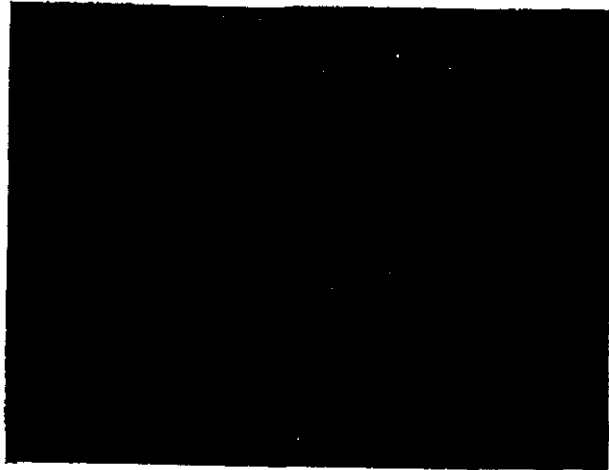
DP#11.JPG  
Example of layer corrosion on the base flange.  
Approximately 3 foot long area.



DP#12.JPG  
East side roof plates and safety railing. Concentrated corrosion on the plates from rough profile of the surface.



DP#13.JPG  
Close-up of patch plate area on East side roof deck.  
Oxidized steel was all that was left under the coating square.



DP#14.JPG  
Localized pitting on the South side roof deck.  
Depth of pit was only 0.085"



DP#15.JPG  
North side roof deck area localized pitting.  
Deepest pocket was 0.135"



DP#16.JPG  
Another area on the South side roof deck.  
Deepest pitting here was 0.120"



DP#17.JPG  
Area in front of tray aeration enclosure door with heavy pitting from the past.



DP#18.JPG  
Pit depth gauge is showing a deep pit that measures 0.250".  
Area in front of screen door seen in DP#17.



DP#19.JPG  
General view of the North side roof deck with vent opening.



DP#20.JPG  
Close-up showing bug screen material over the vent pipe opening on the North side roof deck.



DP#21.JPG  
View of the roof access hatch with 4" sanitary curb  
and hinged cover. Layer corrosion on curb edges.



DP#22.JPG  
Typical condition of angle iron toe kicks. Layer  
corrosion on the bottom edges of angle.



DP#23.JPG  
General view looking in on the roof top tray aeration system.



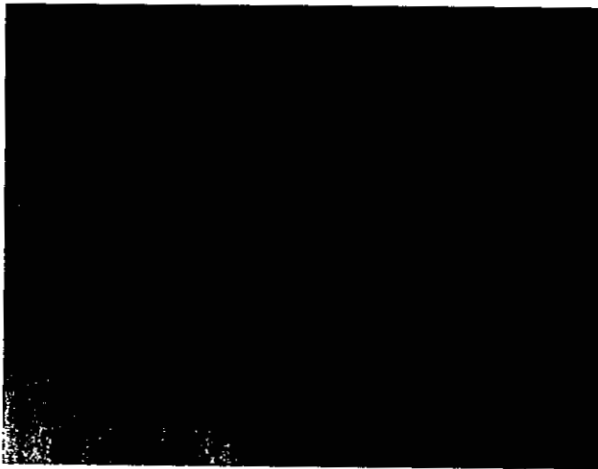
DP#24.JPG  
Looking through the water beneath the aeration trays  
we can see localized corrosion occurring in the sump area.



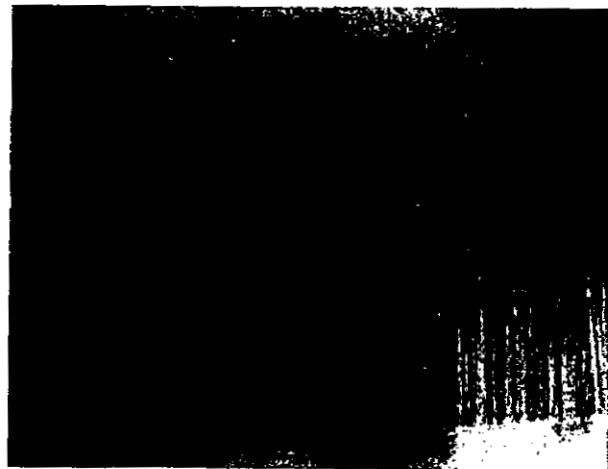
DP#25.JPG  
Condition of the interior ladder as seen from the hatch.  
The first rung has about 50% metal loss.



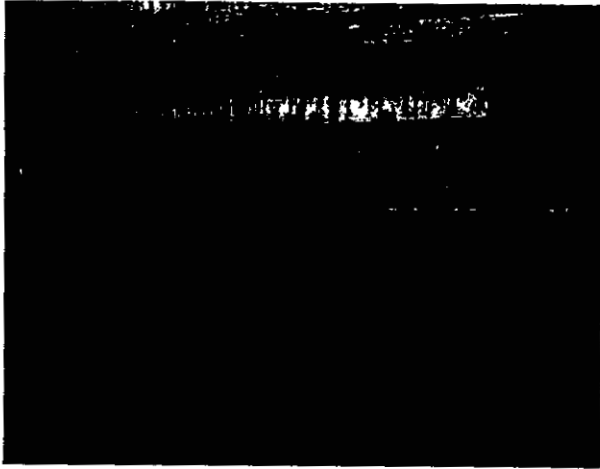
DP#26.JPG  
Facing CCW from the roof access hatch. View of  
the end of the baffle wall and top of East shell wall.



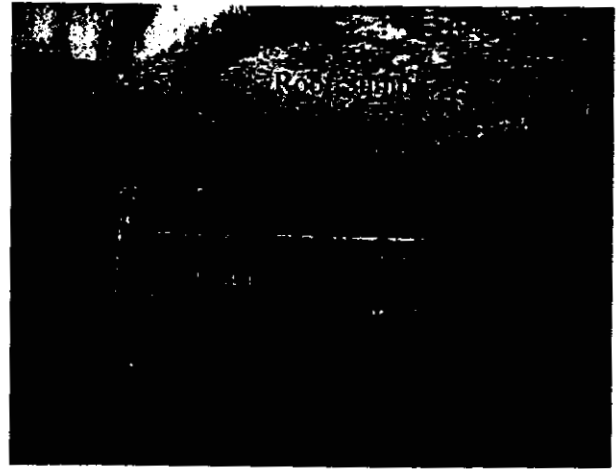
DP#27.JPG  
Closer look at the top of the baffle wall and support beam.



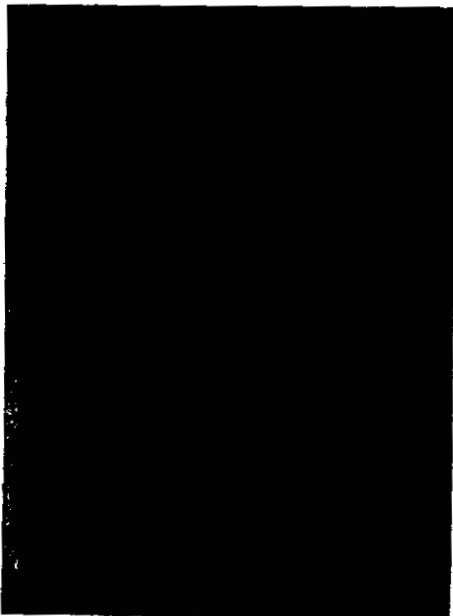
DP#28.JPG  
Typical condition of the support chair for the radial  
roof beams. Significant metal loss due to corrosive forces.



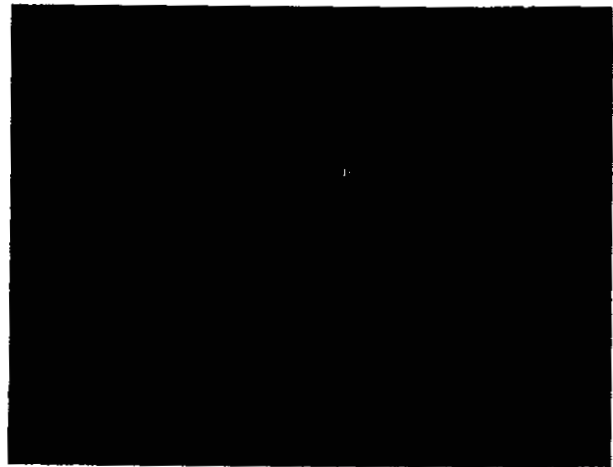
DP#29.JPG  
Looking toward the West wall, CW from the hatch  
where the baffle wall attaches to the shell.



DP#30.JPG  
Facing more toward the center as you look from the hatch.  
Inlet and outlet pipes for roof top aeration system.



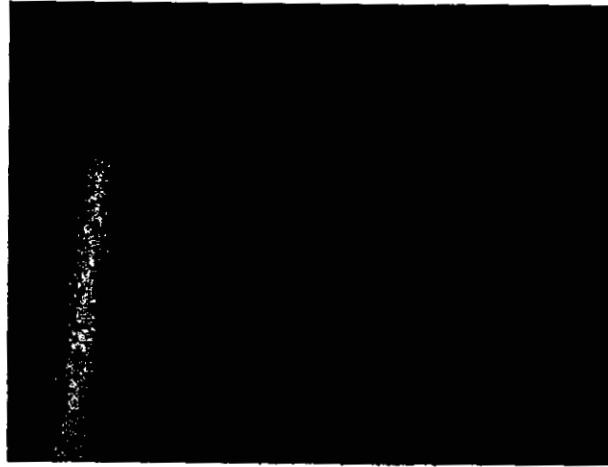
DP#31.JPG  
"Backside" of the baffle wall looking up toward  
the West side. Pipe is one of the sump supports.



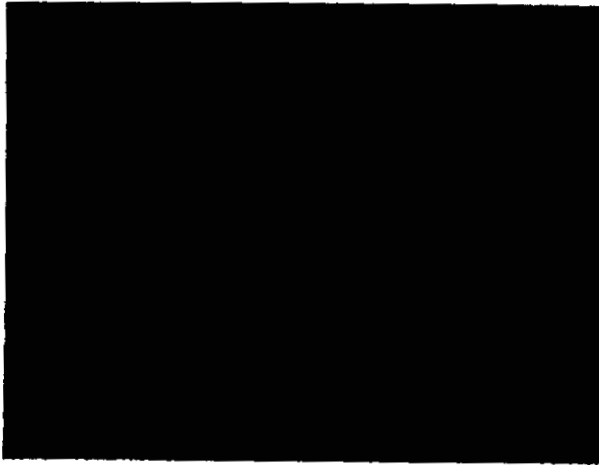
DP#32.JPG  
Looking up at the roof with back toward the baffle wall.  
General view of roof plates and bottom of sump.



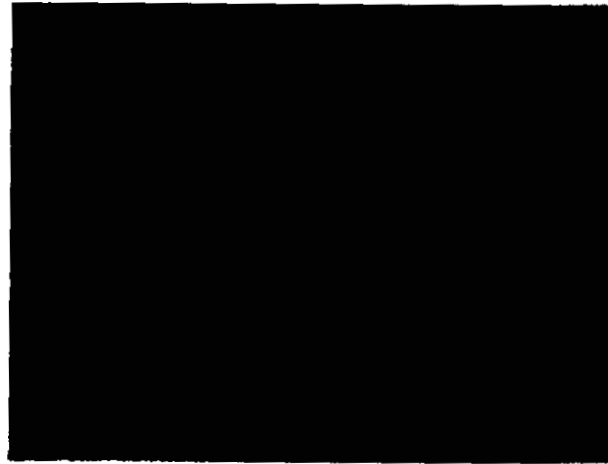
DP#33.JPG  
Bottom baffle angel support and 2nd ring course shell wall nearby.  
Localized coating failure and corrosion.



DP#34.JPG  
Second shell ring CW as you face the interior ladder.  
Localized coating failure and corrosive pitting.

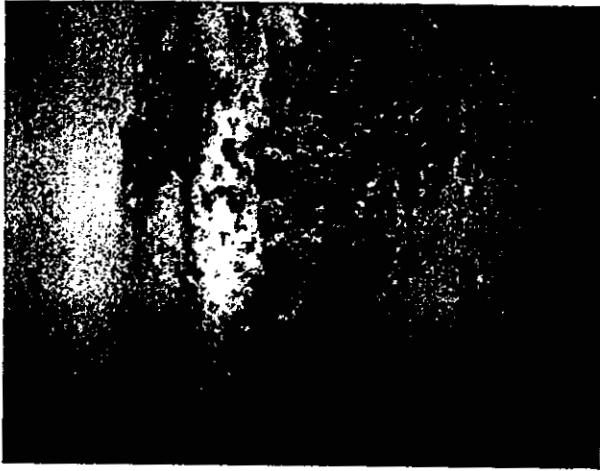


DP#35.JPG  
View of shell to left of ladder near the grade level  
manhole. Shows distribution of localized corrosion.



DP#36.JPG  
Bottom of baffle wall facing West. Discharge/outlet end  
of tray aeration pipe is also shown.

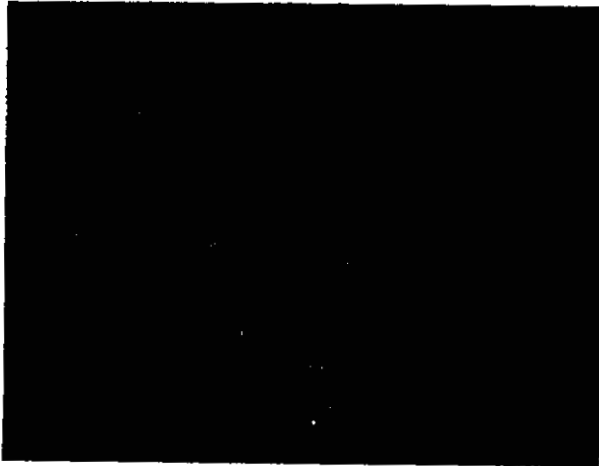




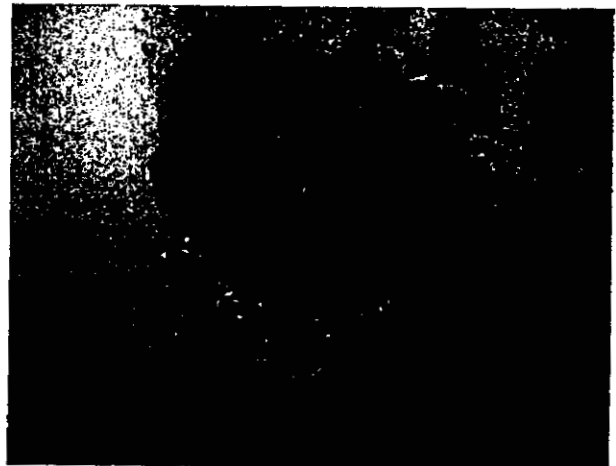
DP#37A.JPG  
Tubercles on East side before corrosion by-products were scraped off.



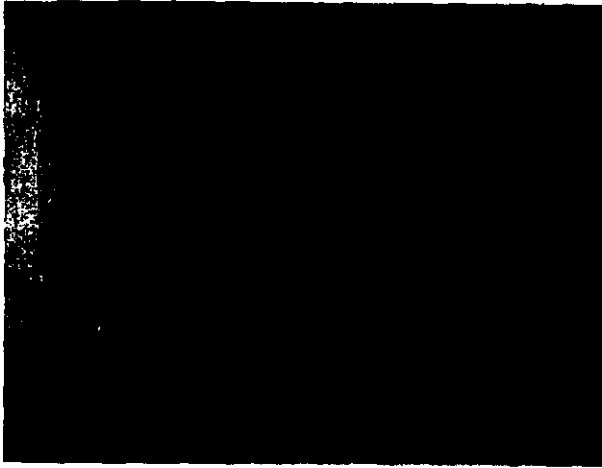
DP#37B.JPG  
Area in previous photo after being cleaned off.  
Pit depth measurements averaged 0.055 inches.



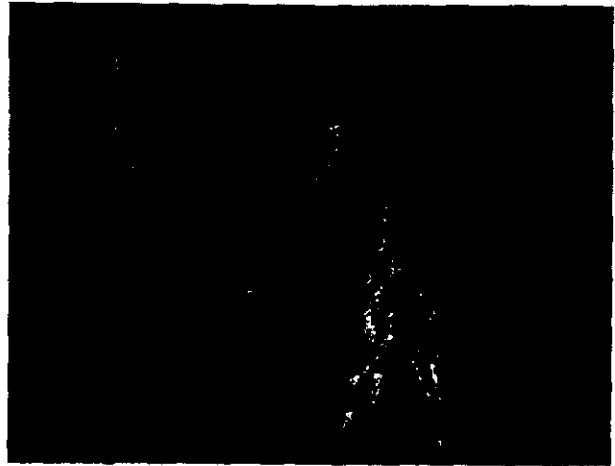
DP#38A.JPG  
Localized area of corrosion activity before cleaning off.  
Shell wall behind baffle wall. 4" X 6" Area.



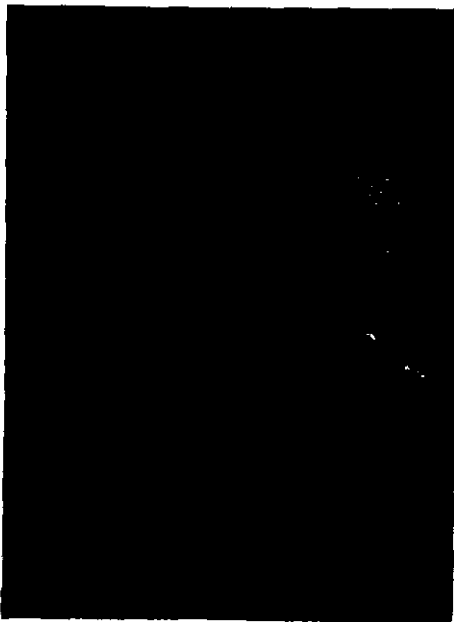
DP#38B.JPG  
Pitting was wide and shallow here. Average  
measurement was around 0.035 inches.



DP#39.JPG  
Wide-angle view of the shell penetrations for the piping of the aeration system on the Northwest side of the tank.



DP#40.JPG  
Closer view showing the inlet pipe and outlet pipe with vortex plate above the floor.



DP#41.JPG  
Baffle wall, vertical section of inlet pipe facing toward the East.



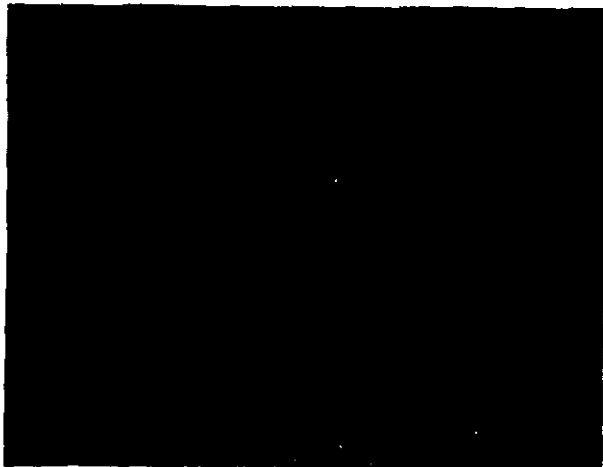
DP#42.JPG  
Arrow points to localized pitting on the horizontal section of the inlet pipe. Pit depth 0.045" to 0.115".



DP#43A.JPG  
Tuberculation on one of the sump support columns before cleaning off  
and measuring pit depth.



DP#43B.JPG  
Pit depth readings varied from a low  
of 0.025" to a high of 0.065"



DP#44.JPG  
Another sump support column where a pit depth  
measurement was taken. Here it was 0.045"



DP#45.JPG  
One of several small "islands" of sediment accumulation seen on the  
floor. Approx. 1 ft. X 3 ft. and 1/2" deep.