SUMTER COUNTY

The Woods WTF The Woods WWTF

Docket No. 080121-WS

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

Florida

Volume 5 Book 2 Set 14 of 16

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

> DOCUMENT NUMBER-DATE 04333 MAY 22 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



See page 4 for instructions

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

ł

t

PWS Identification Number:

Area Manager

FL

State:

Transient Non-Community

Leesburg

Contact Person Person's Fax Number:

Contact Person's Title:

City:

Total Population Served at End of Month:

ł

L General Information for the Month/Year of: January-07 A. Public Water System (PWS) Information PWS Name: The Woods PWS Type: X Community Non-Transient Non-Community Number of Service Connections at End of Month: 72 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@acuaamerica.com B. Water Treatment Plant Information

1

1

Plant Name: The	Woods		······································	Plant Tele	phone Numb	er:	(352) 787-	980
	576		City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated by F			inished Water					
Permitted Maximum Day C	Operating Capacity of Plant, gallons per day:	72,000						
Plant Category (per subsect	tion 62-699.310(4), F.A.C.): IV		Plant C	lass (per subsec	tion 62-699.	310(4), F.A	4.C.) C	
Electrised Operators	Name AL	Licen	se Class	ense Number	A 412.33	os Sir CDa	y(s)/Shift(s) Wo	ked this we have
	Will Fontaine		c	6813			6 Days per week	
Chier Operation 2000 Finance Finance 2000 Fi	John Worreli		C	6597			6 Days per week	<
	Marty Neal		С	10027			6 Days per weel	
	Jay Aldrich		C	6368			6 Days per weel	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

2-9-07 DOCUMENT NUMBER - DAPPinted or Typed Name Signature and Date

Will Fontaine

C6813 License Number 6600347

Zip Code: 34749

(352) 787-6333

Consecutive

216

DEP Form 82-555.900(3)Alternate

04333 MAY 22 8

Page 1

FPSC-COMMISSION CLERK

1	E	L	ł	ł	1 1	I I	۱.		١	ł	t	ł	ł	Ì	1	ł	İ
-	-													-			
Dure	Idantifia	MONTH ation Number			EPORT FOR				W GRO	UND W	ALER	DR PU	CHASE		ISHEU V	VALEN	
<u>1 w3 </u>	identifica	ation Numbe	ar:	6600347		Plant Name:	JHE WOOD	S									
$\Pi L D_0$	aly Data	for the Mor	ith/Year of:		January-07												
			Log Virus Inacti	iviation/Rem	ioval: *		X Frœ (Chlorin	e 🗌	Chlorine [Dioxide		Dzone	_ Сот	bined Chlor	ine (Chloram	ines)
		et Radiation			Other (Describe	e):								 -	<u> </u>	Chlorin	e Dioxide
Type	of Disinfe	ectant Resid	ual Maintained	in Distribution	on System:			X	Free Chl	orine		mbined C	hlorine (Ch	loramine	S)	Chlorin	E LAUXIGE
19		-1-1-2-1	10 M 10 10 10	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CT Calculations	or UV Dose, to I	emonstrate]	OUT-LOE	VITUS INACIIV	ation, if Appl		Dose				N 10 44 47 18	
	Days Plant	1.04.54.80	Marine Sector	الموجود المرجوع والمواجع		STAR ANAL		9-295	1201251555	19-19-10-1-	1. 2. 1.		あるい。北			6.667.85	
1.12	Suffed		8.77 C		Lowest Residual	Disinfectant	PProvided's		建設設設				Residual				
5.8	\$ 9				Disinfectant	Contact Time	+Betore or		A Start	1. A.	1.5	N 15 1 - 5 - 5	Disinfectar		5256 1.5	2 - S. 1	
1.65	Visited	1.4			Concentration -	NO-SS			343.41	Minimum	Coverating	T IV Those	Concentrati				
Day of	Operator	T Hours	e of Finished		on System: CT Calculations Lowest Residual Disinfectant Concentration Co	UPoint During	Dunney	Port	SipHor 4	E CT	UV Dose,	Required	Point in!	到出命	Treasty THAT	ormal Operating	conditions;
the	? (Place	Plant in T	Waler of	Peak Flow	During Peak	Peak Flow	Peak Flow	Quar	Water ifs	Required,	₩₩•	mW S	Distributio	(TRA	it on Mautenar	de Work that In	volves Taking
Month	<u>(</u> ()))	Operationa	Produced, gal	Rate: gpd.	Flow, mg/L		emg-min/L.	(40 ¥	Applicable	fmg-min/L	Sec/cm2	* sec/cm2:*	^o System: mg	UA STAW	ater/System/Co	mponents Out o	hOperation 3
		24 hrs 24 hrs	22,000		1.8	<u> </u>									······		
1	X	24 hrs	17,000		1.2								0.6				
2014	2 X	24 hrs	23,000		1								0.4				
10000	K X	24 hrs	19,000		1,1								0.5				
(12-67)	X	24 hrs	20,000		1						ļ		0.5	_		<u></u>	
200729 707869	X X X	24 hrs 24 hrs	21,000	ļ	1		·····			<u> </u>			0.5				
19998/	X	24 hrs	15,000		<u> </u>				· · · · · · ·				0.5				
APR 04	8 X	24 hrs	10,000		1						· · · · · ·		0.5				
外国 化	X X	24 hrs	12,000		2								1,2				
24125	X	24 hrs	18,000		2	<u></u>							1.2				
1351 2651 2651 2651	XX	24 hrs 24 hrs	28,000								[0.5	- [
in se	Î x	24 hrs	22,000		1					· · · · · · · · · · · · · · · · · · ·			0.5				
20163	X	24 hrs	48,000	<u>}</u>	<u> </u>								0.5				
V IIA	X X	24 hrs	16,000		1								0.5				
1189		24 hrs	21,000		1								0.5				
11419	<u>4 X</u> -	24 hrs	18,000		1.2				·				1.0				
\$120\$ /\$21/\$		24 hrs 24 hrs	18,000		1.2								0.8				
25223		24 hrs	18,000	<u> </u>	<u> </u>		<u> </u>	-					0.0	+			
将23成		24 hrs	18,000		1.1								0,4				
224		24 hrs	18,000		1.2								0.5				
X425÷	X	24 hrs	22,000		1								0.4				
3 262	X	24 hrs	18,000]	<u> </u>							0.4				
Viel27:30	X X	24 hrs 24 hrs	18,000		1.8						}	· · · · · · · · · · · · · · · · · · ·	1.0				
\$2298.	X	24 hrs 24 hrs	18,000		1.1								0.5				
100 M	Î Â	24 hrs	18,000		<u> </u>	 							0.5	1			
100	f Х	24 hrs	18,000		1.2								0.6				
Tótala	3 (A. 4)(A.	LANK FASI															
		Read and the second second		1													
Mavim	10000	Service and a	48.000	1													

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

DEP Form Form 62-555.900(3)Alternate

,



l

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

See page 4 for instructions							
I. General Information I	or the Month/Year of:	February-07	· · · · · · · · · · · · · · · · · · ·				
A. Public Water System							
	The Woods			PWS Identi	fication Number:	6600347	
	X Community	Non-Transient Non-Con	umunity	Transient Non-Comm		Consecutive	
	nections at End of Month:	72		Total Population Served	at End of Month:	216	
	Aqua Utilities Florida						
	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailin				City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Teleph		787-0980		Contact Person Person's	Fax Number:	(352) 787-6333	
Contact Person's E-Mai		th@aquaamerica.com	<u> </u>				
B. Water Treatment Pla							
	The Woods	<u> </u>		······································	hone Number:	(352) 787-0980	
	CR 576		1 1 1 1 1 1 1 1 1 1 1 1 1	City: Webster	State: FL	Zip Code: 33597	
Type of Water Treated			urchased Finished Wa	ller			
Plant Category (per sub	ay Operating Capacity of Plant, person of 2-699.310(4), F.A.C.):	IV	72,000	Plant Class (per subsect	ion 67-699 310(4) F	A.C.) C	
Licensed Operators	Nam		License Class	License Number	D	ay(s)/Shift(s) Worked	
- Lead/Chief Operator:	Will For		C	6813		6 Days per week	
Other Cinerators	John We		c – –	6597		6 Days per week	
	Marty		c	10027		6 Days per week	
	Jay Ald		c	6368		6 Days per week	
	······································			· · · · · · · · · · · · · · · · · · ·			
Sector Sector							

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine Printed or Typed Name C6813 License Number

Signature and Date

DEP Form 82-555.900(3)Alternate

ł	E	1	I	I	1	1	}		l	Ŧ	Ĩ	1	L	ł	1	ţ.	1
5	-															ATCO	
PWST	dentifica	MONTH tion Numbe	LY OPERA	6600347	EPORT FOR	PWSs TF Plant Name:			W GRO	W DND	AIERC	NR PUI	RCHASED	FINIS	SHED W	ALEN	
	dentificat		~	0000347		Fiant Mame.	THE WOOD	13									
III. Đa	ily Data i	for the Mon	th/Year of:		February-07												
Means	of Achie	ving Four-l	Log Virus Inacti	viation/Rem	oval: •		X Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combin	ned Chlorin	e (Chloramin	es)
		et Radiation			Other (Describe				فتنتب			—					
Туре о	f Disinfe	ctant Resid	ual Maintained	in Distributio	on System:	<u> </u>		X	Free Ch	orine	Co	mbined C	hlorine (Chlor	ramines)		Chlorine	Dioxide
					CT Calculations.	or UV Dose; to]	Demonstrate I	Four-Lop	Virus Inactiv	ation, if Appl	icable*#	5 M		1.11			2.2.2.2.2
	Days				Sec. 35 66	🔅 Ϋ CT Calcu					WUV.	Dose : 3		1 V 1			
	Plant						Lowest CT	5		<u>19</u> .00			Lowest				$\mathbf{b} \in \mathbb{C}^{+}$
	Staffed			1. A. A.	Lowest Residual	Disinfectant	Provided						-Residual				
	or Visited			- x -	Disinfectant Concentration	Contact Time	Before or		с. - С.		Lowest	Minimum					. N. 192 -
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	LA U. 1 - U.		* at Remote 3	1. 18 5			s filter the s
Day of	Operator		of Finished		First Customer	Point During	During	of"	nH of	े ंट T(न [्]	UV Dose.	Required,	- Point in 🐤	Emerg	ency or Abion	mai Operating (Conditions;
the.	(Place	Plant in	Water	Pcak Flow	During Peak	" Peak Flow	Peak Flow		Water, if		∽∵mW-	mW .	Distribution	Repair o	r Maintenance	Work that Inve	lives Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	-mg-min/L	C	Applicable	mg-mm/L	sec/cm2	sec/cm2	System, mg/L	Water	System Comp	onents Out of	Speration : 3
<u>∞ (1</u>)~* *∿®2*(*	X	24 hrs 24 hrs	12,300		1.2			<u> </u>					0.6	+			
43		24 ors	12,300	<u> </u>	1	······		 					0.5	<u> </u>			
1245		24 hrs	12,300	 				<u> </u>						╋╼╼╼╍			
	x	24 hrs	12,300	<u> </u>	1.1			<u> </u>					0.5			<u></u>	
4.16 M	X	24 hrs	12,300		1			<u> </u>					0.5				
N 2725	X	24 hrs	12,300		1.8								0.8				
- 8	X	24 hrs	12,300		1.3		•						0.7				<u> </u>
<u>'~9``</u>	X	24 hrs	12,300		1.8								0.8				
· · ·10,	X	24 hrs	16,300		1.3		<u> </u>	<u> </u>	ļ				0.5	<u> </u>			
14,/× ,== 12 😒	X	24 hrs 24 hrs	11,300 9,100		1.3		 	 					0.6		<u></u>		
27.13:	-	24 hrs	10,700	<u> </u>	1.4			┝		·			0.5				
1014	$\frac{\hat{x}}{\hat{x}}$	Z4 hrs	11,200	<u> </u>	1.1			 		<u> </u>			0.5	<u> </u>		- ··· · · · · · · · · · ·	
**15	X	24 hrs	12,700		1.5				·····	· · · · · · · · · · · · · · · · · · ·			0.8	<u> </u>			
416	X	24 hrs	11,700	1	1								0.5				
3177-2		24 hrs	11,200										1				
18		24 hrs	12,300														
/19	X	24 hrs	12,300		<u> </u>		ļ	ļ	 	ļ			0.5	<u> </u>			
-020-	X	24 hrs	12,600		ļ		Į	 	<u> </u>			<u> </u>	0.5	}		<u> </u>	
7 √21- 	$\frac{x}{x}$	24 hrs 24 hrs	14,300	{	1.8	·		├───	<u> </u>			· · · · · · · · · · · · · · · · · · ·	0.5	┟			
236	$\frac{x}{x}$	24 nrs 24 hrs	16,400		1.8	·••		<u> </u>					0.6				
24		24 hrs	10,000		<u>_</u>								0.0	 			
-25	X	24 hrs	10,000		1.1			<u> </u>		 		·	0.6				<u></u>
26	x	24 hrs	13,800		1.1				<u> </u>				0.6				
27.	X	24 hrs	13,900		1.8								1.2				
28,	X	24 hrs	10,900		1.1				[0.6				
29.		24 hrs															
÷30,		24 hrs						I						 			
-31 .	L	24 hrs			l		<u> </u>	<u> </u>	L		L		L	L	<u></u>		
Total			344,500	1													
Average			12,304	4													

Maximum 16,400 16,400 * Refer to the instructions for this report to determine which plants must provide this information.

DEP Form Form 62-555 900(3)Alternate

•



ł

1

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

See page 4 for instructions	•								
I. General Information (for the Month/Year of:	March-07		· · · · · · ·					
A. Public Water System									
	The Woods				PWS Ident	fication Nur	nber:	6600347	
	X Community	Non-Transient Non-Corr	munity	Transien	Non-Comm	unity		Consecutive	
	nections at End of Month:	72		Total Popu	lation Served	at End of N	ionth:	216	
	Aqua Utilities Florida								
Contact Person:	Brian Heath				son's Title:	Area Mar	يجاري المستعيدة بالمسكاسية		
Contact Person's Mailir				City:	Leesburg	State:	<u>FL</u>	Zip Code:	
Contact Person's Telepl	<u> </u>	787-0980		Contact Pe	rson Person's	Fax Numbe	r:	(352) 787-6	555
Contact Person's E-Mai		ath@aguaamerica.com							<u></u>
B. Water Treatment Pla									
	The Woods					hone Numb		(352) 787-0	
	CR 576			City:	Webster	State:	FL,	Zip Code:	33597
Type of Water Treated			archased Finished Wi	ater					
Permitted Maximum D	ay Operating Capacity of Plant,	gallons per day;	72,000						<u></u>
Libersed Operators	nsection 62-699.310(4), F.A.C.) National Science (National Science Sci	<u>IV</u>	License Class	Plant Class	(per subsect	101 02-099.	10(4), F.A	.C.) C	
Lead/Chief Operator:			1						
Other Operator	Will Fo		<u> </u>		813			6 Days per week	
outer operators:	John W Marty		c c		0027			6 Days per week 6 Days per week	
	Jay Al		<u> </u>		368			6 Days per week	
	Jay Al		· · · · · ·	·}	508			o Days per week	······
				+					
Other Operators		·····		+					
	· · · · · · · · · · · · · · · · · · ·								
			<u>∤</u>	+				· · · · · · · · · · · · · · · · · · ·	
		·····	· · ·	1					
			1						· · · · · · · · · · · · · · · · · · ·

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine Printed or Typed Name C6813 License Number

Signature and Date

DEP Form 62-555.900(3)Alternate

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

\$ 1 **} 1 1 1**

Ŧ

ļ

ſ

T

Į

ł

PWS I	lentifica	tion Numbe	er:	6600347		Plant Name:	The Wood	ls						
						·····								
III. Da	dy Data i	for the Mon	tth/Year of:		March-07									
Means	of Achie	eving Four-	Log Virus Inacti	viation/Rem	oval: *		X Free (Chlorin	e 🗌	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
	Iltraviol	et Radiation	า		Other (Describe	:):								
Туре о	f Disinfe	ctant Resid	ual Maintained	in Distributio	on System:			IX	Free Chl	lorine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
		<u> </u>		1	CT Calculations,	or UV Dose, to I	Demonstrate							
	Days					· CT Calcu	lations .				UV I	Dose	1 1 1 1 1 1 V	amines) Chlorine Dioxide
1.1.1	Plant				L'ourset Résiduel		Lowest CT	3 5.2	* ** Co * 10		· ~		Lowest	
1	Staffed				Lowest Residual	Disinfectant -	Provided i						Residual	
	· or · ·	4.5 1 1		1 . · ·	Disinfectant	< Contact Time	Before or a					19 - P	Disinfectant	Emergency of Abnormal Operating Conditions:
1. T. A.	Visited			ł .	Concentration,	,,, (1)∎(C (.at First		1 I		Lowest .	Minimum	Concentration	
	. by		 Net Quantity 	()	(C) Before or at	Measurement	Customer	Temp.	pH of	Minimum.	Operating	UV Dose	al-Remote	
	Operator	Hours	of Finished		First Customer	-Point During	During.	of	pH of	CI	UV Dose,	Required	Point in:	Emergency of Abnormal Operating Conductors,
Month.	(Place	Plant in Operation	. Water	Peak Flow	During Peak	Peak Flow,	Peak Flow.		Water, if	Required	mW-	mW sec/cm2	Distribution	Water-System Components Out of Operation
- would -	X	24 hrs	Produced, gal 13,500	Rate, gpd	Flow, mg/L	* minutes	mg-min/L	<u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	Applicable	mg-min/L	<u>sec/cm2</u>	secientz	0.5	Water System Components Out on Opwallou
24.7	x	24 hrs 24 hrs	11,200		<u> </u>						┝		0.5	
ST. 37.11	<u>^</u>	24 lus 24 hrs	11,300		·				<u> </u>				0,0	
2:4:5-		24 hrs	11,300					<u> </u>		<u> </u>	<u> </u>			
1 - 5 A	x	24 hrs	11,300		1			 			<u> </u>		0.5	
·	$\hat{\mathbf{x}}$	24 hrs	11,300		<u>1</u>			<u> </u>	<u> </u>	 	<u> </u>		0.5	
7.4	X	24 hrs	10,500		1.8		·····		<u> </u>	├ ────	<u> </u>		1.2	······································
- 8	x	24 hrs	12,500		1.8			<u> </u>	<u> </u>		<u> </u>		1.2	
9.	x	24 hrs	11,000		1.5			<u> </u>			<u> </u>		1.0	
10 4	x	24 hrs	10,400		1.2				<u> </u>		<u> </u>		0.6	
-11.40	x	24 hrs	11,300	[]	1.2			 	f	<u> </u>	<u> </u>		0.6	
12 14	X	24 hrs	11,300								<u>├</u>		0.5	
. 13	X	24 hrs	12,000		1.2				İ	<u> </u>	<u> </u>		0.6	
14	x	24 hrs	11,100		1	······································		 		<u> </u>			0.5	
15	x	24 hrs	10,000	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			<u> </u>			0.5	· · · · · · · · · · · · · · · · · · ·
°16	X	24 hrs	000,01		1.2			1		<u>†</u>			0,5	
17	X	24 hrs	12,400		1.8									
18	X	24 hrs	10,900		1.5	<u></u>								
19	х	24 hrs	10,600		1.2			t		<u> </u>			0.6	
.20	X	24 hrs	10,500		1.8								1.0	
-21	. X	24 hrs	10,800		1.1			1.					0.6	· · · · · · · · · · · · · · · · · · ·
22 ;	X	24 hrs	10,360		1				r				0.5	
23.	X	24 hrs	10,000		1								0.5	
24	X	24 hrs	10,600		1.5					† ·			0.8	
. +25.	X	24 hrs	10,400		L.I								0.7	
26	<u> </u>	24 hrs	10,200		1.1								0.6	
>27:**	X	24 hrs	9,500		1					1			0.5	
28 ~	X	24 hrs	12,100		1								0.5	
29:1	X	24 hrs	11,300		1			 	1	1			0.5	
c:30-/	x	24 hrs	11,500		1					1		-	0.5	
+ 31%	x	24 hrs	10,100		1					1			0.5	
Tötal.	S M. E.A.E	i de la de d	341,260					<u> </u>		·		· · · · ·		
			11,008											

ł

E

t

1

ł

t

 Maximum
 13,500

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

DEP Form Form 82-555 900(3)Alternate



ł

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

£

T

1

ł

١

١

Ť

See page 4 for instructions

I. General Information for the Month/Year of: April-07				
A. Public Water System (PWS) Information				
PWS Name: The Woods		PWS Identi	fication Number:	6600347
PWS Type: X Community Non-Transient Non-Com	munity	Transient Non-Comm	unity	Consecutive
Number of Service Connections at End of Month: 72		Total Population Served	at End of Month:	216
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com				<u></u>
B. Water Treatment Plant Information				
Plant Name: The Woods		Plant Telep	hone Number:	(352) 787-0980
Plant Address: CR 576		City: Webster	State: FL	Zip Code: 33597
	rchased Finished Wa	iter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): 1V		Plant Class (per subsect	ion 62-699.310(4), F.	A.C.) C
Licensed Operators	License Class	License Number	AVEDO	ay(s)/Shift(s)-Worked
Will Fontaine	С	6813		6 Days per week
Other Operators: John Worrell	С	6597		6 Days per week
Other Operators: John Worrell Marty Neal	С	10027		6 Days per week
Jay Aldrich	C	6368		6 Days per week
Marty Neal Jay Aldrich				
1997年にあるので、1999年にある。				

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

= 5.4.07 Signature and Date

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEF Form 62-555.900(3)Alternate

MONTHLY	OPERATION REPOR	T FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER	
PWS Identification Number:	6600347	Plant Name: The Woods	

T

1

T

1

İ

1

ł

1

PWSI	dentifica	tion Numbe	भ:	6600347		Plant Name:	The Wood	ls							······
III. Da	ily Data I	for the Mon	ith/Year of:		April-07		<u> </u>								
Means	of Achie	ving Four-	Log Virus Inacti	iviation/Rem	oval: •		X Free	Chlorin	e 🗌	Chlorine I	Dioxide		Ozone	Combined Chlor	ine (Chloramines)
	Ultraviol	et Radiatior	ו		Other (Describe	c);		•••••		•		السما	رے درو		ι ·
Type c	fDisinfe	ctant Resid	ual Maintained	in Distributi	the second second second second second second second second second second second second second second second s	· · · · · ·	·····	IX	Free Chi	orine		mbined C	hlorine (Chlo	ramines)	Chlorine Dioxide
1.10	1200	1.3. 1. 1. 1	ual Maintained		CT Calculations	or UV Dose to	Demonstrate	Four-Los	Virus Inactiv	ation if App	licable		A STATE OF	4.00.0	Chlorine Dioxide Chlorine Dioxide ornal Operating Conditions ince Work Ibac Involves Duking imponents Out of Operation
	Davs			1.40 7 1.21	1	CT Culou	lations :	A Ste	*	19 X 19 A 19	C SUV:	Dose		我们神经会理	
	Plant	· • 3.			1	1	Lowert CT	12 14	1997 A. 197	1. Star 7		12:22:3	Lowest	A STATES	
	Staffed				Lowest Residual	* Disinfectant	Provided	2.	的意思。当				Residual		2. 建金属和马马克
	ior -				Disinfectant	Contact Time?	Before or	1. 3	17. 计图书				Disinfectant	Sharis . Trailer of 2 (1)	
	Visited				Concentration	T) if C	at First		1995 Aver 14		Lowest	Minimum	Concentration	and the second second second second second second second second second second second second second second second	
	by.		Net Quanity		(C) Before or at	Measurement	Customer	Temp		*Minimum'	Operating	UV Dose	at Remote		
the	Operator (Place	Hours Plant in	of Finished Water		First Customer	Point During	During	- `of ·	pH of	in the second second second second second second second second second second second second second second second	UV Dose	Required	Point in the	Emergency or Abr	ormal Operating Conditions,
Month	"X")	Operation	Produced, gal	Peak Flow	During Peak	Peak Flow,	Peachlow	Water	Water 11	Required	mw-	mW	Distribution	Repair or Maintena	ce, working the original of the second second
1. 1960	X	24 hrs	15,100	rome, gpd	1.9	amoutesises	mB-must?		Abbucatole.	- mg-mutri.	- sec/cm2	SCGCITLZ.	0.7	as water system Go	inipolicitistour or operation
. 2 .,	x	24 hrs	6,800	<u> </u>	1.9		<u> </u>	ł		<u> </u>	<u> </u>	<u> </u>	0.7		
·52-3474	X	24 hrs	10,700		1.5	·		+		<u> </u>		<u> </u>	0.5		······································
·~ +4 **	x	24 hrs	9,400	f	1.6	··· · · · · · · · · · · · · · · · · ·				<u> </u>		<u> </u>	0.5		
:4m51-34	X	24 hrs	18,600		1.6								0.4		
- 76-14	X	24 hrs	15,800		2				<u>├</u>				0.8		
- 47.5	x	24 hrs	13,500		2			<u> </u>			<u> </u>	<u> </u>	0,8		
~ 182 m	X	24 hrs	13,600		1.3			<u> </u>		<u>}· • .</u>		<u> </u>	0.5		
: 89 1	X	24 hrs	5,200		1.5						†		0.5		
1010-	X	24 hrs	11,700		1.3			1			<u> </u>	· · · · ·	0.4		
5.30 法	X	24 brs	10,300		2						1		0.6		
- 12-	X	24 hrs	11,100		1.8						1		0.5		
: ~18 ₂ %	Х	24 hrs	8,900		1.5								0.6		
₩. 1 4/38	X	24 hrs	8,800		1.8								0.6		
્યાક	_X	24 hrs	13,200		1.8								0.6		
J6+*	X	24 hrs	14,500		1.8								0.6		
2717 3	X	24 hrs	1,000		1.8			L	L				0.6		
· 18 2	X	24 hrs	12,400		1.8				L	ļ			0.6		
<u>, 19)</u> ≶	X	24 hrs	7,400		1.8			Ļ			L		0.6		·····
20	X	24 hrs	11,000		1.6	•		ļ			 		0.6		
21 A 122 C	X	24 hrs	14,200		1.5						· · ·		0.5	•	·
22	X X	24 hrs 24 hrs	11,400 6,700		1.2			 					0.5		
24	- Â	24 nrs 24 hrs	10,600		1.2			ļ		· · · · · · · · · · · · · · · · · · ·			0.5		
250+	- Â	24 hrs 24 hrs	11,900		1.5	·		<u></u>			<u> </u>		0.5		
3 26 ¥	- Â	24 hrs	10,800		1.3			<u></u>			<u> </u>				
276	- x	24 hrs 24 hrs	10,100		1.5								0.5		
	- Â	24 hrs 24 hrs	11,900		1.3								0.5		
29.3		24 hrs	13,900		1.9				-	<u> </u>			0.5		
30 d	- x	24 hrs 24 hrs	6,300		<u> </u>								0.5	·	
~ 31£		24 hrs	0,500		1.4		· · ·								
	A Marine	ر شری بر این میر این. از شری بر این میر این	326,800				l	1			I			l	······
		19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	10,893												
**************************************	1. S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1V4	,0,070												

Maximum 3 34 45 18,600 * Refer to the instructions for this report to determine which plants must provide this information.

I

j

1

.

I

I

ł

ł

ł

DEP Form Form 62-555 900(3)Alternate



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

ï

See page 4 for instructions

1. General Information	for the Month/Year of:	May-07					
A. Public Water Syster	n (PWS) Information						
PWS Name:	The Woods			PWS Id	entification Number:	6600347	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Co	mmunity	Consecutive	
	nnections at End of Month:	72		Total Population Ser	ved at End of Month:	216	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Hcath			Contact Person's Tit	e: Area Manager		
Contact Person's Maili)		City: Leesbur		Zip Code:	34749
Contact Person's Teler) 787-0980		Contact Person Pers	on's Fax Number:	(352) 787-63	333
Contact Person's E-Ma		eath@aquaamerica.com			<u></u>		
B. Water Treatment Pl							
Plant Name:	The Woods			Plant To	lephone Number:	(352) 787-09	980
Plant Address:	CR 576			City: Webste	State: FL	Zip Code:	33597
Type of Water Treater			rchased Finished W	ater			
Permitted Maximum I	Day Operating Capacity of Plant	, gallons per day:	72,000				
Plant Category (per su	bsection 62-699.310(4), F.A.C.			Plant Class (per sub	ection 62-699.310(4)	, F.A.C.) C	
	Na	me	License Class	License Numbe	real and a second	Day(s)/Shift(s):Work	ed at the second
Ecad/Ghief Operator		ontaine	с	6813		6 Days per week	
Other Operators a 150 - ctv	John \	Vorrell	C	6597		6 Days per week	
	Mart	/ Neal	С	10027		6 Days per week	
· · · · · · · · · · · · · · · · · · ·	Jay A	ldrich	C	6368		6 Days per week	
						· · · ·	
						·····	
	l						

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

= 6-8-07

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-S55.900(3)Alternate

I	I	1	ł	F	1 1	1	ł		I	I	1	1	I	I (1	I
•	• •													CINICHE		:R	
					PORT FOR				W GRO	UND W	ATER C	PUR PUR	CHASED	FINISHEL	VVAIC		·
PWSI	lentificat	tion Numbe	at	6600347	·····	Plant Name:	The Wood	S									
III. Da	ly Data i	for the Mon	dh/Year of.		May-07			· · ·									
			Log Virus Inacti				X Free C	hlorine		Chlorine I	Dioxide		Ozone	Combined Ch	nlorine (Ch	loramines)	, 1
1 [] 1	Jitravio	et Radiation	_ ז		Other (Describe												
		clant Resid	ual Maintained	in Distributio	on System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)		hlorine Di	oxide
		1.1		Hereit	CT Calculations,	or UV Dose, to I	emonstrate P	our-Log	Virus Inactiv	ation, if App	icable*		Lowest			5	
	Days					CT Calcú	ations		<u></u>	ALC: N	12.40 (20 V .1	Adsc	A				
12	Plant Staffed				Lowest Residual		Lowest CT					11. 19	Residual				
	OT				Disinfectant	Contact Times	Before or	3 Y. 4					Residual 12 Disinfectants	S. Cart			
	Visited				Concentration	t (Trat CU?	at First				Lowest	Minimum	Concentration,		1. J. C	5. 	
	bý.		Net Quanity		(C) Before or at	Disinfectant Contact Tunes (1) at C Measurement, Point During Peak Plow	Customer	Temp	. н	Minimum	Operating	UV Dose	al Remote	E Emergency or	Abnormal	meratura Cor	uditions:
Day of.	Operator		of Finished	1.	First Customer	Point During 2	During Park Bland	01 Watar	Weter if	Remured	mW-	Required.	Distribution	Repair of Main	ienance Worl	that Involv	es Taking
Month	(Place	Plant in Operation	Produced gal	Peak Flow Rate, gpd	Flow, mg/L	minutes	me-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/La	Repair or Maun	n Componen	te Out of Op	sration
-21	x	24 hrs	9,000	reality pho	1.2		K						0.5				
* \$2°	X	24 hrs	9,200		1.2								0.5				
4.43 6	X	24 hrs	9,900		1.2								0.5				
4	X	24 hrs	12,000		1.5					ļ			0.7	l			
015:12		24 hrs	14,800		1.5								0.7	·····			
**6*# \$\$7.3	X	24 hrs 24 hrs	8,800 14,900	÷	1.2	e							0.5				
8.7	- x	24 hrs	2,200		1.2								0.5				
		24 hrs	6,900		1.1								0.5				
4-107-		24 hrs	8,900		1.2								0.5				
1.1149		24 hrs	11,900		1								0.4				
	X	24 hrs	8,600		1.1									l			
132		24 hrs	16,700	ļ	1.5								0.6				
314 m		24 hrs 24 hrs	9,000		1.3					<u>├</u> ─────			0.5				
16:		24 hrs	10,100	+	1.2	· · · · · · · · · · · · · · · · · · ·				<u>├──</u> ──			0.5			<u> </u>	
17		24 hrs	13,100		1			-					0.5	[
18.		24 hrs	11,600	I	1								0.5				
194	X	24 hrs	16,100		1								0.6	Į			
-2095		24 hrs	12,100		1					L			0.5	<u> </u>		<u> </u>	
4.5212		24 hrs	25,300	<u> </u>	l	•			<u> </u>	ļ			0.5				
- 22-	X	24 hrs	11,600	<u>+</u>	1.2				<u> </u>	<u> </u>			0.8	 		···	
-23		24 hrs 24 hrs	9,600		1.5					<u> </u>			0.5				
.25.		24 hrs	15,700	†	1.3								0.7				
- 26	X	24 hrs	13,400	1	1.3								0.7				
1727.	X	24 hrs	9,500		1			_					0.5	Ļ			
28	X	24 hrs	8,400		1							l	0.5				
. 29.5		24 hrs	12,300		1.3	ļ	ļ		ļ	Į			0.6	<u> </u>			
×.30		24 hrs	8,400	 	1.2			 					0.5	<u> </u>			
•31		24 hrs	16,100	+	1.4	L			L	L		I	1 0.0	<u>L</u>	······		J
I OTAL 19	······	ar de feriera. Acta de de fe		1													
Marino		Ant Hot of	25,300	1													
1	19 4 4 4 4 4 1 7 - 1	1		_													

I

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



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

See page 4 for instruction					
I. General Information	for the Month/Year of: June-07				
A. Public Water System	n (PWS) Information				
PWS Name:	The Woods		PWS Identi	fication Number:	6600347
PWS Type:		t Non-Community	Transient Non-Comm	unity	Consecutive
	nnections at End of Month: 72		Total Population Served	at End of Month:	216
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep		······································	Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Ma		a.com			······································
B. Water Treatment Pla		······································			
Plant Name:	The Woods			hone Number:	(352) 787-0980
Plant Address:	CR 576		City: Webster	State: FL	Zip Code: 33597
Type of Water Treated		Purchased Finished W	ater		
Plant Catogony (par su	Day Operating Capacity of Plant, gallons per day: bsection 62-699.310(4), F.A.C.): IV	72,000	Diant Class (non automati		A.C.) C
Licensed Operators	Name	License Class	Plant Class (per subsecti License Number		y(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine				
Other Operators:	John Worrell	<u>C</u>	<u>6813</u> 6597		6 Days per week
porner operatore.	Marty Neal	<u>c</u>	10027		6 Days per week 6 Days per week
	Jay Aldrich		6368		6 Days per week
			1	-	· · · · · · · · · · · · · · · · · · ·
· · ·					

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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.

- 7-6-07

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555 900(3)Alternate

Page 1

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

1

ł

1

J

1

1

1

1

ł

1

ł

1

Ł

E

-

ĺ

PWSI	dentifica	tion Numbe	er:	6600347		Plant Name:	The Wood	ls							
III De	ile Dara	for the Mor	ub Ware all		June-07								<u> </u>		
			Log Virus Inacti				X Free	Chlorin		Chlorine I	Diovide	1	Ozone	Combined Chlor	ine (Chloramines)
						-1.		Cinoria		Chlorine	DIOXIDE			Companed Children	me (Chtorannios)
		let Radiation			Other (Describ	e):	· •						NU. 1 (01.1-		Chlorine Dioxide
Type o	t Disinf	ectant Resid	ual Maintained	in Distributi	on System:			X				ombined C	Chlorine (Chlo	ramines)	ormal Operating Conditions,
	1	1				, or UV Dose, to			Virus Inactiv	ation, if App					
	Days					the second second second second second second second second second second second second second second second s	letions					Dose			
	Plant					and the start of	Lowest CT						Lowest		Sector And And
	Staffed	1			Lowest Residual	Disinfectant	Provided				1	1	Residual	1	
	or				Disinfectant	Contact Time	Before or	1	A Barry Barry				Disinfectant		
	Visited	· ·			Concentration	(T) at C	at First	_			Lowest	Minimum			
Daniel	by,		Net Quanity		(C) Before or at First Customer	Point During	Customer During	Temp. of	pH of	Minimum CT	Operating UV Dose,	UV Dose Required		Truestana, ar Abr	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water, if	Required	mW-	mW	Distribution	Remain or Maintenni	nce Work that Involves Taking
Month	·····X")	Operatión	Produced, gal	Rate gpd	Flow, mg/L	minutes	mg-min/L	I C	Applicable	mg-min/L	sec/cm2	šec/cm2	System, mg/L		mponents Out of Operation
1	X	24 hrs	14,300		1.4	1		<u>+ </u>					0.6		
2	[24 hrs	13,200	<u>†</u>		<u>†</u>		<u>├</u> ────					1	f	
3	x	24 hrs	13,200		1.3		<u>+</u>				<u> </u>			f	······································
4	x	24 hrs	6,900		1.1			1			1		0.5		
5	X	24 hrs	8,500	<u> </u>	1	[1	1					0.5		
6	X	24 hrs	11,200		1			[[—] _					0.5		
7	X	24 hrs	16,300		1.1								0.6		
8	X	24 hrs	7,100		1								0.5		
9	X	24 hts	8,800		1							L	0.5		
10		24 hts	10,700					L			ļ			Ļ	
11	X	24 his	10,700	L	1					<u> </u>			0.5		
12	X	24 hrs	8,700	L	1.1			.		[<u> </u>	ļ	0.5		
13	X	24 hrs	8,500		1.1			∔			├── ∽──		0.6		
14	X	24 hrs	14,200 6,100	<u> </u>	1.2			┼────		<u> </u>			0.6		
15	X	24 hrs 24 hrs	21,000							<u> </u>	<u> </u>	 	0.5	{	
16	x x	24 hrs	7,000	 	1			+	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
18	- Â	24 hrs	11,600	<u> </u>	1	<u> </u>	· · ··	+		<u> </u>		<u> </u>	0.5	<u> </u>	
19	X	24 hrs	13,000		1.2			+		<u> </u>	†	<u> </u>	0.6		
20	$\frac{\hat{x}}{x}$	24 hrs	8,100		1.1		+	 					0.5		······
21	X	24 hrs	6,500	<u> </u>	1	<u> </u>		+				<u> </u>	0.5	<u> </u>	
22	X	24 hrs	11,700	1	1 1	1	1	1		1	<u> </u>	†	0.5		
23	x	24 hrs	9,200		1.1								0.6		
24	x	24 hrs	13,000		1.3	1		<u> </u>				1	0.8		
25	X	24 hrs	8,200		1			1				· · · · · ·	0.5		
.26	x	24 hes	7,800	1	1			1			1		0.6		
27	x	24 hrs	10,200		1								0.5		
28	x	24 hrs	5,600	<u> </u>	1								0.6		
29	x	24 hrs	9,000		1.6								1.0		
30	Х	24 hrs	10,900		1.5										
31		24 hrs													
Total			311,200												
Average			10,373	1											
Maxim	rr:t		21,000	j											

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

DEP Form Form 62-555 900(3)Alternate

-



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

Sce page 4 for instruction	ns									
I. General Information	for the Month/	Year of: July-07						,		
A. Public Water Syster										
PWS Name:	The Woods		····			PWS Identi	fication Nurr	iber:	6600347	
PWS Type:	X Community	Non-Transien	t Non-Con	nmunity	Transi	ent Non-Comm			Consecutive	
Number of Service Co					Total Po	pulation Served	at End of M	onth:	216	
PWS Owner:	Aqua Utilities I	lorida								
Contact Person:	Brian Heath			· · · · · · · · · · · · · · · · · · ·	the second second second second second second second second second second second second second second second s	Person's Title:	Area Man	ager		
Contact Person's Maili		PO Box 490310			City:	Leesburg	State:	FL	Zip Code:	
Contact Person's Telep		(352) 787-0980			Contact	Person Person's	Fax Number	:	(352) 787-6	333
Contact Person's E-Ma		beheath@aguaamerica	a.com							
B. Water Treatment Pl		· · · · · · · · · · · · · · · · · · ·								
Plant Name:	The Woods		<u> </u>		-		hone Numbe		(352) 787-0	
Plant Address:	<u>CR 576</u>				City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated		X Raw Ground Water	Pi	urchased Finished Wa	iter					
Plent Category (and a	Day Operating Ca	apacity of Plant, gallons per day:		72,000			<u> </u>			
Plant Category (per su	ubsection 62-699	310(4), F.A.C.): IV	11-22-5			iss (per subsection				WAR WILL THE ARE ARE AN
ST AS A BEAR A MARKEN MARKET STATE			200 A		Lice					ed 4 5 75 4 2 5 8 2
Lead/Chief Operator		Will Fontaine		<u>c</u>	ļ	6813			6 Days per week	
CHICK DODINS		John Worrell		<u> </u>	<u> </u>	6597			6 Days per week	·
	4 e	Marty Neal		<u> </u>	<u> </u>	10027			6 Days per week	
	4 **	Jay Aldrich	· · · · · · ·	<u> </u>	<u> </u>	6368			6 Days per week	·····
				<u> </u>	+	·				
C Lead/ <u>ChiefsOperator</u>	³									
1000年1月1日日 1月1日日日日日 1月1日日日日日日日日日日日日日日日日日日日日日		· · · · · · · · · · · · · · · · · · ·			 					··
C. C. C. C. C. C. C. C. C. C. C. C. C. C		······································		<u> </u>	+					
	·	·			 		+			
The second second second second second second second second second second second second second second second s					J				·	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

= 8-8-07

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEH . Jm 62-555.900(3)Attemate

•		TREATING RAW GROUND WATER OR PURCHASED FINIS	HED WATER
	MONTHLY OPERATION REPORT FOR PWS8	FREATING RAW GROUND WATER OR FOR OTAGED FILLING	

1

1

1

1

1

I

L

L

1

1

I

ļ

I

ł

L

PWS Ic	entificat	tion Numbe	er:	6600347 Plant Name: The Woods											
	Daily Data for the Month/Year of: July-07														
					July-07							·		Cambined Chie	orine (Chloramines)
Means	of Achie	ving Four-	Log Virus Inacti	viation/Rem	oval: *		X Free (Chlorin	•	Chlorine I	Dioxide		Dzone	Comoinea Chia	mile (Cinoramico)
🗂 t	Iltraviol	et Radiation	n		Other (Describe	:):									Distance Distance
Type of	Disinfe	ctant Resid	ual Maintained i	n Distributio	on System:				Free Chl			mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
1.1.1		с	1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 -		CT Calculations	or UV Dose, to I	Demonstrate 1	our-Log	Virus Inactiv	ation, if App	licable*		5	医下颌 病菌	
	Days				et in the the						ו עדו 🗠 🐪	Jose		in the state of the state	
	Plant				Lowest Residuat		Lowest CT	(·			a transfer		Lowest	1000	
	Staffed				Lowest Residual	Disinfectant	Provided		1.81		1. 1. 1. 1.		Residual		
	or				Disinfectant	Contact Time	Before or		1. 1. 1.				Disinfectant -	5.5	
	Visited		ual Maintained i		Concentration	Contact Turne (T) at C Measurement Point During	Ant Furst	4.5	PH of Water, if Applicable	1.1	Coverst Operating	Minimum	at Remote		
1			Net Quanity	Peak Flow	(C) Before or at	Measurement	- Customer	Temp.	TTAL .	Minimum	UV Dose	Required,	Point in	Emergency of Al	mornal Operating Conditions;
	Operator		of Finished	ST. CHANNER	First Oustomer	Peak Flow,	During	01	Water if	Required	mW-	mW	Distribution	Renaur or Mainten	ance Work that Involves Taking
the Month	(Place "X")	Plant in-	Produced, gal	Peak Flow	Flow, mg/L	CONCERNING STATES	mo-min/	C	Amilicable	mg-min/L.	sec/cm2	sec/cm2	System, mg/L	Water System	components Out of Operation
Ty 1 4	X	Operation 24 hrs	13,800	Kuto' Rbd.	1.4	3. Arthones, P. 15	ing-ineres	╧							
22	x	24 hrs	19,000		1.4				······		· · · · ·		0.4		
33.5	<u>x</u>	24 hrs	10,400		1.3								0.4		
41.	<u>x</u>	24 hrs	12,700		1.9			1				1	1.3		
13 .5 . 3.	X	24 hrs	12,600	1	1.9		·····						1.0		
6	x	24 hrs	10,800		2.1							Γ	1.0		
1.67.23	X	24 hrs	11,600		1.8								0.7		
	X	24 hrs	13,800		2							L	1.2		
9	X	24 hrs	9,600		1.8						ļ		0.8		
10.55	X	24 hrs	12,700		1.6					<u> </u>	<u> </u>		0.8		
5. 11 -42	X	24 hrs	11,600		1.6		<u> </u>	ļ	[<u> </u>		0.5		
12	X	24 hrs	10,000		<u> </u>		1	ļ	Į	<u> </u>	┝───		0.5	· · · · · · · · · · · · · · · · · · ·	
1, 139	x	Z4 hrs	9,100	<u>}</u>	1	<u> </u>	┠───		<u> </u>				0.5		
<u>_</u>]4-j.	X	24 hrs	10,600		1		<u> </u>						0.6		
15	X	24 hrs	10,700	ł	1.2		<u>↓ </u>		<u> </u>		<u> </u>		0.6		
16	X	24 hrs	5,900 8,900	<u> </u>	1.2		<u> </u>	<u>+</u>	 	 	ł		0.6		•
18	X X	24 hrs 24 hrs	8,200	·	1.3		<u> </u>	 		<u> </u>			0.6		
19	X	24 hrs	8,300	+	L.5			<u>{</u>			1		0.8		
20 -	x	24 hrs	9,500		1.6		<u> </u>	<u>† </u>			1		0.8		
.21	x	24 hrs	11,700	<u> </u>	1.2			†	1		1		0.6		
22	x	24 hrs	7,600	}	1.2		1	1	1						
28	X	24 hrs	8,700		1.2	1						T	0.6		
24	X	24 hrs	10,000	1	1.3								0.6		
25.	X	24 hrs	9,000	1	1.2								0.5		
26	X	24 hrs	5,900		1					1	1	L	0.5		
.27	x	24 hrs	8,800		1.3			1					0.6		
.28	x	24 hrs	11,500		1.5					L.	L	L	0.8		
29		24 hrs	10,300								ļ	L			
30	X	24 hrs	10,400		1.2		1	1	L		∔	<u> </u>	0.6		
, 31	X	24 hrs	11,100		1.3	I	1	1	<u> </u>		<u> </u>	L	0.6		
Total			324,800	-											
Average				4											
Maxim	101	19	19,000												

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

10

l



. .

~

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

See page 4 for instruction:	5					
I. General Information	for the Month/Year of:	August-07				
A. Public Water System						
PWS Name:	The Woods			PWS Id	entification Number:	6600347
PWS Type:	X Community	Non-Transient Non-Co	mmunity	Transient Non-Co		Consecutive
Number of Service Con	nections at End of Month:	72		Total Population Ser	ved at End of Month:	216
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Tit	c: Area Manager	
Contact Person's Mailin				City: Leesbur		
Contact Person's Telep		787-0980		Contact Person Perso	on's Fax Number:	(352) 787-6333
Contact Person's E-Ma		th@aquaamerica.com				
B. Water Treatment Pla						
Plant Name:	The Woods			Plant Te	lephone Number:	(352) 787-0980
Plant Address:	CR 576			City: Webster	State: FL	Zip Code: 33597
Type of Water Treated		nd Water	Purchased Finished Wa	ater		
Permitted Maximum I	Day Operating Capacity of Plant,	zallons per day:	72,000			
Plant Category (per su	bsection 62-699.310(4), F.A.C.):				ection 62-699.310(4),	
Licensed Operators	Nam	C	License Class	License Number	·	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will For		C	6813		6 Days per week
Other Operators:			C	6597		6 Days per week
	Marty I		<u> </u>	10027		6 Days per week
	Jay Ald	rich	С	6368		6 Days per week
		······				
				ļ		
				<u></u>		
				L		
			1	<u> </u>		

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

9.7.0 Signature and Date

Will Fontaine

 Printed or Typed Name

C6813

License Number

DEP Form 62-555.900(3)Alternate

I	1)	1	J	1 1	1]		l	1	1	1	ł	J I	l	1
	ţ															
N	*														-	
[MONTH	LY OPERA		EPORT FOR				W GRO	UND W	ATER (DR PUF	RCHASED	FINISHE	D WATER	
PWSIG	lentifica	tion Numbe	:	6600347		Plant Name:	The Wood	S								J
III. Dai	v Data i	for the Mon	th/Year of:		August-07	·····			<u>,</u>]
Means	of Achie	vine Four-	Log Virus Inacti	viation/2 em	August-07		X Free (Chlorin		Chlorine I	Diovide		Ozone	Combined C	hlorine (Chlora	mines)
1	Itravio	et Radiation			Other (Describe			JUNCTUP	۲ °	Chieffie i	JIOAIUC	Ц,		Comonica O	monne (one -	······
			ual Maintained	in Distributio	on System.			TX.	Free Chi	orine		mbined C	hlorine (Chlo	ramines)	Chlori	ne Dioxide
				Jourioun		or UV Dose, to	Demonstrate									
	Days				<u> </u>	CT Calcu					UV	Dose) .		·	
	Plant				· · · · ·		Lowest CT	1.0					Lowest	[1
	Staffed				Lowest Residual	Disinfectant	Provided				1		Residual	· ·		
	0f Aliciau A			4.	Disinfectant	Contact Time	Before or						Disinfectant			}
	Visited by		Net Quanity		(C) Before or at	(T) at C Measurement	at First			Minimu	Lowest	Minimum UV Dose	al Remote	1		
Day of	Operator	Hours	of Finished		First Customer	Point During	Customer During	Temp.	pHof	Minimum CT	UV Dose,	Required,	Point in	Emergency of	Abnormal Operation	ng Conditions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow,	Water	Water, if	Required	mW.	mW	Distribution		tenance Work that	
Month	<u>'X')</u>	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	· mg-min/L	soc/cm2	sec/cm2	System, mg/L		m Components Out	
1	<u> </u>	24 hrs	5,300		1.3								0.5			
2	<u>x</u> x	24 hrs 24 hrs	14,800		1.4			ļ		ļ	[0.7	<u> </u>	<u> </u>	
4	x	24 hrs 0	9,300	<u> </u>	1.4	}	 -				<u> </u>		0.7			
5	x	24 hrs	12,100		1.3								0.6			
6	x	24 hrs	5,000		1.2								0.6			••••
7.	X	24 hrs	10,100													
8	X	24 hrs	9,000		1.2								0.6			
-9 10	<u>x</u> x	_24 hrs	12,000		1.2								0.6			
10	$\hat{\mathbf{x}}$	24 hrs 24 hrs	8,200 17,100		<u>1.2</u>						}		0.6	 		
12	x	24 hrs	6,900		1.5								0.8	·		
13	х	24 hrs	11,300		1.3								0.7			
-14	Х	24 hrs	8,500		1.3						h		0.7			
15	x	24 hrs	14,800		1						_		0.6			
16 1	<u>X</u>	24 hrs	12,200		1						<u> </u>		0.4			
17	<u>x</u> x	24 hrs 24 hrs	10,400	<u> </u>	1.2		 	<u> </u>			ļ		0.4	}		
19	$\hat{\mathbf{x}}$	24 hrs	9,500	<u> </u>	1.5		<u> </u>		Ļ		<u> </u>		0.4			
20 -	x	24 hrs	11,000		1.5								0.5		·····	
21	x	24 hrs	10,600		1.2		<u>├</u> ────			h	<u> </u>		0.5			
22	Х	24 hrs	15,600		1,2								0.5			····
23	X	24 hrs	9,000		1.3								0.6			
24	x x	24 hrs	11,800		1.3			l			·		0.6			
- 26	x	24 hrs 24 hrs	8,500		1.3		<u> </u>			ļ	 _		0.6		<u></u>	
27	$-\hat{\mathbf{x}}$	24 hrs	55,000	<u> </u>	1.3						<u> </u>		0.7			
28	x	24 hrs	9,200		1.3		├ ───						0.6		······	
29	X	24 hrs	9,500		1.2		Ì					_	0.6			
30	X	24 brs	9,000		1.2								0.6			
	<u> </u>	24 hrs	11,000		1.2								0,6			
Total			372,900													
Average Maximu			12,029													
		muctions for		 emine which :	plants must provide	this information										

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

DEP Form Form 62-555 900(3)Alternate

-



.

. .

Ţ

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

See page 4 for instructions								<u></u>	
I. General Information I	or the Month/Year of:	September-07							
A. Public Water System	(PWS) Information		·						
	The Woods				PWS Ident	ification Nu	mber:	6600347	
	X Community	Non-Transient Non-Com	munity	Transi	ent Non-Comm	unity		Consecutive	
Number of Service Con	nections at End of Month:	72		Total Po	pulation Served	d at End of l	Month:	216	
	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact	Person's Title:	Area Ma	nager		
Contact Person's Mailin				City:	Leesburg	State:	FL	Zip Code:	34749
Contact Person's Teleph				Contact	Person Person's	Fax Numb	er:	(352) 787-6	333
Contact Person's E-Mai		n@aquaamerica.com							
B. Water Treatment Plan	nt Information								
Name and Address of the Owner	The Woods				Plant Telep		er:	(352) 787-0	
	CR 576			City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated			irchased Finished Wa	ater					····
Permitted Maximum D	ay Operating Capacity of Plant, ga		72,000						
Plant Category (per sub	section 62-699.310(4), F.A.C.):	IV			iss (per subsect				
	Name		License Class	Lice	nse Number		Da	y(s)/Shift(s) Wor	ked
Lead/Chief Operator:	Will Font		С		6813			6 Days per week	
Other Operators:	John Wor		C		6597			6 Days per week	
	Marty Ne		C		10027			6 Days per week	
	Jay Aldri	ch	¢		6368			6 Days per week	
	······								
					· <u> </u>				• • • • • • • • • • • • • • • • • • • •
				<u> </u>					
		·····							
				ļ					
			L						

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10-5-01 Signature and Date

Will Fontaine Printed or Typed Name

C6813 License Number

DEP Form 62-555 900(3)Alternate

	·	MONTH						C D 4		1 18175 144		ייום טר		
PWS Id	lentifica	tion Numbe		6600347		Plant Name:					MIGR			FINISHED WATER
III. Đại	ly Data	for the Mon	th/Year of:		September-07									
Means	of Achie	eving Four-	Log Virus Inacti				X Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
	Itraviol	et Radiation				e):	<u>ت</u>		اسبا -			ليسما		
Type of	Disinfe	ctant Resid	ual Maintained	in Distributio	n System	<u> </u>		Tx	Free Chl	orine		mhined (hlorine (Chlor	ramines) Chlorine Dioxide
1.0					CT Calculations	or UV Dose to	Demonstrate I						T	
	Days		· ·											
	Plant		Net Quanity of Finished	A Cartonia			Lowest CT	1	1. Ture		S. S. S. S.		Lowest	Emergency or Abnormal Operating Conditions:
	Staffed				Lowest Residual	Disinfectant -	Provided			2.5			Residual	
	or	l'			Disinfectant	Contact Time	Before or	21 - L - P	13.		Sala and a		Disinfectant	
	Visited				Concentration	ကြမ်ိုင်း	at First	<u> </u>			Lowest	Minimum	Concentration	
Day of	by Operator	· · · ·	Net Quanity		(C) Before or at	Measurement	Customer	Temp	5	Minimum	Operating	UV Dose	At Remote	
the	(Place	Plant in	Water	Peak Flow	During Peak	Point During . Peak Flow	Lowest CT Provided Before or at First Customer During Peak Plow, mg-min/L	Water	Water if	Required	C Y DUSC,		Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Takin
Month.	` 'X' ')	Operation		Rate, gpd		minutes	mg-min/L	ć	Applicable	mg-min/L ²	sec/cm2	sec/cm2	System, mg/Ly	Water System Components Out of Operation
$>1^{\circ}$	X	24 hrs	4,400		1.3			(0.7	
2		24 hrs	4,500											
	X	24 hrs	4,500		1.2		l						0.6	
\$ 4 \$	X	24 hrs			1.2								0.6	1
5-34	<u>X</u>	24 hrs	9,200		1								0.5	
6	<u>X</u>	24 hrs	9,100		1.5	L		 	· · · · · · · · · · · · · · · · · · ·		·	L	0.8	
7	<u>X</u>	24 hrs	8,500		1.3		ļ						0.6	
8	<u>- x</u>	24 hrs	9,000		11	<u> </u>	ļ						0.6	
10	- x	24 hrs 24 hrs	17,000		1.1		<u> </u>						0.5	
<u> </u>	$-\hat{\mathbf{x}}$	24 hrs	24,000		1.1								0.6	
12	X	24 hrs	27,700		1.3								0.7	· · · · · · · · · · · · · · · · · · ·
13	x	24 hrs	14,900		1.3								0.7	······································
14	x	24 hrs	36,100		1.4								0.7	
15	X	24 hrs	12,100		1.5									
.16	X	24 hrs	10,800		1.7									
17	X	24 hrs	10,800		1.7								0.9	
18	<u>x</u>	24 hrs	10,700		1.4								0.7	
19	<u>X</u>	24 hrs	8,500		1.3		L		L				0.7	
20	<u> </u>	Z4 hrs	8,500		1.3			ļ.—					0.7	
21	<u>x</u> x	24 hrs	11,300		1.1								0.6	
22	<u>^</u>	24 hrs 24 hrs	10,000		1.1		ł						0.6	
- 24	x	24 hrs	9,400										0.5	· · · · · · · · · · · · · · · · · · ·
25	$-\hat{\mathbf{x}}$	24 hrs	9,200		1.1		┝─┵───┘	<u> </u>					0.6	
26	x	24 hrs	8,300		1.1								0.6	
27	X	24 hrs	7,800		1.3								0.7	
28	X	24 hrs	9,600		1.2	_							0.6	
29	Х	24 hrs	10,000		1.2								0.6	
30	X	24 hrs	32,200		1.2								0.6	
31		24 hrs												
Total	···		365,500											
Average			12,183											
Mavimu	m	,	36 100											

1

I

ł

ł

ł

1

1

 l_{c}

ł

1

ł

1

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

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

ł

I

ł

ł

I



non A for instruments as

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

See page 4 for instructions									
I. General Information for the Mo	onth/Year of: Octobe	r, 2007							
A. Public Water System (PWS) In								<u> </u>	
PWS Name: The Wood	ds				PWS Identi	fication Nun	aber:	6600347	
PWS Type: X Comm	nunity Non-Transi	ent Non-Comm	unity	Transie	t Non-Comm			Consecutive	-
Number of Service Connections at				Total Pop	ulation Served	at End of M	onth:	216	
	lities Florida								
Contact Person: Brian Hea				Contact P	erson's Title:	Area Man	ager		
Contact Person's Mailing Address:				City:	Leesburg	State:	FL	Zip Code:	
Contact Person's Telephone Numb				Contact P	erson Person's	Fax Number		(352) 787-6	333
Contact Person's E-Mail Address:		rica.com							
3. Water Treatment Plant Informa									
Plant Name: The Wood	ds					hone Numbe		(352) 787-0	
Plant Address: CR 576				City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated by Plant:	X Raw Ground Water		chased Finished W	ater					
Permitted Maximum Day Operation	ing Capacity of Plant, gallons per day:		72,000						
Plant Category (per subsection 62	2-699.310(4), F.A.C.): IV			Plant Clas	s (per subsect	on 62-699.3	10(4), F./	A.C.): C	
	Name, and	E STATELE WER	C.License Class	* Bleen	se Number	C Contraction	APA-SDa	y(s)/Shift(s) Wor	ked
Lead/Chief Operators	Will Fontaine		<u> </u>	<u> </u>	<u>6813</u>			6 Days per week	
Difer Operators	John Worrell		<u> </u>		6597			6 Days per week	
	Marty Neal		C		10027			6 Days per week	
	Jay Aldrich		<u> </u>		6368			6 Days per week	
	······································								
	· · · · · · · · · · · · · · · · · · ·								
					··	+			<u> </u>
The straight of the second of Second	······································								

II. Certification by Lead/Chief Operator

and the second second

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

= 11-9-07 Signature and Date

Will Fontaine Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)ARemate

T	I	. 1	E	Ť	Ç 1	\$	1]	}	ł	ł	}	1	t	1	1
-	,	Ľ	-	-	- •												
	+									•							
.		MONTH			EPORT FO			C (5 A)							א השא	ATER	
WS Ide	ntificat	ion Numbe		6600347	EFORT FOI	Plant Name:			W ONO	UND W	AILAC			1.010			
				0000347		Plant Name:	Tae wood	5									
			th/Year of:		October, 200'	7											
eans o	f Achic	ving Four-	Log Virus Inacti	viation/Rem			X Free C	Chlorine		Chlorine I	Dioxide		Ozone	Combi	ned Chlorin	e (Chloramin	es)
		t Radiation			Other (Describ	<u>e):</u>											
pe of	Disinfe	ctant Resid	ual Maintained	in Distributio	on System:			X	Free Chl	orine		mbined C	hlorine (Chlo	ramines)			Dioxide
			and the second second second second second second second second second second second second second second second		DA System: VICOT Clicitation Lorres Renout Dispersion Concentration Concentr	COPUV Dose, to	Demonstrate f	ounlog	Virus inactiv	ation di Appl	icable				ere anne seo Vel Shines se		
	Days Plant						lations of	「たいたんでいい		BCA WEISCHER	C	Doge States		106 6	17- F . A. F	A	
	Staffed!			1. m. 25	1	and the second		525.55	tinen.	1.150	2015.614	1.10	A LOVE OF	124.14		and the second states in	
	or	ر من سر المراجع المراجع المراجع	87. y	195 8				5.2.1	28.01		ALC: C	4.67		1.	18 - Say	4-11-2	
	Visited		같은 것을 물 물 물	P.Z. CA		Unit			1.000	1.1		Minimum	Concentration	B RAS			
	by ·		Net Quanity	199	CONSULTE OF T	Measurement	Customer	(****) 		Minimum	Operation	SULT TO SERVICE	Renotes	ALC: O	1		
	Operator (Place	Hours Plant in	of Finished		WEST CHROMOT	Point During	During		北 武市	CD 4	UV Dose	Required	影响中的	12-22-22	ency or Anno	mal Operating C	onditions
onth	"X")	Operation	Producer only	Ratevond	Tion of the	Sector Prove	APRIL BOYS			Required s	S BER		C L Jannounos		System Con	e work and nive	Joenation -
1	х	24 hrs	9,000		0.9	AND A LAND AND A LAND	a sour en inves.	0.00	di Appresore	- and current	F. Darde Arriste		0.5		1.073.012.000		
2		24 hrs	9,700		1	<u> </u>					· · · · · · · · · · · · · · · · · · ·		0.5				
34.f.	X	24 hrs	9,700		1.5								0.8				
4*** 5***	X	24 hrs	11,800		1								0.5				
63.5	X	24 hrs 24 hrs	10,500	<u> </u>	1.1	{- <u>-</u>				 	<u> </u>		0.6				
7.00		24 hrs	9,700		1.3						<u> </u>		0.8				~~~~~
83.5	X	24 hrs	9,700	<u> </u>	1.3	<u> </u>		+		·		_ ,	0.6				
9,	X	24 hrs	9,100	[1.2	· · · · · · · · · · · · · · · · · · ·							0.6	1			
10	X	24 hrs	13,600		1.2								0.6				
1124	X	24 hrs	8,200		1.1								0.6				
12	X	24 hrs	12,400		1.2								0.6				
49	<u>x</u>	24 hrs 24 hrs	11,100		1.1	ļ				ļ	ļ		0.6	↓			
5*	x	24 hrs	10,400		0.9		+		······				0.5	<u> </u>			
6	x	24 hrs	18,800		0.9			┝━━╌┼					0.5			, 	
7.7	x	24 hrs	8,500		1.5	·					·····		1.0	+	· · · · · · · · · · · · · · · · · · ·		
8*3	X	24 hrs	11,500		1								0.5	1			
9	X	24 hrs	14,900		1		1						0.5	Τ			
0**	<u>x</u>	24 hrs	10,100		11								0,5	<u> </u>			
18-5 2-2-	X	24 hrs	10,100		1.3								6				
3.1	$\frac{x}{x}$	24 hrs 24 hrs	12,000		1								0.5				
17	$\hat{\mathbf{x}}$	24 hrs	14,800	·	1.2								0.6				
5.8	x	24 hrs	13,300		1.4		+	├~~				<u> </u>	0.8	+			
6.	x	24 hrs	11,800		1.3		+		····		<u> </u>		0.6	<u>+</u>			
2.5	X	24 hrs	11,900		1.3			<u>├</u> †					0.6	+		*****	
8	X	24 hrs	15,100		1								0.5				
94	X	24 hrs	7,300		1								0.5				
02. IN 1	X	24 hrs	11,000		1								0.5				-
	X	24 hrs	12,800		<u> </u>	L	<u> </u>	L		L	L		0.7	1			
			11,313														
		ALC: NOT	18,800														

Ŧ

1 1 1

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

DEP Form Form 62-655.900(3)Alternate



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

See page 4 for instructions

I. General Information for the Month/Year of: November-	r-07
A. Public Water System (PWS) Information	
PWS Name: The Woods	PWS Identification Number: 6600347
PWS Type: X Community Non-Transient N	Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 216
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.	1.COM
B. Water Treatment Plant Information	· · · · · · · · · · · · · · · · · · ·
Plant Name: The Woods	Plant Telephone Number: (352) 787-0980
Plant Address: CR 576	City: Webster State: FL Zip Code: 33597
Type of Water Treated by Plant: [X] Raw Ground Water	Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.) C
Name	License Class Class License Number
Will Fontaine	C 6813 6 Days per week
Officer Operators 1777	C 6597 6 Days per week
Marty Neal	C 10027 6 Days per week
Jay Aldrich	C 6368 6 Days per week
John Worrell John Worrell Marty Neal Jay Aldrich	

IL Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

= 12.6.07

Signature and Date

Will Fontaine Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

N	ų	H	Ŗ	H	Vi H	B	Ņ		ħ	K		ł	¥.	1	1	J	1
,				TION RE	EPORT FOR	PWSs TI	REATIN	<u>G RA</u>	W GRO		ATER		RCHASED	FINE	SHED W	ATER	
PWS Id	entifica	tion Numbe	er:	6600347		Plant Name:	The Wood	s						-			
011-10.0	v Data	for the Mor	nth/Year of:		November-07			-					,				
			Log Virus Inact	inintia Dan			X Free C	blorin		Chlorine I	Diovida		Ozone	Combi	ined Chlorin	e (Chloramin	es)
		et Radiation			Other (Describe	a.	IN FIELD	-11101111		Cittornie	DIOAIUC			COMO		¢ (0)	,
20.00				in Dictributi		6			Free Chl	orine		mbined (hlorine (Chlor	amines)		Chlorine	Dioxide
37 HE W		tan resiu	inal Maintaineo	In Distribute	on System:		-		AFASTINA M	OTHIC And	16-51-207-31	2 annual	anonne (Cinor	luciae a	THE REAL		
	[A]	Ser Bert	al an an an an an an an an an an an an an	5.4.	CALLER ST. 24 Software	CRUV DOSE IO.	latione it was	OUL-LOS	ALL REAL PROPERTY	7 FA	Contract IV	Dose Sevil	1				
	TPiant_			1. 18 × 2.5	14 WY THE FILLE	VEROPHENT CO	3-1-2-6-	1	53.502	12	-4.983	114.5	5.5 A C 64		Stars south a star of the second		and Service
	Sumed,		No mar in su	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Jowest Residual	Disinfectant	Provided	1. Ang 1.	19-01 A	88 A.F	1. State 1	- 3 - M	Residual	12.5	STATISTICS	and the second	P. Barrie
199	PUL	霍松会经		的形象	Disinfectant 24	Comaci Time	Before of	5. F. S	教育学校の教	13:22	15.	1.00	Disinfectanc	德国的		and the start of	S 10 49 12
化合适	Visited	计学 司 由		教授 有关	*: Concentration F:	24.)(T) a C . L	at First	建 变现	之中的法	1. 1. 1.	Lowest	Minimum	Goncentration	ites is i			
	and your	West Lott	arNel Olunityac		(C) Before or at:	Measurement	Customer	.Temp:	1. 1. 1. 1. 1.	Minimum	Operating	UV Dose	al Remote to	(27.5, 3			
Nile B	Place	22 Plant in the	Water	Peak Flow	on System: ACT Calculations Lovert Reneular Diamoctant So Copernations (C) Berge Sr Diamoctant Copernations (C) Berge Sr Diamoctant Diamoctant Copernations (C) Berge Sr Diamoctant Diamoctant Copernations (C) Berge Sr Diamoctant Diamoctant Copernations (C) Berge Sr Diamoctant Diamoctant Copernations (C) Berge Sr Diamoctant Diamoctant (C) Berge Sr Diamoctant (C) Berge Sr Diamoctant (C) Berge Sr (C) Berge Sr (C) State (C) State	Corport Flow	Peak/Flow	Water	Witter	Remired	mW.	required:		Rentry		ON OF CHARMENTY	Nes Lalong
Month	X.)4	Operation	Produced al	Rate god	Flow multi-	an minutes	me-min/E	Sic X	Applicable.	mg-min/L	sec/cm2	r sec/cm2	System mg/L	Wate	e System/Goth	Sonents Out of	peration
	Х	24 hrs	8,700		1.3						1		0.6				
2.2.1	X	26 hrs	10,300		1.3								0.7				
	X	24 hrs	12,500		1.7												
	X	24 hrs	7,900	ļ	1.6												
	<u>X</u>	24 hrs	12,000	ļ	1.5	· · · · · · · · · · · · · · · · · · ·							0.7	ļ			
2	X	24 hrs	11,800	[1.4								0.7				
	$\frac{x}{x}$	24 hrs 24 hrs	<u>11,500</u> 9,000		1.4							·····	0.7	 			
	x	24 hrs	12,000	<u> </u>	1.5								1.0				ł
P 6	X	24 hrs	9,800		1.1								0.7				
	Х	24 hrs	9,600		1.2								0.7				
1. J.C. 1	X	24 hrs	9,600		1.1								0.6				
	X	24 hrs	11,600		1								0.6				
	X	24 hrs	14,100		1								0.8				
2415	X	24 hrs	7,100		1.5								1.0				
	X X	24 hrs	10,600	ł	1.3	· · · · · · · · · · · · · · · · · · ·							0.7				
	<u>^</u>	24 hrs 24 hrs	10,300		1.2							· 	0.7				
國的名	X	24 hrs	10,300		1.3								0.8		·	· · · · · · · · · · · · · · · · · · ·	
1612014	X	24 hrs	10,700		1.2							<u> </u>	0.7				
122	X	24 hrs	10,900		1.2								0.7				
6622	X	24 hrs	11,800		1.2							*	0.7				
新工会	Х	24 hrs	11,500		1.4								0.8				
	X	24 hrs	12,500		1.3								0.7				
AP2.5	Х	24 hrs	12,800		1.3												
· · · · · · · · · · · · · · · · · · ·	X	24 hrs	11,900		1.4								0.8				
	X	24 hrs	16,900	·····	1.3								0.7	ļ			
\$1228 A	X X	24 hrs 24 hrs	13,000 12,900		<u>1.3</u>					_			0.8	<u> </u>			
	x	24 hrs 24 hrs	12,500		1.3							·	0.8	ļ			
1997 - 1997 - 1997 1997 - 1997 - 1997	<u> </u>	24 hrs	12,000		J.4				· · · ·				0.9		·		
12.151	77 P. 47 197	Contact of Property in	339,000		L			<u> </u>			i			L		<u>. </u>	لمحبب
Sec.	S- 797	25. 1. 2. 2.	11 300														

t

Meetinger 16,900

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

DEP Form Form 62-555.900(3)Allemate

.

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

1

ŀ

ł

1

ł

I

1

11

۱

I

ŧ

PWSI	dentifica	ation Numb	ст:	6600347		Plant Name:	The Wood	ls								
III IN	Daily Data for the Month/Year of: December-07															
							6.1		·····			····				(m)
			Log Virus Inacti	iviation/Rem			X Free (Chlorin	•	Chiorine I	Dioxide		Ozone	Combined Ch	iorine (Chloramines)
		et Radiatio			Other (Describe	c):										
lype o	f Disinte	ectant Resid	lual Maintained	in Distributi	on System:			X	Free Ch	lorine	Co	mbined (Chlorine (Chlor	ramines)		Chlorine Dioxide
		2 2	in the second	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CT Calculations	or UV Dose, to	Demonstrate I	Four-Log	Vinis Insch	vation; if Appl	licable*	the states and			香港群	Control of Operation
	Days			<u> 140 - 17 - 200</u>	5 ⁴⁴	CT Calc	lations 7 < 7	時に言	1	21112510-14	The second second	Dose: #	1. 1. 1. 1.			
1.00	Plant					4. 63.	Lower CT	83.2					Lowest .		2.2	
بې د د د مې د د د مخبو د	Statled				Lowest Residual	Disinfectant	Provided	教授		1. Sec. 1.	1. 2. 2. 1	而中華語	Residual			
1.1	l Visited			4.e	Disinfectant25,	Contact Time	Before or	建造	1			3. 19 N	Disinfectant			
155.55	by	1	Net Olian bio		(C) Deformer at			1.	is Exercise	AMinimian	Coversion	LIVING	A Concentration	19-3-4-5		
Day of	Operator	Hours	of Finished	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	First Customer	Point During	During	Hora	T pHof	1. CT 47	UV Dose	Required	Point in		CINC TO	Doperating Conditions
Sthe	(Place	Plant in	55 Water Ma	Peak Flow	During Peak	Peak Plow,	Peak Flow	Water	Water sif	Required		mW,	Distribution ?	Repaired the	nunce v	Ind that hvolves reki
Month	*X7)	Operation	+ Produced, gal	Rate, gpd	Flow, mg/L	···· minutès	mg min/L	3;C77	Applicable	mg-min/L	sec/cm2	sec/cm2	/System mp/D	Re Weler System	Compor	reals Out of Openation
1.000		the second second second second second second second second second second second second second second second se														
	1	24 hrs	13,200	<u> </u>	<u>_</u>						ļ					
64	x x	24 hrs	13,200		1.3								0.8			
1405	$\frac{\hat{x}}{\hat{x}}$	24 hrs 24 hrs	15,000	<u> </u>	1.2								0.6	ļ		
1365	x	24 hrs	9,900	}	1.2	 	}	}	}		<u> </u>		0.6			<u></u>
7267 487 K	x	24 hrs	15,100		1.2		<u> </u>		<u> </u>		<u> </u>		0.6		·	
24.89	X	24 hrs	8,000	<u> </u>	1.3					<u>+</u>	[0.7			
839(3)		24 hrs	9,800	[<u>+</u> −−− −						
HE105	X	24 hrs	9,800		1					1			0.6			······································
-REDHLER	X	24 hrs	12,200		1.6								0.8			
5912¥		24 hrs	10,200		1.4								0.7			
ANN 37.		24 hrs	8,600		1.2	<u> </u>	<u> </u>	<u> </u>]		ļ		0.6		<u></u>	
3044年 年115章	X	24 hrs	14,700		<u>1.3</u> 1.2			ļ		<u> </u>			0.7			
<u>े स</u> ्व	<u> </u>	24 hrs 24 hrs	10,000		1.2		<u>-</u>				·		0.7			
1 175	X	24 hrs	10,000		1.4	·····	<u> </u>	 					0.8			
7018-19	- ^	24 hrs	10,500		<u> </u>		ł	<u> </u>		<u>}</u>			0.8			·····
7.719 00	x	24 hrs	10,500	·····	1.8		 	<u> </u>					1.2			
20	X	24 hrs	6,400		1								0.8	·		
**215.	X	24 hrs	15,900		1.4						-		1.0			
1 22 87		24 hrs	10,000		1.3									·····		<u> </u>
238	Х	24 hrs	11,500		1.3											
243	X	24 hrs	17,200		1.2								0.8			
250	<u> </u>	24 hrs	13,900	L	1.2								0.7			
21265	X	24 hrs	10,000		1.3								0.8			
1.27	<u> </u>	24 hrs	18,300		1.2					{		<u>.</u>	0.7			
€28 in: 1;29₩		24 hrs 24 hrs	10,100 9,500		1.2		<u> </u>		h	Į			0.7			— <u></u>
304		24 hrs 24 hrs	9,500		1								0.7		<u></u>	
2314	$\hat{\mathbf{x}}$	24 Jus 24 Jus	11,000		1.2				·	<u> </u>		<u> -</u>	0.6			
Total	the state of	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	362,400	-	1.2	L	L	L		<u></u>			1 0.8			·····
Average		2.40	11,690													
Maumi		and the second second	18,300	1												

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

DEP Form Form 52-555 900(3)Atternate

ł

ł

1

τ

ł

Ł

ţ

ł

PWS	5 ID:	6600347 PI	ant Name:	The Woods			
IV.	Summary of Use of Poly	ner Containing Acrylamid	e, Polymer C	lontaining E	picklorohydrin, and Iro	m or Manganese Sequestrant for the Year: *	2007
A .		onomer acrylamide used at the wate			V No		
	Polymer Dose ppm =				Acrylamide Level, % =		
B.	Is any polymer containing the me polymer are as follows:	onomer enichlorohydrin used at the	water treatment	plant?	No No		
	Polymer Dose ppm =				Epichlorohydrin Level, %'-		<u> </u>
С.	Is any iron or manganese sequest	rant used at the water treatment pla	nt?	✓ No			······································
	Type of Sequestrant (polyphosph	ate or sodium silicate):					
	Sequestrant Dose, mg/L of phosp	hate as PO4 or mg/L of silicate as S	SiO ₂ =		·····		
1	If sodium silicate is used, the am	ount of added plus naturally occurr	ing silicate, in m	g/L as SiO ₂ =			

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide,

ł

1

ţ

L

1

ł

1

1

1

ł

polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

E

ł

ţ

ł

>

⁴ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

WATER

See page 4 for instructions			•		
I. General Information for the M	Ionth/Year of: January-06		· · · ·		<u> </u>
A. Public Water System (PWS)	Information				
PWS Name: The Woo			PWS Ide	ntification Number:	6600347
PWS Type: X Com		Community 🗌	Transient Non-Con		Consecutive
Number of Service Connections	· - · · · · · · · · · · · · · · · · · ·		Total Population Serv	ed at End of Month:	216
	ilities Florida				· · · · · · · · · · · · · · · · · · ·
Contact Person: Brian He		·	Contact Person's Title		
Contact Person's Mailing Addres		· · · · · · · · · · · · · · · · · · ·	City: Leesburg		Zip Code: 34749
Contact Person's Telephone Num Contact Person's E-Mail Address		<u> </u>	Contact Person Person	n's Fax Number:	(352) 787-6333
					· · · · · · · · · · · · · · · · · · ·
B. Water Treatment Plant Inform					
Plant Name: The Woo Plant Address: CR 576	xds			ephone Number:	(352) 787-0980
Type of Water Treated by Plant:	X Raw Ground Water	<u> </u>	City: Webster	State: FL	Zip Code: 33597
	ting Capacity of Plant, gallons per day:	Purchased Finished W	ater		·
Plant Category (per subsection 6	2-699.310(4), F.A.C.): IV	72,000	Plant Class (per subse	ation (2, (00, 210/4))	F.A.C.) C
Censel (Censel 10 State					Rayos Shifto Workedman and a
Sectoral Competences	Will Fontaine	С	6813		6 Days per week
Chiner Chief Shine S	John Worrell		6597		6 Days per week
	Marty Neal		10027		6 Days per week
			10027		O Days per week
		·····		· · · · · · · · · · · · · · · · · · ·	
			1	<u> </u>	
				•	
					· · · · · · · · · · · · · · · · · · ·

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10	_				
Mon F2	DOCUMENT NUMBER-DATE Printed or	aine		C6813	
Signature and Date	DUCUMENT NUMBER - DATE Printed or	Typed Name		License Number	
DEP Form 62-555.900(3)Alternate	04333 MAY 22 8	Page 1	•		•
	FPSC-COMMISSION CLERK		-		

1	I	1 I.	i)	1 1	1		1	1	I	1	1	1	1	}
PWS Identificat			TION REPORT FO 6600347	R PWSs T			WGRC		ATER	OR PUP	RCHASED	FINISHE	WATER	<u></u>
II. Daily Data i			January-06		· · · · · · · · · · · · · · · · · · ·					<u> </u>				
			viation/Removal: *	-	X Free	Chlorine		Chlorine l	Dioxide		Dzone	Combined Ch	lorine (Chlora	amines)
	et Radiation			be):										
ype of Disinfe	ctant Resid	ual Maintained	in Distribution System:	· · · ·	X Free Chlorine						hlorine (Chlor	ramines)	Chlor	rine Dioxide
			C Sternin	a and tongs a	S marked	2016 24	The factors	nillio di Ame	16 DC	فيعضر ومناقر والمراجر والمست				
e I Dava				iki	1. in the	للمنتبية معر تتبعيو ب	6	ويتبدأ وتريست شبينا	يد از	in Skile			같은 사람이 가지 않는다. 같은 사람이 가지 않는다.	
					South States						1.102.51			
a Similar			and the second and the second of the	11 · · · · ·	16.09(663)						and the second			
			r (1917) - Denredening								BRIER STREET			
		Sala Consulta S	la della br>Nel constante della della della della della della della della della della della della della della della della d	a Manganouring	11.1993年代。			i Numitano:	i		ាំណាក់ណ៍តែអត្ថែរ។ សេទាធិតិតែណ៍ទ			
รักษณ์ เมืองสาวเล	aroma -	A ALL ALL ALL ALL ALL ALL ALL ALL ALL A	P Cash I was a strategies	្មាំស្រាល់ដែលបានសម្តេ សមត្ថកម្ពុជាអនុវត្ត			1	i onnimme.	() () () () () () () () () () () () () (1965 Minai		interesting the second second	Minister Contract	រកគ្រះ (សំណើតតាម
An Show	- Denni II.	ar judira Navenar	S Maritan Maria - Shinan Posto	Bruch, Flaght C	Watching	States .	Steams as] ใจอาทิกส์จะ	Agi Vi	$\vec{n}^{(i)}\vec{v}^{(i)}$	า ว่าไรเสือแสดน	্রিণনে বিধায়ে বা । সংখ্যালৈ প্রাপনোরা	and Month files	ាតសៀលដ្ឋានតែនៅគា
inni 👔 👔	់បំរុំ អត្ថាត់ក្រ	Treal of a part	Conta and a line and	minure	11197/01011/14		· 新聞師 時 C	ាំពុំ តំណាក់ គ	er-fini?	dispersion.	STRICTION PROVIDE	Ranin or Redar Votes Sector	<u>্রার্টেগরিজি</u> জি	ແຈເອາອາເອັ
	24 hrs	5,650									· · · · · · · · · · · · · · · · · · ·			
X	24 hrs	5,650	1.7								0.9			
<u>X</u>	24 hrs	8,500	1.7				· · · ·				1			
X	24 hrs	5,600	1.8	<u> </u>	<u> </u>	<u> </u>		ļ	 	· ·	0.8	l		·
D X	24 hrs	6,800	2	<u> </u>				L			0.8			
6 X X	24 hrs 24 hrs	4,700	2.1			<u> </u>		ļ			1.2			.
	24 nrs 24 hrs	7,300	1.6	· · · ·	┢	┫┈──┤	·	<u> </u>		·		· · · · · · · · · · · · · · · · · · ·		
	24 hrs	7,600	1.9			╉┉╌╴╊				<u> </u>	1.1	· · · · · · · · · · · · · · · · · · ·		
	24 hrs	6,600	1.7					 			1.1		····	
X	24 hrs	6,000	2.1		<u></u>			<u> </u>	<u></u>	<u>}</u>	1.6	<u>}</u>		<u> </u>
X X	24 hrs	7,100	2.2	÷		++				· ·	1.7			
X	24 hrs	6,500	2.1			┫╼╍╍╍┫		1		<u> </u>	1.7			
X X	24 hrs	6,900	2.		1	1								
S X	24 hrs	5,600	1.8											
Lo X	24 hrs	10,000	2.1	11					· · ·		1.7			
ALL X	24 hrs	6,400	1.6								1.3			
	24 hrs	6,000	2					1			1.7			
X X	24 hrs	7,300	1.9	-						ļ	1.5			
20 X	24 hrs	6,500	1.6	- <u> </u>		4 4		<u> </u>		<u> </u>	1.2			
X X X	24 hrs	3,900	1.7 .	+	┨────	┨───┤		 	ļ	ļ	·			
	24 hrs 24 hrs	7,900 6,400	1.6		<u> </u>	┟╌╌╌┠	·····	<u> </u>	ļ	├ ─── [↓]	*	· · · · · ·	·· · · · · · · · · · · · · · · · · · ·	·
	24 hrs 24 hrs	6,500	2			┉┟┈┈┈╴┤			-		1.1	· · · · · ·		
26 X	24 hrs	4,900	2.2	+	<u> </u>	++	·····			<u></u>	1.1	· · · · · · · · · · · · · · · · · · ·		. <u>.</u>
10.00010.000	24 hrs	8,200	2.2		<u> </u>	+		<u> </u>		1. · · · · ·			· · ·	
26 X 27 X	24 hrs	4,700	1.5		<u> </u>	+ - +		 			<u>1.2</u> 1.1		· ·	· · · · · · · · · · · · · · · · · · ·
28 X	24 hrs	6,600	1.5	+		╂──┤	<u>. </u>	<u> </u>			1.1	}		
X	24 hrs	6,000	1.8			╉╴┈╂		┼───	<u> </u>	<u> </u>		1		
30 X	24 hrs	6,100	1.6			+ +					1.3	l	·	
X	24 hrs	6.400	1.5	1	<u> </u>	<u></u>		<u> </u>	<u>├</u> ────	· · ·	1.2	 	· · · · · · · · · · · · · · · · · · ·	
ni -	an an an an an an an an an an an an an a	199,400		······································	· · · · · · · · · · · · · · · · · · ·	· · · ·		• · · · ·	L			•		
(FIL)	And the second s	6,432	· ·											
The second second second second second second second second second second second second second second second s			1											

Maximum 10,000 10,000 * Refer to the instructions for this report to determine which plants must provide this information.

DEP Form Form 62-555.900(3)Alternate



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

See page 4 for instructions I. General Information for the Month/Year of: February-06 A. Public Water System (PWS) Information PWS Name: The Woods **PWS** Identification Number: 6600347 PWS Type: **X** Community Transient Non-Community Consecutive Non-Transient Non-Community Total Population Served at End of Month: Number of Service Connections at End of Month: 72 216 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 Leesburg State: FL City: Contact Person's Telephone Number: (352) 787-0980 (352) 787-6333 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: The Woods Plant Telephone Number: Plant Address: Zip Code: 33597 CR 576 City: Webster State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) С IV Caleon se Religionaria e con el como de la companya de companya en esta el distante REAL PROPERTY OF A REAL PROPERTY OF A REAL PROPERTY OF A REAL PROPERTY OF A REAL PROPERTY OF A REAL PROPERTY OF in the second of the state of the second of Sent Shar Or Singles Will Fontaine С 6813 6 Days per week HAR CALLER John Worrell С 6597 6 Days per week Marty Neal С 10027 6 Days per week .

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

> 3-6-06

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

G RAW GROUND WATER OR PURCHASED FINISHED WATER

1 I. I. I.

F

ļ

ł

. . .

ł

1

1

PWS	PWS Identification Number: 6600347 III. Daily Data for the Month Year of: February-					Plant Name:	The Woo	ds							•																		
	hih Dat	a for the Mor	nth Year of		February-06				<u>.</u>																								
			Log Virus Inaci	tiviation/Ren		·	X Free	Chlorine		Chlorine	Diovide		Ozone	Combine	Chlorine	(Chloramines)																	
		olet Radiatio			Other (Descril	ne).		Culotino	Ļ ·	Smorme	DIOXIGC	ليها				Cinorminicoj																	
Type			lual Maintained	in Distributi		<i></i>	· · · ·		Free Chlo	rine		'ombined (Chlorine (Chl		<u> </u>	Chlorine Dioxide																	
		教育科学的な人物			A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF		N.S. AND		1941-1942		17 M 2 1 1 1 1	t is an a second		nes anna ann ann an ann ann		Cinorine Dioxide																	
	د مرد کی اور اور اور اور اور اور اور اور اور اور			falada iki sa tika sa tika	Alexandress and the second sec	and a second statements of the second second second second second second second second second second second se	andola Prof.	a shara an an - i a a	119 Jan 2011	ALLANDA TON		ana alina kanada Nga				and a second state of the second second second second second second second second second second second second s The second second second second second second second second second second second second second second second sec																	
4.49	1. Qim			a bit a ba and			aronan alamin an an 1995. Marine an an 1995 an 1995 an 1995 an 1995 an 1995 an 1995 an 1995 an 1995 an 1995 an 1995 an 1995 an 1995 an 1	같은 이번 이번 이가 있다. 같은 이번 이번 이가 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것 같은 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 않는 것이 없			n (f. 1997) 1997 - Sannard Carl 1997 - Sannar Sannar	osestet sin toton kindend China	21) 1971 - Marine Marine (1976) 1971 - Marine (1976)	사 · · · · · · · · · · · · · · · · · · ·		1991년 20년 1월 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 1993년 19 1993년 1993년 >1993년 1993년	15 de 1990. Venere - 1990	ា-ំត្រាវិក				W. WWW ROAM	Stee General	ាំដែរសំណើ						ji firmhini .			
				- Antonio (11 Cleichnes and	a statistica Marina		19 N. 19					a hannearm																				
	- 19 S (1				an should be fille		៉ែ្ត ជាវិធីស្ត្រី្ត				n wasie -	្រុងរបារព័ត៌មិន	ที่ได้มีสาวรู้สาวรู้สาวรู้สารรู้																				
			$\{\underline{a}_{i}, \underline{b}_{i}\} = \operatorname{definition}_{i}$			d an an Parisit	1. Collimned	A Minic		Summers.	e on emili		t to stately		and the second second																		
anger Kert		n Frank Fallant in				de la compañía.	ាស្រី មេរ៉ាតិព្រឹ <u>ង</u> សារសារជាសារ	Sector de la compañía de la compañía de la compañía de la compañía de la compañía de la compañía de la compañí Novas de la compañía de la compañía de la compañía de la compañía de la compañía de la compañía de la compañía d	alleger der der				a standard and a standard and a standard and a standard a standard a standard a standard a standard a standard Standard a standard a st	Star Star	المراجع (1) من من من المراجع المراجع المراجع المراجع (1) من الم	ยาวร้างเป็นได้เมติสามาร์ การ เอียาสะเป็นประสงกา โลยร้างที่ สำคัญสามาร์																	
	and the second s		i anteses sont i		ere anno an a				weinen in Seinen heren	arean an and the second	112.3 1.505.000	a seidraithe	a second and a second second second second second second second second second second second second second second	anna anns a	an an an an an ann. Nac-Sailte an an anns																		
	X	24 hrs	5,800	an Real-Constanting of the sec	1.7			بالدية للمحمد فكالمستمير ال		an shi midad		in openingener	1.2		and an an an an an an an an an an an an an																		
	X	24 hrs	5,900		1.6						1	-	1.2			······																	
alle and a second second	X	24 hrs	3,000		1.7								1	1																			
A LO MARADA	X	24 hrs	3,000		1.6						· ·																						
Letters .		24 hrs	3,200		1.4																												
		24 hrs	6,300		1.1								0.8																				
		24 hrs	7,500	-	1.2								0.8																				
are survey of		24 hrs	4,300	<u> </u>	1.2		<u> </u>	$\downarrow _ \downarrow$				_	0.7																				
		24 hrs 24 hrs	12,900		2		<u> </u>	-			<u> </u>	<u> </u>	1.5																				
20		24 hrs	4,400		1.8								1.6			• • •																	
5 4 11	X	24 hrs	6,200		1.8		· ·	┟──┼─																									
	X	24 hrs	7,300	<u>+</u>	1.1	-							0.7																				
A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A	X	24 hrs	5,100	1	1	•		┠──┤─					0.7																				
Sec. Barr	X	24 hrs	5,400		1		1						0.6																				
	X	24 hrs	9,000		1.6								0.7			······																	
	X	24 hrs	5,300		1.4	•							0.8																				
	X	24 hrs	5,200		1.7								1.0																				
		24 hrs	6,900		1.5							<u> </u>	· · · · · ·																				
		24 hrs	6,900		1.6						ļ		0.9																				
станция Составляет с	X	24 hrs	6,700		1.7		ļ				 		0.9	ļ		<u> </u>																	
		24 hrs	5,500 7,600	<u> </u>	1.3			┟╍╌┟┉					1.0																				
5 2 4 9 6 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X X	24 hrs 24 hrs	5,100		<u>1.6</u> 1.6		·			<u> </u>		+	0.8	<u> </u>																			
Constant infect	X	24 hrs	6,800		1.5	· · · · · · · · · · · · · · · · · · ·		├ ├					1.3																				
		24 hrs	6,600	1	1.6			┢╍╌┼╴			· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>																			
a hard and a state	X	24 hrs	6,600		1.5								0.8		· · · · · ·																		
	X	24 hrs	6,600		1.3			┝╍╍╸┠╸				<u> </u>	0.9																				
(*	81 81	24 hrs		<u> </u>								1				······																	
Sec. 16		24 hrs											· · · · · · · · · · · · · · · · · · ·			····																	
		24 hrs											1																				
	an an an an an an an an an an an an an a	ingen er in de ser en de ser en ser en ser en ser en ser en ser en ser en ser en ser en ser en ser en ser en s Ser en ser en	170,300]																													
N. Control	Charles Same	می می این این می می می این این این این این این این این این ای	6,082	4		,																											
	-	المتعاسية وأعرورت بطاقة تستاس	12,900	I																													

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

J E I I I

Ł

l

1

.



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

See page 4 for instructions I. General Information for the Month/Year of: March-06 A. Public Water System (PWS) Information PWS Name: The Woods PWS Identification Number: 6600347 **X** Community Consecutive PWS Type: Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 216 72 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Contact Person's Telephone Number: (352) 787-6333 (352) 787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: The Woods (352) 787-0980 Plant Telephone Number: Plant Address: CR 576 Webster State: Zip Code: 33597 City: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) С IV LICENSE OF BRANS A enconseculars and the blooms on the base of the block of the block of the block of the block of the block of the al canal character (o) to alvan Will Fontaine 6 Days per week С 6813 hist (farfallia) John Worrell 6 Days per week C 6597 Marty Neal C 10027 6 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

= 4-6-06

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

L		I		1 1	1 I	1	ţ.	1	1 -	1	I I	l	1 1
DWC 1	lantifi -	MONTH ation Numb		6600347				DUND W	ATER C	DR PUR	CHASED	FINISHED	WATER
[PW5 II	Jentific:	auon Numo		0000347	IPlant Name	: The Woods					<u> </u>		
III. Dai	ly Data	for the Mor	nth/Year of:	March	-06	· · ·	· · · · · · · · · · · · · · · · · · ·	i*					
				iviation/Removal: *		X Free Cl	lorine	Chlorine I	Dioxide		zone	Combined Chl	orine (Chloramines)
		let Radiatio			Describe):								
Type of	Disinf	ectant Resid	lual Maintained	in Distribution System	n:	· · · · · · · · · · · · · · · · · · ·	X Free Ch	lorine		mbined Cl	ulorine (Chio	ramines)	Chlorine Dioxide
		1.			and the state of the state	โปรกับสาราชาวิติชาวิติชาวิติ	ALS THE MUL	Service) a the service	Refail?	10 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S. 16 S			
	william.					le alle la faite	مىلىكى بەر يېزىكى بىرىكى يېزىكى بىرىكى يېزىكى مەركىكى بىرىكى بىر يېرى بىرى يېزىكى تىرىكى			E S			
	ារីវាត		thing a construction of the second second second second second second second second second second second second Here a second second second second second second second second second second second second second second second Here a second second second second second second second second second second second second second second second								N. TVIES		
2000 1000 1000 1000 1000 1000 1000 1000	្រុងការក្មៅ				ក្រមួយស្រុក ប្រុកប្រជាជនរង								
4.4	97 VI - 19				conna, em	i inin di	2011년 2월 ER				. Internation		
	C fi	1000 200	No. Comme		กระสมัตร พระราชาวิต (การสาวารสาว	ាំ្រាំ ដែមវិមន្ត្រ រ៉ាំំ សមាតរក្សា		T vination	an an an an an an an an an an an an an a	Kinning Things	កចាត់ខ្មែរពីស្មោលពី ក្រុមស្ថិតស្ថិត		
10350	0,74616	5 . Cong.	្សាទីការីជាខ្ម		George Contractor		્લું છે.		200 - 10 KR 14	Rendered	ំពីព្រំទៃព័	i Filmingaris di S	arganet suspiring Continents
alle 1	Rinal	្វីណីតា ក	्र) नेतामाङ एउँवारा	irei Hendeshtere Ritzangter Ritzangter	Reals (Gran Street	The state of the state of the	National Spence (C	Second Second	- 18 B	drammer. Saw	and the second second	- दियोगी, जू, अन्तिदि	ອງດູສາກາ ອີດວາກນຳເວັບີດີກໍ່ມີກອກຮູ ແລະອວ ໂດຍຈະມີການກາງດີເບື້ອງ ປີການ ວິດຖະດາງລາວ ແລະ ປີເວັດອີກສາກັດດີນ
Month		Cperationa		REAL FROM	MARLEN REAL MORE PARTY	nesumet.	als Apprent	kar widen	so (eu	S. States		Woersteen	Components@mtoEOperations
	$\frac{x}{x}$	24 hrs 24 hrs	6,300 6,700		4			·	· · ·		0.8	[
	$-\hat{\mathbf{x}}$	24 hrs	6,500		2	_ _		· · · ·		└───	0.7	<u>}</u>	
	<u> </u>	24 hrs	5,500	and the second se	2	- -		+	}	<u> </u>	0.7	<u> </u>	
	X	24 hrs	6,200		.4				<u> </u>			<u> </u>	
	X	24 nrs	6,800	1	.1						0.5		······································
	X	24 hrs	7,200		.3	· ·					0.7		
	<u> </u>	24 hrs	4,500			_					0.6		
5567-1	<u>x</u> x	24 hrs 24 hrs	9,100 3,800		3	╺┾╾╾╾┼╴				<u> </u>	0.6		
	x	24 hrs	10,400		4				·	┟┅━━╾┼	0.8	<u> </u>	
	X	24 hrs	7,100		6	+				┟╍╌╍╍┨		{	
	x	24 hrs	7,000		9	╶┼╾╌╌┼╴				-	1.4		
	X	24 hrs	7,700		.8					╏╴╴╍╼╸╏	1.4	<u> </u>	
<u>i (</u>	_ X	24 hrs	6,900								1.3		
	<u> </u>	24 hrs	7,300		.8						1.3		
2000 2000	<u>X</u>	24 hrs	4,900	2						· ·	· 1.5		····
	<u>x</u>	24 hrs 24 hrs	6,000		6	╾┠╴		└─── │	·	┟┦			
26	$\frac{x}{x}$	24 ms 24 hrs	6,500		.5	╉┈╼╌╉					0,5	<u> </u>	
新 之形象	$\overline{\mathbf{x}}$	24 hrs	6,700					<u> -</u>	}	<u>├</u>	0.5	<u>├</u>	······································
12.74	X	24 hrs	6,200		1			 	<u>├</u> ────	┟╴╴╶╾╁	0.7	 	
1923 (M	X	_24 hrs	6,000					1		— - †	0.5	<u> </u>	
- 2/1	X	24 hrs	5,900	1	3						0.6		
-26	<u> </u>	24 hrs	5,300	······································	5 .	•						L	
26	X	24 hrs	7,400										
26 25 29 29 20	<u>X</u>	24 hrs	6,000	1					•		1.1		
2012	<u>x</u> x	24 hrs	8,800		6	<u> </u>]		├	1.1		······································
	$\frac{x}{x}$	24 hrs 24 hrs	5,700 5,800			╺╀╌╍┈┟			· · · · · ·	┝╍╍╌╋	1.0		
	х	24 hrs	6,900			╺╁┈╍┹╸			·	├	0.9		· · · · · · · · · · · · · · · · · · ·
រក្រោ		3.2	205 500	<u> </u>		<u> </u>	<u> </u>	<u> </u>	L	L1	0./	l	
Average	- 19 e - 1		6.629]									
Maximur	11 - T		10.400	1									

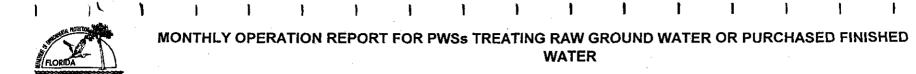
ł

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

en aga a a a

DEP Form Form 62-555.900(3)Alternate

. . . .



See page 4 for instructions	·							
I. General Information for the Month/Year of:	April-06							
A. Public Water System (PWS) Information								
PWS Name: The Woods				PWS Identi	fication Nun	nber:	6600347	
PWS Type: X Community	Non-Transient Non-Com	munity	Transie	nt Non-Comm	unity		Consecutive	
Number of Service Connections at End of Month	: 72		Total Pop	ulation Served	at End of M	lonth:	216	
PWS Owner: Aqua Utilities Florida								
Contact Person: Brian Heath				erson's Title:	Area Man			
Contact Person's Mailing Address: PO Box 4	· · · · · · · · · · · · · · · · · · ·		City:	Leesburg	State:	FL		34749
Contact Person's Telephone Number:	(352) 787-0980	· · · · · · · · · · · · · · · · · · ·	Contact P	erson Person's	Fax Numbe	Г:	(352) 787-6	333
Contact Person's E-Mail Address:	beheath@aguaamerica.com							
B. Water Treatment Plant Information							<u> </u>	
Plant Name: The Woods				Plant Telep			(352) 787-0	
Plant Address: CR 576			City:	Webster	State:	FL	Zip Code:	33597
		irchased Finished W	ater					
Permitted Maximum Day Operating Capacity of		72,000						
Plant Category (per subsection 62-699.310(4), F Licensed Operators				s (per subsect				
	Name	License Class		se Number			(s)/Shift(s) Worl	
	Vill Fontaine	C .	and the second se	6813			Days per week	
Other Operators	ohn Worrell	C		6597			Days per week	
	Marty Neal	C		10027		6	Days per week	
							<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	·					
		ļ						
		ļ	_ 					
			<u> </u>					
	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	┟─────						
如果是我们要要必须是我们的我们就是我们的问题。 ————————————————————————————————————								······

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

5-5-0

Signature and Date

Will Fontaine Printed or Typed Name C6813

License Number

DEP Form 62-555.900(3)Alternate

1		l	1	1	1	1 1	ł		ł	1	ł	1	1	1 1	1	1
		MONTH				PWSs T	REATIN	GRA	WGRO	W תאווו			RCHASED	FINISHE		
PWS	dentifica	ation Numb		6600347		Plant Name:						51(1, 0)				
UL D	ihr Data	for the Mer	nth/Year of:		April-06	······································										
			Log Virus Inacti	vistion/Pem			X Free C	hlorin		Chlorine I	Diovide		Ozone	Combined C	hlorine (Chloran	nines)
		let Radiation			Other (Describe	a). ·		JUOLU		Chiorine I	Joxide			Combined Ci	norme (Cinoran	inics)
			ual Maintained	in Dietributie	Other (Describe				Free Chl	orine		mbined (hlorine (Chlor	ramines)	Chlorin	ne Dioxide
1,000			dai mainanco		CT Calculations	or IIV Dose to I	Demonstrate I					Jinomeo C		T		
	Days					CT Calcu	lations		STILLS MACUY			Dose				
	Plant	1					Lowest CT				<u>_</u>		Lowest		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
)	Staffed				Lowest Residual	Disinfectant	Provided						Residual			
1	or ·				Disinfectant **	- Contact Time	Before or					7 10	Disinfectant			
	Visited				Concentration	- (T) at C	at First		in star index. And the start start start start start start start start start start start start start start start start start s		Lowest	Minimum	Concentration			
 	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote			
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer d	Point During	During	of	pH of Water, if	CT	UV Dose,	Required,	Point in	Emergency or	Abnormal Operatin tenance Work that Ir	g Conditions;
Month	(riace "X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Applicable	Required	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L		n Components Out of	
的第一章法	x	24 hrs	5,600		1.6	et a minimus e v	mg-mmu		- Applicable	s ang taan D	- Sourchitz	Scorentz	System, mg/L	Water Syster	in components out	<u> </u>
2:3	X	24 hrs	6,500		1.6			·			<u> </u>		······			
*** 3 #**	X	24 hrs	6,400		1.4						·····		0.7	<u> </u>		· · · ·
4.4	X	24 hrs	7,400		1.4								0.6			
\$\$5.00	X	24 hrs	4,300		1.2		_						0.6	1		
65	X	24 hrs	5,900		1.2								0.8			
1.4.7	X	24 hrs	6,300		1.5								1.0			
	X	24 hrs	7,100		1.6	······										
	X X	24 hrs 24 hrs	5,500		1.8					· · ·		<u> </u>			·	
······································	<u>−</u> x	24 hrs 24 hrs	<u>6,100</u> 5,100		1.6		ļ	<u> </u> '			<u> </u>		0.8	}		
125	$\frac{\pi}{x}$	24 hrs	7,100		1.5			 					1.0	<u> </u>		
13	X	24 hrs	7,000		1.5					·			1.1			
14-	x	24 hrs	6,600	 	1.5			 					1.0			
Te15.9	x	24 hrs	5,200		1.5	· · · · · · · · · · · · · · · · · · ·					<u> </u>			<u> </u>		<u> </u>
16	X	24 hrs	10,700		1.5							<u>├</u> ────				
~17	X	24 hrs	9,300		1.3								0.9			
/▲18 💒		24 hrs	7,300		1.4					·			0.9			
19*	X	24 hrs	6,300		1.2								0.6			
202-	X	24 hrs	7,200		1.4		<u> </u>						0.8	ļ		
** <u>-21</u>	X X	24 hrs	8,500		1.5								1.0	<u></u>		
23	$\frac{\Lambda}{X}$	24 hrs 24 hrs	6,300 5,800		1.6								<u> </u>			
24	X	24 hrs	8,300	· · · · · · · · · · · · · · · · · · ·	1.5					·	· · · · ·		1.0	<u> </u>		
25		24 hrs	8,900		1.4		· · · · · · · · · · · · · · · · · · ·			·			1.0		·····	
26 🖈		24 hrs	7,400		1.6						<u> </u>	· · · · · ·	1.2	<u> </u>		
3 27	x	24 hrs	6,150		1.8			i			t	t ———	1.2	{		
28		24 hrs	_6,150		1.7	<u> </u>		<u>}</u>				†	1.3			
⇒ <u>,</u> 29 (4		24 hrs	5,600		_ 1.7							<u> </u>		1		
330	<u> </u>	24 hrs	8,000		1.6											
##31		24 hrs														
Total	的行为		204,000													
Average			6,800													

Maximum 10,700 * Refer to the instructions for this report to determine which plants must provide this information.

DÉP Form Form 62-555.900(3)Atternate



I

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

WATER

See page 4 for instruction	ns ·											· · · ·
I. General Information	n for the Month	/Year of:	May-06									
A. Public Water Syste	m (PWS) Infor	mation										
PWS Name:	The Woods		· · · · · · · · · · · · · · · · · · ·				PWS Identi	fication Nur	nber:	6600347		
PWS Type:	X Communit		Non-Transient	Non-Com	munity		ent Non-Comm			Consecutive		
Number of Service Co		the second second second second second second second second second second second second second second second s	72			Total Po	pulation Served	at End of M	lonth:	216		
PWS Owner:	Aqua Utilities	Florida										
Contact Person:	Brian Heath						Person's Title:	Area Mar			<u> </u>	
Contact Person's Mail		PO Box 490310				City:	Leesburg	State:	FL	Zip Code:		
Contact Person's Tele			87-0980	·····		Contact	Person Person's	Fax Numbe	r:	(352) 787-6	333	
Contact Person's E-M			th@aquaamerica	i.com	,							
B. Water Treatment Pl		<u>n</u>										
Plant Name:	The Woods						Plant Telepl			(352) 787-0		
Plant Address:	CR 576					City:	Webster	State:	FL	Zip Code:	33597	
Type of Water Treate		X Raw Groun			chased Finished	Water					<u> </u>	
Permitted Maximum			فكالمحادث والمستعمل والمستجد والمستخفص		72,000							
Plant Category (per si	ubsection 62-699	9.310(4), F.A.C.):	IV	Network States and a	and the second state and the second second second second second second second second second second second secon	Plant Cla	iss (per subsecti	on 62-699.3	10(4), F.A	A.C.) C		
การเอลเลอกภัพสะเว็จจะ					the Lighter Holes		as danas		- Paratis St			CHARLES AND
CORR LARS MANNER	й 24. Ал	Will Fon	aine	Ì	<u> </u>		6813			6 Days per week		
		John Wo			С		6597			6 Days per week		
		Marty N	eal		<u> </u>		10027			6 Days per week		
								· · ·				
		•										
	· · · · · · · · · · · · · · · · · · ·	<u> </u>										
								<u> </u>				
	-21p											

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

6-5.06 Signature and Date

Will Fontaine

C6813

License Number

Printed or Typed Name

DEP Form 62-555.900(3)Alternate

Page 1

•

1		1]]	1 1		3	1 1	1 1]	T I	ł ł		
MONTHLY C PWS Identification Number:					Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER								
III De	dh Dao	- Constly - X-Ly	nth/X'nun - C	200-0					·				
			nth/Year of:	May-0	0	X Erro Chloring Disside							
Means of Achieving Four-Log Virus Inactiviation/Removal: * Ultraviolet Radiation Other (Describe):						X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)							
									Combined Chlorine (Chloramines) Chlorine Dioxide				
Type of Disinfectant Residual Maintained in Distribution System:							X Free Chlorine						
				an sector and the sector sector and the sector sector sector sector sector sector sector sector sector sector s		agonation.							
	a seata Constanta					and another the and a state of the second second second second second second second second second second second			A Service and				
	1. 41.62.2				$\hat{\mathcal{L}}_{M}^{(1)}(\hat{\boldsymbol{x}}_{M}^{(1)}) = \hat{\mathcal{L}}_{M}^{(1)}(\hat{\boldsymbol{x}}_{M}^{(2)}) \hat{\mathcal{L}}_{M}^{(2)}(\hat{\boldsymbol{x}}_{M}^{(2)})$	ge 19 Trender av			13360er y				
				alter and a state of the second	ខណៈ ខេត្ត ្រំឲ្យផ្តាំដូនដាំព			n standing of the second second second second second second second second second second second second second s Second second br>Second second	in the court				
	d Miniary 1			ur di tavan di di China. Kanada da di data di data	มีสีวิธีสตรีของ ค.ศ. 19 และเหตุญญัต เป็นสีวิธีสตรีของ เป็นสาย		이다. 이상 관하는 것으로 이 같은 것 같은 것 같은 것 같은 것	and States 1980	RANDAL CARLES ANTHER				
5 19 61 -		Asira a	an an an an an an an an an an an an an a		or and an in the age of the second second second second second second second second second second second second	an an ann an an an an an an an an an an		art in an in this in the second	n (Serie)		THE OF COMPANY CONTRACTOR		
Says -	s childre	alaw r	A States	E REAL STRANG	State of the state of the state	- Luck assourts.	t. Newson 1 Sections		and a share way	Lagran in Manufation	STATIC BALLANDER TO A		
Norm1	New York Contraction		a gran and mu	a data data data data data data data da	market so and	THE THINK	al an ann an ann an an an an an an an an a	Magne Scottfiel	iene a senera acci	IF Wind Stando Tan	លាះក្នុង ស្ថិត សម្តែចនេះលោក		
	_												
an an an an an an an an an an an an an a	X	24 hrs	6,400	1.			· · -		1.1	<u> </u>			
بلغ المراجعة (المراجعة) الم	X X	24 hrs 24 hrs	5,500			╺┟┈┷┈┼┉┈			<u> </u>		······································		
ومين يعيك رو در العرب	X	24 hrs	5,600			╶╂╼┄╂┈			1.1	<u></u>			
	X	24 hrs	6,000										
	X	24 hrs	8,800	1.						······			
	X	24 hrs	6,800	1.0					0.7		······································		
میں ایک کر ایک کر ایک کر ایک کر ایک کر ایک کر ایک کر ایک کر ایک کر کر کر کر کر کر کر کر کر کر کر کر کر	X	24 hrs	8,000	1.					0.7				
	<u>x</u>	24 hrs	5,400	<u> </u>					0.5				
لمتد	X	24 hrs	7,500	1,4			<u> </u>		0.8	l			
ملينيسية (X X	24 hrs 24 hrs	5,500						0.6				
ارت منطقه م ارتبا منطقه م	<u>x</u>	24 hrs 24 hrs	11,100 9,700		and the second se		┼━━━━┼━━━━			{	~ <u>``*`+`````````````````````````````````</u>		
1	X	24 hrs	6,300	2.2		╺┼╶╍╸┽┉╴	<u> </u>	┉┟╴┈╍╴┠┈┉	1.7	<u> </u>			
	x	24 hrs	5,400	2.2					1.6				
107 J I	X.	24 hrs	5,600	1.9			· [1.6	· · · · ·			
er mitter	x	24 hrs	9,000	2					1.5				
	X	24 hrs	5,200	1.8					1.4				
allow the st	<u>X</u>	24 hrs	6,900	1.9									
	<u>x</u>	24 hrs	8,600	1.7									
- 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 1 	$\frac{\Lambda}{X}$	24 hrs . 24 hrs	7,700	1.7			+		1.3	<u> </u>			
200 C	<u> </u>	24 hrs	10,100	1.6			╆╍╍─┝╍╍╍						
	X	24 hrs	4,200	1.8		╶┿╍╌╌┥╌╼			1.1				
	Х	24 hrs	6,000	1.6		+	<u>†</u> <u>†</u>	-{	1.2		······		
	х	24 hrs	7,700	1.8							<u></u>		
	X	24 hrs	8,100	1.6	i 👘								
	X	24 hrs	5,800	1.7					1.0				
al care a care a care a care a care a care a care a care a care a care a care a care a care a care a care a ca Care a care a	X	24 hrs	6,800	1.4					0.6				
	X	24 hrs	6,000	1.6	·				0.5	L			
241. 240. : 18 - 1, 177		24 hrs	216,800 6,994										
	6. Č		11,100										
	and the second second												

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

+

.

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

.

. .

.



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

See page 4 for instructions												
I. General Information for the Month/Year of: June-06												
A. Public Water System (PWS) Information												
PWS Name: The Woods		PWS Identifi	ication Number:	6600347								
PWS Type: X Community Non-Transient Non-Comm	Transient Non-Community Consecutive											
Number of Service Connections at End of Month: 72		Total Population Served a	at End of Month:	216								
PWS Owner: Aqua Utilities Florida												
Contact Person: Brian Heath		Contact Person's Title:	Area Manager									
Contact Person's Mailing Address: PO Box 490310	. <u></u>	City: Leesburg	State: FL	Zip Code: 34749								
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's F	ax Number:	(352) 787-6333								
Contact Person's E-Mail Address: beheath@aquaamerica.com		· · · · · · · · · · · · · · · · · · ·										
B. Water Treatment Plant Information Plant Name: The Woods												
Plant Name: The Woods Plant Address: CR 576	·	Plant Telephone Number: (352) 787-0980										
		City: Webster	State: FL	Zip Code: 33597								
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): IV												
Licensed Operators	- Incense Classe	Franc Class (per subsectio	11 02-039.310(4), F.F	v(s)/Shiff(s) Worked								
Will Fontaine	C	6813	1									
Other Operators and Iohn Worrell	<u>C</u>	6597	6 Days per week 6 Days per week									
Marty Neal	C	10027	6 Days per week									
			· · · · · · · · · · · · · · · · · · ·	<u>• Duys por mount</u>								
		<u> </u>										
	· · · · ·											
			1									

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, 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.

7-7-06 Signature and Date

Will Fontaine

C6813 License Number

organizate und Date

DEP Form 62-555.900(3)Alternate

Printed or Typed Name

PWCT		tion Numbe		6600347		Plant Name:	The Wood	<u>s</u>						FINISHED WATER
				000017										
ll. Da	ly Data	for the Mon	th/Year of:		June-06	·····								Combined Chlorine (Chloramines)
leans	of Achie	eving Four-l	.og Virus Inacti	viation/Rem			X Free C	Chlorine	e	Chlorine D	Dioxide)zone	Combined Chlorine (Chlorannics)
Πι	Iltraviol	et Radiation	L		Other (Describe	e):				_				
Ype o	Disinfe	ectant Resid	ual Maintained i	n Distributio	on System:			X	Free Chl	orine			hlorine (Chlor	amines) Chlorine Dioxide
n the X	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		19	CT Calculations	or UV Dose, to I	Demonstrate F	'our-Log	Virus Inactiv	ation, if Appl	icable*	A. S. Start Start	and a second second second second second second second second second second second second second second second	
	,Days -			Sec. As	and the second second second second second second second second second second second second second second second	CT Calcu	ations	1- 210	Same Be	ing and the second	UV I	Dose 🛶	and the second	
	Plant			ALS CELLER	Lowest Residual Disinfectant Conceptration (C) Before onal First Customere Discussionere	Sec. Sec. 1	Lowest CT			2-8-2%		STREET.	Lowest	
	Staffed			A COM	Lowest Residual	Disinfectant	Provided		li (z. j. de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la Na de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la d		17-19-19-19-19-19-19-19-19-19-19-19-19-19-		Residual	
	or			1	Disinfectant	Contact Time	Belore or		5		and the second	Minimüm	Disinfectant Concentration	
1.21 4	Visited				Concentration	(T) at C	at First			140	Lowest	Minimum	at Remote	
3.70	by		Net Quanity	A STATE AND AND A	(C) Before on at,	Measurement	Customer	" I GUUU	pH of s	a star munition in the star of			Point in	Emergency or Abnormal Operating Conditions
	Operator		of Finished		First Customer	Point During	During Peak Flow,	OL 2	Water, if	Pannirad	UV Dose,	mW	Distribution	Repair or Maintenance Work that Involves Takin
the	(Place	Plant in	water	LCOK LINA	During Peak Flow, mg/L	1 000 110 11	mg-min/L	Water,	Water, if Applicable	me-min/l	sec/cm2	sec/cm2	System, mg/L	
Month	<u>ໍ້"X")</u> 	Operation 24 hrs	6,800	r Kale, gpu.«	1.7	ALC: INTIMICACIAN	Mug-naiv 2×		(Tippineuore)	THE CHILD			0.9	
#1.1	x	24 hrs	5,400		1.9	<u> </u>	{						1	
33	Â	24 hrs	5,200	1	1.8				<u> </u>					
44	x	24 hrs	8,600		1.7			t						
	X	24 hrs	8,100		2			[1.1	
6	X	24 hrs	10,000		2								1.2	
187 AN	x	24 hrs	7,500		1.8								1.2	
8.8	X	24 hrs	10,100		1.4								1.0	
件191	X	24 hrs	5,000		1.3								0.7	
附10本	X	24 hrs	12,200		1.4					<u> </u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·
衛加強	X	24 hrs	7,300		1.5	<u>}</u>	ļ						0.0	
\$12 <i>4</i> ;	X	24 hrs	5,700		1.5		<u> </u>		<u> </u>	<u> </u>	<u> </u>		0.8	
418 .	X	24 hrs	5,200	}	1.4	·	┣		ļ	<u> </u>		· · · · · · · · · · · · · · · · · · ·	0.7	
14	X	24 hrs	5,200	ļ	1.6		<u> </u>		<u> </u>			<u> </u>	0.9	
和5世		24 hrs	5,900	·	2.2		<u>}</u>	<u>↓</u>	<u> </u>				1.0	
a 16 a	<u>x</u>	24 hrs	6,100	<u> </u>	1.9		+			┥────		┟╾┈╼┈─	1.0	
11		24 hrs	5,500	┥━─━──	1.8	<u> </u>	+	┼───	+		·····	┟╾───		
18 19	X X	24 hrs 24 hrs	6,400	<u> </u>	2.2			<u> </u>			<u> </u>		1.8	
×201	- x	24 hrs	6,400	<u> </u>	1.8			<u> </u>		<u> </u>			1.6	
21		24 hrs	5,700		1.5	 		<u> </u>			1	t	0.9	
22		24 hrs 24 hrs	6,100		1.3	<u> </u>	 	<u> </u>	1.	<u> </u>			0.4	
23		24 hrs	5,600	·	1.8	†		<u> </u>	<u> </u> -	†	<u> </u>	1	0.5	
24		24 hrs	5,400		1.6	1.	1	†		1	<u> </u>			
25		24 hrs	6,200-		1.7	<u> </u>	<u> </u>	<u> </u>	<u>├───</u>	1				
× 26		24 hrs	6,300	1	1.7	h	1	1					0.7	
27		24 hrs	5,800	<u> </u>	1.9	1							1.1	
28		24 hrs	5,700	1	1.8	·	1	T					1.2	
29		24 hrs	6,000	1	1.6							1	0.8	
#303		24 hrs	6,100		1.5								0.8	
31		24 hrs	1										·	
			198,100											
Avera	C. A.		6,603]										
Maxin	bine a		12,200	1 .										

ł

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

DEP Form Form 62-555.900(3)Alternate

. ;

Page 2



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

WATER

See page 4 for instructions									•	
I. General Information for	or the Month/Year o	of: July-06		- <u> </u>						
A. Public Water System	(PWS) Information			·····						-
	The Woods				·····	PWS Identi	fication Nun	nber:	6600347	
	X Community		nt Non-Commun	ity 💽	Transie	nt Non-Comm	unity		Consecutive	
Number of Service Con					Total Pop	ulation Served	at End of №	lonth:	216	
	Aqua Utilities Florida	<u>l</u>		· · · · · · · · · · · · · · · · · · ·						
	Brian Heath					erson's Title:	Area Man			·
Contact Person's Mailing		x 490310			City:	Leesburg	State:	FL	Zip Code:	
Contact Person's Teleph		(352) 787-0980			Contact P	erson Person's	Fax Numbe	r:	(352) 787-6	333
Contact Person's E-Mail		beheath@aquaameric	ca.com					·		
B. Water Treatment Plan										
	The Woods					Plant Telep	hone Numbe		(352) 787-0	
	CR 576		·		City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated I		Raw Ground Water		sed Finished Wa	ater	·				
Permitted Maximum Da	ay Operating Capacity	y of Plant, gallons per day:	72,0	00	T	· · · · · · · · · · · · · · · · · · ·				·
Plant Category (per sub	5000000000000000000000000000000000000), F.A.C.): IV				ss (per subsection				
		Numero		ricense Classe	Elcei				(s)/Shift(s) Worl	
Allead/Chief.Operatore.		Will Fontaine		C		6813			6 Days per week	
		John Worrell		<u> </u>	· · ·	6597			6 Days per week	
	· · · · · · · · · · · · · · · · · · ·	Marty Neal		C		10027			6 Days per week	
els respects and more					<u> </u>					
				····	<u> </u>					
					··			·		
					<u> -</u>					
			<u>_</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
the first state of the state of the state of the state of the state of the state of the state of the state of the										

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

8-3-06

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

Ultraviolet F of Disinfecta Canada Salar Viana V	r the Mon ing Four-I Radiation	th/Year of: Log Virus Inactiv	6600347 PI		e Chlorine		ine Dioxide	······	Dzone	Combined Ch	lorine (Chloramines)
ns of Achievir Ultraviolet F of Disinfecta Care Care Care Care Care Care Care Car	ing Four-L Radiation	og Virus Inactiv	iation/Removal: *					······	Dzone	Combined Ch	
Ultraviolet F of Disinfecta Canada Salar Viana V	Radiation	l	Other (Describe):					······	Ozone	Combined Ch	
of Disinfecta Class Viant V				CAMPOSE Rol Demonstrati	X	Free Chlorine		· · · · · · · · · · · · · · · · · · ·			
	ant Residu	ual Maintained in	Distribution System: Concarduations of	CAN Posento Demonstrat	X Four Board	Free Chlorine	(¬				
			Chicaledations on	CALDOSE NO DEMONSTRAT	Flour Pozic			Combined C	Chlorine (Chlor	ramines)	Chlorine Dio
				Concurrent in the	and the second se	Analsofosen van one in	Applicable	e de la desta de la desta de la desta de la desta de la desta de la desta de la desta de la desta de la desta d			
				AND THE REPORT OF A REAL PROPERTY AND A DRIVENA AND A DRIVEN AND A DRIVEN AND A DRIVEN AND A DRIVEN AND A DRIVEN AND A DRIVEN AND A DRIVENA AND AND A DRIVENA AND A DRIVENA AND A DRIVENA AND A DRIVENA AND A DRIVENA AND A DRIVENA AND AND AND A DRIVENA AND A DRIVENA AND AND AND AND AND AND AND AND AND A				V Dose Roy Ma			
			A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF	1					e dowei e		
				Pielinizeraje - Provide					Residuale		
	SOUT	and the second second second second second second second second second second second second second second second		sources have been about the					Disinfectant		· 法管权 空中的 一一
	Signation of the	NG CHATTER I	(C) Barata				Contraction of the second	TIV PACA	-Loncentration		
		opennicited	A CARLES FUSICAL MODEL	ann an an a suidhead			SULTOGS	Required	Pointing	Emergency or	Abnormal Operating Conc
	Plantantel	Wateren der	Peak Flow - During Peak	Partitions, Partition	Weiter	When it steering	reta sucurity	s m₩-4	Distribution	Repair or Maunu	nance.Work that Involves
	Operations	Produced gales	Rates godin a stablow migdle in the	estimutes as large minu		Applicateled and some	in/La Sec/cm	2% sec/cm2/	Systemsing/La	and Water System	Components Out of Oper
X X X X X X X X X					┶			- <u> </u>			<u> </u>
x x x x x x x x x x x x x x x x x x	24 hrs 24 hrs	<u> </u>	1.5		╺╁╼══┼╴				0.7	 	
X X X X X X	24 hrs	6,700	1.4		┽━╾┾╸				0.7		
X X X X X	24 hrs	7,800	1.3	<u> </u>	┽╌┽	<u> </u>			0.9		
X X	24 hrs	5,100	1.8						1.0		
X	24 hrs	5,500	2		+				0.8		
1.00	24 hrs	5,300	2.1								
X X	24 hrs	5,300	2.1								
	24 hrs	5,500	2.2						1.0		
A	24 hrs 24 hrs	5,500	2.1					_	1.2		
	24 hrs 24 hrs	5,100	1.8		┥━┉┼╸				1.0		
	24 hrs	4,000			╾┼╌╼━┼╾				<u>1.2</u> 1.2		
	24 hrs	5,600	1.7		╉╌╌╋╴			<u> </u>	1.2		· · · · · · · · · · · · · · · · · · ·
	24 hrs	6,100	1.7		╉╼╌╋				┟╌┈╼╼┙		
X X	24 hrs	6,300	1.5						0.7	· · · · · · · · · · · · · · · · · · ·	
the second second second second second second second second second second second second second second second s	24 hrs	8,400	1.8						0.8		······································
	24 hrs	6,000	1.6						0.7		
and the second se	24 hrs	9,700	2.2						1.8		
244	24 hrs	6,800	1.8		-+				1.2	·	
and the second se	24 hrs 24 hrs	8,700 6,500	2.1		╶╁╾╌┼╸			<u></u>	└────┘	 	<u></u>
Contract of the local diversion of the local	24 hrs	6,200			╺╋╍╍╼┠╴				0.5		<u></u> .
	24 hrs	6,200	1.4		╺╂╾╌╾╉╌				0.5		
	24 hrs	6,000	1.2		┼╾╌┼╸				0.4		
	24 hrs	12,900	1.8		++	· ·			0.5		
് X	24 hrs	6,000	1.6		++-	<u> </u>			0.6		· · · · · · · · · · · · · · · · · · ·
X	24 hrs	6,600	1.2		1-+			┙┨╶╍╍╸		l	
	24 hrs	7,700	1.7								
X		8,400 207,000	2.2						1.9		
17 <u>.</u>	24 hrs	202 000									

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

.

.

بالمصيفي ومالية الرواب

.

. .



and for instruction

1

1

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

oce page 4 for manuemons										
I. General Information fo	or the Month/Year of:	August-06								
A. Public Water System	(PWS) Information					····				
PWS Name: 7	The Woods	· · · · · · · · · · · · · · · · · · ·				PWS Identi	fication Nun	ber:	6600347	
	X Community	Non-Transient Nor	n-Community		Transient	Non-Commur	nity		onsecutive	
Number of Service Conne	ections at End of Month:	72			Total Pop	ulation Served	at End of M	onth:	216	
PWS Owner:	Aqua Utilities Florida									
	Brian Heath				Contact P	erson's Title:	Area Man	ager		
Contact Person's Mailing		and the second second second second second second second second second second second second second second second			City:	Leesburg	State:	FL	Zip Code:	34749
Contact Person's Telepho) 787-0980			Contact P	erson Person's	Fax Number	:	(352) 787-6	5333
Contact Person's E-Mail		ath@aquaamerica.co	<u></u>						·····	
B. Water Treatment Plant	t Information				•					
	The Woods					Plant Telep	hone Numbe	r:	(352) 787-0	0980
	CR 576				City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated by			Purchased Finis	shed Wate	er	•				
	Operating Capacity of Plant,		72,000						· · · · · · · · · · · · · · · · · · ·	
	ection 62-699.310(4), F.A.C.):					s (per subsect				
AMB OCIENSOLS CIPCERION AND		n have explored by		tors in	Sectoric of	sengininternes		ele Day	(C)/Shinksi Wo	kalipte seese stati
	Will Fo	ontaine	C	:		6813			6 Days per week	
Occuporting of Sector	John W	/orrell	C	;	1	6597			6 Days per week	
	Marty	Neal	C	;	· · ·	10027		(6 Days per week	· · · · · · · · · · · · · · · · · · ·
	·									
Company of the second of the second									•	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

= 9.7.d

Signature and Date

Printed or Typed Name

Will Fontaine

C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

I	1	1.	I	1	1 1	1	1	I	I	I.	1	1	I	1
	MONT	HLY OPER.	ATION REP		R PWSs T	REATIN	G RAW	GROUND	WATER		RCHASE	D FINISHE	D WATER	
PWS Identif	ication Numb		6600347		Plant Name:									
III Daily Da	ita for the Mo	nth/Vear of	Á1	igust-06							, , , _ ,			
			ctiviation/Remova			X Free C	Chlorine	Chlorit	ne Dioxide		Ozone	Combined Ch	lorine (Chlorami	nes)
	iolet Radiatio			ther (Describe	e):] =========		,
			in Distribution S		<u> </u>		X Fr	ee Chlorine		Combined C	hlorine (Chlo	oramines)	Chlorine	Dioxide
				สารณ์เมืองไม่เห็นเรา	CONTRACTOR OF THE	Banim Gunica	การเรื่องสิงคร		000000000000000000000000000000000000000					
	Si Contra C			88 - Provinsi - Provin	0	TRACTOR CONTRACTOR	A State of the second			ente Britten				
											e a construction de la construction de la construction de la construction de la construction de la construction			16 Steve - St
Sin		alin binany 12 bitaning Mining ang kang sa sa sa sa sa sa sa sa sa sa sa sa sa		Waji (Califiti)	CONTRACTOR OF THE	<u></u>					્યતાં તે છે.			
						a salar di		to my up a shak						
		1 April Smith						N. Supr	in second					
		Manales		Σ. Altorik (a)est,	Min Driff			tige des etc			- illotrein	the area free and	venchine to chole a ting	Conditions;
verse station version theorem				sindara a a s	l Bell (<u>R</u> ive)			ile i i destrifi			a leikuubullane	Recture Right	nance work that her	Silves Liking
X	24 hrs	7,100		2.2					DECK DESCRIPTION		1.8	and the second second second second second second second second second second second second second second second	ASSERBLIG AND ASSERBLIGHT	Contraction and the second sec
X	24 hrs	5,400	╶╁╼╾───┤──	2.2			┝━──┼───	<u>_</u>		++	1.6	1		
X	24 hrs	6,900		1.8	· · · · · · · · · · · · · · · · · · ·	1			_ <u> </u>	1.	1.4	=		
X	24 hrs	5,900		1.5							0.7			
<u>X</u>	24 hrs	6,400		1.7										
X	24 hrs	6,900		1.8		↓			· .	╺╋╼╼╼╼┥				
x x	24 hrs 24 hrs	<u>6,600</u> 7,100	+	<u>1.4</u> 1.7						┼──┤	0.7	<u> </u>		
	24 nrs 24 hrs	4,400	┼┉───╴┼──	1.5		┼───┤				╶┼────┤	0.6	┼		
X	24 hrs	6,700	<u> </u>	1.7	. <u></u>	<u> </u>	<u> </u>				0.4			
X	24 hrs	6,500		1.3		†					0.4			
X	24 hrs	6,500		1.5										
<u>X (1) X</u>	24 hrs	5,300		1.5										
	24 hrs	6,000		1.9							0.7		······	
	24 hrs	5,300	╉╍╍╍┥╍	1.7							0.7			
	24 hrs	4,600	╁╾──╌╁──	1.1	· · · · · · · · · · · · · · · · · · ·		······		····	┼╌╌┤	0.4			
	24 hrs	7,100	· 	1.2				<u> </u>	~	++	0.5	<u> </u>		
X	24 hrs	7,100		1.6			·					1	·····	
aizeisi X	24 hrs	6,100		1.8										
200 X	24 hrs	6,700		1.5							0.4			
<u>X</u>	<u>24 hrs</u>	18,000	<u> </u>	1.3	····						0.6	<u> </u>		
<u>X</u>	24 hrs	6,500		1.3	· · · · · · · · · · · · · · · · · · ·		·				0.4	<u> </u>	<u> </u>	
	24 hrs	6,100		1.1	···			·			0.3	·		
	24 hrs 24 hrs	7,600	· {	1.6	<u></u>	┦────┤				┼━─┤	0.8			
	24 hrs	6,700 6,600	╆┈──┾─	1.5 1.5		<u> </u>						╂──────		
X X	24 hrs	6,900	╎╴╴╍╴┼╸	1.3							0.4		<u> </u>	······································
X X	24 hrs	6,900	<u> </u>	1.2		┼┈──┤	<u>-</u>			┼───┼	0.4	+	<u> </u>	···· · ·
<u> </u>	24 hrs	7,500	<u> </u>	1.2		<u>├</u> ────┤				┽╍╍┼	0.7			•
X	24 hrs	7,400		1.6							0.7		<u> </u>	···
		211,800	- ·											
		6,832												
AN THE REAL PROPERTY OF		18,000	1											

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

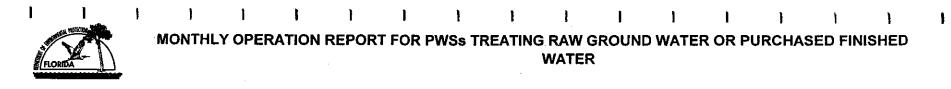
· ·

DEP Form Form 62-555.900(3)Alternate

~~

• •

.



1. General Information for the Month/Year of:	September-06							
A. Public Water System (PWS) Information								
PWS Name: The Woods		· · · · · · · · · · · · · · · · · · ·		PWS Identi	fication Num	iber:	6600347	
PWS Type: X Community	Non-Transient Non-Co	mmunity	Transient	Non-Comm	unity		Consecutive	
Number of Service Connections at End of Month:	72		Total Popul	ation Served	at End of M	onth:	216	
PWS Owner: Aqua Utilities Florida							· · · · · · · · · · · · · · · · · · ·	
Contact Person: Brian Heath			Contact Per	son's Title:	Area Mana	ager		
Contact Person's Mailing Address: PO Box 490310			City:	Leesburg	State:	FL	Zip Code:	34749
	87-0980		Contact Per	son Person's	Fax Number	:	(352) 787-6	5333
	th@aquaamerica.com							
B. Water Treatment Plant Information								
Plant Name: The Woods			·	Plant Telep	hone Number	r:	(352) 787-0	980
Plant Address: CR 576			City:	Webster	State:	FL	Zip Code:	33597
Type of Water Treated by Plant: X Raw Groun		Purchased Finished W	ater					
Permitted Maximum Day Operating Capacity of Plant, g	allons per day:	72,000						
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class	(per subsecti	on 62-699.31	0(4), F.A	.C.) C	
Contraction of the second second second second second second second second second second second second second s		C CHARLENGE (C) ANY	I is a strike	សំផុះផ្តែភ្ន		- Dro	(S)/Shiri(S)AVat	kedulu (Marka) ka ka ka ka
Will Fon	aine	С	. 6	813		(6 Days per week	
John Wo	rrell	С	6	597			5 Days per week	
Marty N	eal	С	10	0027		ć	5 Days per week	
						•		

II. Certification by Lead/Chief Operator

See page 4 for instructions

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10-6.06

Signature and Date

Will Fontaine Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

PWS Identific			6600347		The Woods			VATER	OR PUI	RCHASEL	D FINISHED	WATER
III. Daily Data	a Caraba Ma	nth/Vang af	Septembe	- 06			<u> </u>					
			iviation/Removal: *	1-00	X Free C	lorine	Chlorine	Dispida	— — — — — — — — — — — — — — — — — — —	Drong	Combined Ch	lorine (Chloramines)
	olet Radiatio		Other (De:	oriba):	N FICE CI			Dioxide	ليا '	Ozone	Combined Ch	torme (Chiorannies)
			in Distribution System:			X Free C	Thiomise		ambinad (hlorine (Chlo	nomia ee)	Chlorine Dioxide
Type of Distin	reetaint reesit			Carling and a second second second second second second second second second second second second second second	STATES AND AND AND AND AND AND AND AND AND AND		niorine		omoniea c		rannies)	
					antana.			Malanie + Stream - S	en an an an an an an an an an an an an an			
a State					and a state of the		د ۲۰ میله ۲۰۰ دینی منتشب می مورد موجود (د. د. ۲۰۰۰	in the second second second second second second second second second second second second second second second				
			No. 1 Sector States	dor in a statistication	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Section .		
				in, in the second second	and the second					in a sine to		
			E Commune		이는 영상 같은 것은			is arrests	is Station over	Concentretions		
e in Recenterie	ve Ve	All Country	And Contraction	en Singunauen	6.5500-0	(Halla)		a de la comita de la comita de la comita de la comita de la comita de la comita de la comita de la comita de la Comita de la comita d	9.47.9.35 1835(10.74	ic circi).		
Ange Weindlings	hi Shenin an	and the second sec	l an straight ann an straight ann an straight ann an straight ann an straight ann an straight ann an straight a Tha ann an straight ann an straight ann an straight ann an straight ann an straight ann ann an straight ann an s	ns - John Durry 19 - Hanny Barry	A SARANA A	ne an an an an an an an an an an an an an	e Bergerer	n on erste 1004/st	Signera 1997		 PARE SHUE (2) // 	កំណត់លុកការក្នុងប្រាស់ទីស្ពាំព្រៃសំនើ កំណត់ ២០៩ ស្ពៃណ៍ស្ថិតខ្មែរ ចំណែ ទំពោ <u>កក្រភាស់លោកហិតិដាពីលោក</u>
Acrilia da Santa	1. 1130100	1 Jusin F. and	NUMBER OF THE OWNER	mand	A meanmail		C. THE MIGHE	2 2 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	ALTERNITED.	ALTONIA MPOR	C. Mariastrian	ເວັດການຄອງພາຍາຍາຍແບບ
X	24 hrs	5,866	1.2	and a second second second second second second second second second second second second second second second				- Contraction of the second se		0.6		
X	24 hrs	5,866	1.2									,
X	24 hrs	5,866	1.1									<u></u>
x X	24 hrs	6,100	1.2		<u> </u>				L	0.7		
<u>^</u> X	24 hrs 24 hrs	5,400 2,500	1.1		┦────┤			<u> </u>	 _	0.6		
X	24 tus 24 hrs	6,200		·				<u> </u>		0.6		
X	24 hrs	5,400	<u> </u>		- <u> </u> -				├ ────	0.7		
X	24 hrs	5,600	1.4		┼╼╼╌╶┼			<u> </u>		0.0	l	
<u>X</u>	24 hrs	6,200	1.3		1			1				
X	24 hrs	5,300	1.5						-	0.6		
X	24 hrs	4,700	1.6							0.8		
X	24 hrs	4,700	1.4							0.8		
X X	24 hrs	5,100	1.3	··	<u> </u>			<u> </u>		0.5		
	24 hrs 24 hrs	9,000 4,800	<u> </u>		╉━╾┈━┉┟╸		· ·····			1.9		·····
	24 hrs	5,100	20		┼╼╌━╀╴			┝───	<u> </u>			
X X	24 hrs	6,200	2.1		++		<u> </u>			1.7		
X	24 hrs	5,200	2.1						╞╼╼╌╼┤	1.5		
X	24 hrs	5,350	2.2					t	¦ −-' −	1.5		·····
X	24 hrs	5,350	2.1							1.1		
X	24 hrs	4,700	1.7							0.8		
X	24 hrs	5,200	1.8									
X	24 hrs	7,400	1.6		1							
X X	24 hrs	6,800	2		┦━━━━━┤			<u> </u>		0.5		
	24 hrs	5,500 5,800	2.2		┟────┤┈			i	┞	0.5		· · · · · · · · · · · · · · · · · · ·
X	24 JUS 74 hrs	5,800	2.1		╞╴┄━╾╞╴		+	}	├	0.5		
X	24 hrs	5,700	1.8		╏╌╼╴╍┞┉				<u> </u>	0.6		
X	24 hrs	5,400	1.7		┼┈╍┈┟╴			<u></u>	┝╌──┤	0.4		
A Contraction of the second se	24 hrs				┼───┤─		+	<u> </u>	<u>├</u>			
ر بر مرد میشد معتقد میشود. بر مرد میشود معتقد م	an an an ann an an an an an an an an an	167,498				<u></u>		L	<u> </u>			·····
	المستحدث والمتحاط	5,583			-							
M. S. Milling	and and all the second second	9,000										

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

,

DEP Form Form 62-555.900(3)Alternate

*

.

Page 2

-

.



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

See page 4 for instruction	1S ·							
I. General Information	for the Month/Year of:	October-06						
A. Public Water System	m (PWS) Information							
PWS Name:	The Woods				PWS Identif	ication Number:	6600347	
PWS Type:	X Community	Non-Transient Non	-Community		nt Non-Commu		Consecutive	
	nnections at End of Month:	72		Total Pop	ulation Served	at End of Month:	216	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath				erson's Title:	Area Manager		
Contact Person's Mail				City:	Leesburg	State: FL		
Contact Person's Telep		787-0980		Contact I	erson Person's	Fax Number:	(352) 787-6333	
Contact Person's E-Ma		th@aquaamerica.con	<u>n</u>					
B. Water Treatment Pl								
Plant Name:	The Woods		· · · · · · · · · · · · · · · · · · ·			one Number:	(352) 787-0980	
Plant Address:	CR 576			City:	Webster	State: FL	Zip Code: 33597	
Type of Water Treate			Purchased Finished V	Vater		···		
	Day Operating Capacity of Plant,		72,000			(0.00.210(4)		
Plant Category (per st	ubsection 62-699.310(4), F.A.C.):	IV				on 62-699.310(4),		
	Hite			in a state and the second second second second second second second second second second second second second s Second second		1 Martin and Constant States	IDAVISI SITTI (S) Worksat	and hereit and
्रियम् सिद्धं द्वीर्थं क्यां क्यां	Will Fon		<u> </u>	_	6813		6 Days per week	
erifatea (15% reffect as	John Wo		C		6597	· · · · ·	6 Days per week	
	Marty 1		C	_	10027	· · · ·	6 Days per week	
	Jay Ald	rich	C		6368		6 Days per week	
	1 <u></u>			<u></u>				
					. <u>.</u>			
							<u> </u>	{
			<u></u>					{
in and the work of the second s								

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11-3-06

Will Fontaine

<u>C6813</u>

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555.900(3)Alternate

VS Identifica	tion Numbe	r:	6600347	Pl	ant Name:	The Wood	S							
Daily Data	for the Mon	th/Year of:	Octo	ber-06		<u> </u>				<u> </u>		··		
			iviation/Removal: *			X Free C	hlorine		hlorine D	Dioxide)zone	Combined C	Chlorine (Chloramines
	et Radiation			(Describe):							<u> </u>			····· (· ····)
	atont Decid	al Maintainad	in Distribution Samt	APA :			X	Free Chlor	ine		mbined C	hlorine (Chlo	ramines)	Chlorine Di
o or bisinit			In Distribution Syst				a settar paparan a setta A settar a settar							
						Homme -		a simulation and done	2722 - 19 1 4		- 029			
- H Refer - H Hann										hannan a shikinin t	nanis muuni. T	and a second second second second second second second second second second second second second second second		
Serie-				s Assail and	in and states	an an an an an an an an an an an an an a						Rama		
						H addition of a								
			出したと となり 住たしとう			. H. 11 A. A. A. A.				ipes/24	Minister	Constance in		
		Shinishing	No. And Astron	and and the	ilising the states of the stat	A REPRESENTED			ហ៍ពាត់អំព័រ	(interaction)	Contraction of the	St. Bartonio		
ម៉ាំ រ៉ូ ភ្លាំឡាន		ភាមិ ជាអ៊ីវែទេ ្ន័		Reference 1	ann Lansadt	il Sagait d	이야 같다.	推动把一个			rendinga	Data de 15	្រ ខេម (តុទុល) ចុះ/ភ	- Africa an Oresana). Ca naanas Karto Inn moolo
n ji nakve Vina seto	- 200 F	A MARKET		still (1997) April	ister (ind	1 P-5', 1'6W	-97-11a - 1	9-11-5-11-1 St	i shunga	in\(5	n n N	ាទាំងត្រូវក្សារាទ្រ	Researche State	transmission and their mercules
X	24 hrs				<u>nows</u>		المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع		ព សូមាតែ ស	12-12-15	Steels int	Signer Providence	A CONTRACTOR OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT	<u>না জ্যোলালালে ত্রোলো জে</u>
X	24 hrs 24 hrs	5,700		<u>1.6</u> 1.9		╁╌──┤					<u> </u>	0.5	<u> </u>	
X	24 hrs	6,400		2.1		++				- · ·	 	0.5		
X	24 hrs	5,400		1.9		- 						0,4	·	
Х	24 hrs	7,300		2.2		1						0.6	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
X	24 hrs	7,400		2.2								0.7		
X	24 hrs	7,000		2.2		11								
X	24 hrs	8,300		1.8	· ·									
Х	24 hrs	8,500		1.5								0.5		
X	24 hrs	12,900		2:2								0.7		
X	24 hrs	6,700		2								0.6		
X	24 hrs	7,000		2.1								0.5	·	
X	24 hrs	5,900		2.2		· · · · · · · ·	·					0.5		
X X	24 hrs 24 hrs	4,800		1.9		┨────┤				···· -···-				·····
A X	24 nrs 24 hrs	6,200		<u>1.7</u>		+						0.4		· · ·
X	24 hrs	7,100		1.9								0.4		
X	24 hrs	5,300		1.2		+						0.4		
X	24 hrs	5,000		2.2		┼───╉						0.7	╂━────	
X	24 hrs	7,500	<u>↓ </u>	1	· · · · · · · · · · · · · · · · · · ·							0.6	<u>† – – – – – – – – – – – – – – – – – – –</u>	
X	24 hrs	5,100		2.2								0.8		· · · · ·
Х	24 hrs	4,900		1.7					t			`	<u> </u>	
Х	24 hrs	5,900		1.7								0.6		
X	24 hrs	5,700		2								0.8		
Х	24 hrs	6,700		2.1								0.7		
X X	24 hrs	6,000		1.8								0.6		
	24 hrs	6,000		2								0.6		
X	24 hrs	5,200		1.8								0.6		
X	24 hrs	4,300		1.9								0.6		
X	24 hrs	5,700		2.2								0.5		
X	24 hrs	4,700	l	1.8								0.5	I <u></u>	
ing Materia		<u>199,300</u> 6,429	4											
1-2.		12,900	1											

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

.

DEP Form Form 62-555.900(3)Alternate

41

-



ŀ

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

WATER

See page 4 for instructions				
I. General Information for the Month/Year of: November	-06			
A. Public Water System (PWS) Information			······································	
PWS Name: The Woods		PWS Identific	ation Number:	6600347
PWS Type: X Community Non-Transient 1	Non-Community	Transient Non-Commun	ity	Consecutive
Number of Service Connections at End of Month: 72		Total Population Served at	End of Month:	216
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath	·····		Area Manager	
Contact Person's Mailing Address: PO Box 490310			State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's Fa	x Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.	com	· · · · · · · · · · · · · · · · · · ·		
B. Water Treatment Plant Information	· · · · · · · · · · · · · · · · · · ·			
Plant Name: The Woods		Plant Telephor		(352) 787-0980
Plant Address: CR 576			State: FL	Zip Code: 33597
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished W	ater		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000		· · · · · · · · · · · · · · · · · · ·	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	STATISTICS PERSONNEL STREET	Plant Class (per subsection	<u>62-699.310(4), F.A</u>	C.) <u>C</u>
Received and the second s		A staticense Number Sort	Day Day	(s)/Shift(s) Worked
Will Fontaine	C	6813		6 Days per week
Other Operators and a John Worrell	C	6597		6 Days per week
Marty Neal	C	10027		6 Days per week
Jay Aldrich	C	6368		6 Days per week
	~			
		- <u> </u>		
		╉━━━━━━━╋		
		F I		

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

> 12-8-06 Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

		I MONTH		I ATION RE	l Eport fof	I I PWSs TI	I REATIN			I M DNU	I ATER (I DR PUF	I RCHASED	I I	l D WATER	1
PWSI	dentifica	tion Numb		6600347		Plant Name:										
III. Da	ilv Data	for the Mor	nth/Year of:		November-06						<u>.</u>					
Means	of Achi	eving Four-	Log Virus Inact	iviation/Rem		·	X Free	Chlorine	-	Chlorine I	Dioxide		Dzone	Combined C	Chlorine (Chlor	amines)
		let Radiation			Other (Describe	e):	······································									
Type o	f Disinfo	ctant Resid	lual Maintained	in Distributio	on System:			X	Free Chl	lorine		mbined C	hlorine (Chlor	ramines)		orine Dioxide
					on System: Constructions Construct	or DV Dose, to	Demonstratet.	our Log	Min Jalen	autonsit Aup	neanle seas			Salt-days P		
	Plant.						Traves len				a series and series and series and series and series and series and series and series and series and series and		les Transie			
	Staffed			S CONST	PowerrResiduale	Dismicciante	Provided	40.010		ં જ રુષ્ટ્ર છે. સ		$\mathcal{L}_{\mathcal{L}}^{(1)} = \{\mathcal{L}_{\mathcal{L}}^{(1)}\}_{\mathcal{L}}^{(1)}$	and Residual are			
	OL OL		Son Oran and		A. Disince inter-	Contactor ime.	Before or s				and the first state of the second state of the		Disinteetant a			
	S VISILED		- Nrf (6773)		Seconcentrations	Cleanic Co	a salatinate.			ار بر المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع محمد المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم		Minimum	Concentration			
Day of	Operator	Solution -			Environment	RomuDuring	(D)native		្រាំដែរក	a prime qui i A contra a		Requireds	Roman	alimentaria (້າໃຈກາງຈາກເຈົ້າເປັນຜູ້ກ	າກັບເຂດການການ
a-these	e tPlace	Renation of	Contractor Sector		in During Perker-	* Peak Flows	Reaktion	Water	WIGHT	Sectificat	No WENC	Umw	*Distributions	Repair of Man	ijenen verskom og	ំណារបារចុះសំរោងពេច
Month		Operations	MProduced gal	Ratergpd	ESPELOWIN g/Dist	and minutes and	mg-min/Dr	M.C.A.	Applicable	mgemmvis	eseptom2	ssec/cm2	Systems mg/124	Water Syste	m@omponents:@	ut of Operation set
2-21-26 3-2-29-66	X X	24 hrs 24 hrs	4,800		<u>2</u> 1.2		<u> </u>	┝╍┈┥				<u> </u>	0.7		<u></u>	
	X	24 hrs	5,000		1.4		┟─────	 		<u> </u>			0.5	<u> </u>		
这种 能	X	24 hrs	5,000		2			<u>}</u> −−− †		<u> </u>			0.8			
<u>1</u> 56	X	24 hrs	5,300		1.5								0.6			
	<u>x</u>	24 hrs	6,200		1.6								0.6			
	X X	24 hrs 24 hrs	5,000 5,400		1.6			┝╌╍╍┝					0.8	<u> </u>		
9.2	X	24 nrs 24 hrs	4,800		1.5			╞───╁	<u> </u>	<u> </u>			0.6			<u>. </u>
1.0	X	24 hrs	4,100		2								1.0	· · · · · · · · · · · · · · · · · · ·		
1.11.2	x	24 hrs	6,000		2	·							1.0			
脉论神	X	24 hrs	5,500	_	1.8											
1. io a	<u>x</u>	24 hrs	3,100		2								1.0			
1914 1948 1948	<u>X</u>	24 hrs	4,600		2		ļ						0.8			
16	X	24 hrs 24 hrs	4,200		<u>1.8</u> 2		·	┠──┤					0,8			
如何形	X	24 hrs	3,500		1.8		┟────						<u> </u>			
×180	X.	24 hrs	4,900	<u> </u>	1.8	······		┟───┼				· <u></u> -	0.8		<u> </u>	
e-ale)	Х	24 hrs	4,100		1.8		· · ·						0.8	· · · · ·	<u></u>	
200	<u>X</u>	24 hrs	4,000		2								1.0	· · · · · · · · · · · · · · · · · · ·		
5 211 2017	X	24 hrs	3,600		2								1.0			
	X X	24 hrs 24 hrs	3,900 5,700		2		·						1.0			
204.9	X	24 hrs 24 hrs	4,400		1.8	·							0.8	<u> </u>		
25	X	24 hrs	4,900		1.8			┝───┼					1.0 0.8	······		
26 A	X	24 hrs	2,900		2				·				1.0		<u> </u>	
新27齡	X	24 hrs	6,200		2	<u> </u>			<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		1.0			
28 A	X	24 hrs	5,100		2								1.0			
29.29 26:012	X	24 hrs	3,700		2								1.1			
	X	24 hrs	4,100		1.8		ļ	<u> </u>					1			
en en 2000 Privil		24 hrs	140,100	[]		L	L			L	l		Li			
Average	and A link		4,670									•				
Maxim			6,200	ł												

ł

.

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

.

DEP Form Form 62-555.900(3)Alternate

_

-



See page 4 for instructions					
I. General Information for the M	vlonth/Year of: December-06				
A. Public Water System (PWS)	Information				· · · · · · · · · · · · · · · · · · ·
PWS Name: The Wo	oods		PWS Identi	fication Number:	6600347
PWS Type: X Con	nmunity 📃 Non-Transient Non-C	Community	Transient Non-Comm		Consecutive
Number of Service Connections			Total Population Served	at End of Month:	216
	tilities Florida				
Contact Person: Brian H			Contact Person's Title:	Area Manager	
Contact Person's Mailing Addre			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Nun		· .	Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Addres				<u> </u>	
B. Water Treatment Plant Infor		· · · · · · · · · · · · · · · · · · ·	·		
Plant Name: The Wo				none Number:	(352) 787-0980
Plant Address: CR 576			City: Webster	State: FL	Zip Code: 33597
Type of Water Treated by Plant		Purchased Finished W	ater		
Permitted Maximum Day Open	ating Capacity of Plant, gallons per day:	72,000		(0.00.010(4) F.A	
Plant Category (per subsection	62-699.310(4), F.A.C.): IV		Plant Class (per subsecti		C.) C /(S/Shffi(S) Worked A
LendlOhler Orton(Ch.)	Will Fontaine	<u> </u>	6813		6 Days per week
iOha (haniospinglod) Debri da postorio	John Worrell	<u> </u>	6597		6 Days per week
	Marty Neal	<u> </u>	10027		6 Days per week
	Jay Aldrich	C	6368		6 Days per week
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
			<u> </u>		
	· · · · · · · · · · · · · · · · · · ·				······································
	<u> </u>			·	
				· · · · · · · · · · · · · · · · · · ·	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1-5-07

Signature and Date

Will Fontaine Printed or Typed Name C6813

License Number

DEP Form 62-555.900(3)Alternate

Page 1

Data Data for the Menib Verrol December-06 Combined Chlorine (Chloramine) Combined Chlorine (Chloramine) Combined Chlorine (Chloramine) Chlorine Dix Uttraviolet Readiation		ion Number		6600347	· .	Plant Name:	The Woo	ds							
X Attes 3,000 1.4 Control Contro Control Contro	aily Data f	or the Mont	h/Year of:											0.11.101	
Ultraviolet Radiation Other (Describe): X Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dio pe of Disinfectant Residual Maintained in Distribution System: X Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dio x 24 hrs 3,000 1.8 Combined Chlorine (Chloramines) Chlorine Dio x 24 hrs 3,000 1.8 Combined Chlorine (Chloramines) Chlorine Dio x 24 hrs 3,000 1.8 Combined Chlorine (Chloramines) Chlorine Dio x 24 hrs 3,000 1.8 Combined Chlorine (Chloramines) Chlorine Dio x 24 hrs 3,000 1.8 Combined Chlorine Chlorine (Chloramines) Chlorine Dio x 24 hrs 3,000 1.8 Combined Chlorine Chlorine Chloramines) Chlorine Chlorine Chloramines) x 24 hrs 3,000 1.8 Combined Chlorine Chloramines) Chlorine Chloramines) x 24 hrs 3,000 1.8 Combined Chloramines) Chlorine Chloramines) x 24 hrs 3,000 <th>is of Achie</th> <th>ving Four-L</th> <th>og Virus Inactiv</th> <th>viation/Remov</th> <th>/al: *</th> <th></th> <th>X Free</th> <th>Chlorine</th> <th></th> <th>Chlorine D</th> <th>Dioxide</th> <th></th> <th>Dzone</th> <th>Combined Chi</th> <th>orine (Chioramines)</th>	is of Achie	ving Four-L	og Virus Inactiv	viation/Remov	/al: *		X Free	Chlorine		Chlorine D	Dioxide		Dzone	Combined Chi	orine (Chioramines)
Non-thickent Residual Maintained In Distribution System: X Prec Chorine Combined Chorine (Chorine) Chindre Distribution X 24 Inc 1	Ultraviole	t Radiation			Other (Describe):		<u>.</u>	•		· · · · · · · · · · · · · · · · · · ·				Chining Dias
X 24 hrs 2,400 1.1 X 24 hrs 2,000 1.8 1.1 X 24 hrs 2,000 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.5 0.5 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,600 1.3 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,800		ctant Residu	al Maintained in	Distribution	System:			Х	Free Chlo	orine		mbined C	hlorine (Chlor	amines)	
X 24 hrs 2,400 1.1 X 24 hrs 2,00 1.8 1.1 X 24 hrs 2,00 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.5 0.5 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,600 1.4 0.4 X 24 hrs 3,600 1.3 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,200					rettertonalbist	ories opsende	Demonstrate	Contrations.	signs differing	h <u>in. D'A</u> nd	rethe 🖓	<u>a ann an Ao</u> rtainn			
X 24 hrs 2,400 1.1 X 24 hrs 2,00 1.8 1.1 X 24 hrs 2,00 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.5 0.5 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,600 1.4 0.4 X 24 hrs 3,600 1.3 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,200					<u></u>	<u> </u>				<u></u>		5/05-1 			
X 24 hrs 2,400 1.8 X 24 hrs 2,00 1.8 1.1 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 3,200 2 1.2 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.5 0.5 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,600 1.2 0.4 X 24 hrs 3,600 1.2 0.4 X 24 hrs 3,600 1.3 0.4 X 24 hrs 1,00				1.00.00		Ne le la la la							Para and and a subject of the subjec		
X 24 hrs 2400 25 11 X 24 hrs 2,00 1.8 1.2 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 4,300 2 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.8 0.5 X 24 hrs 1,00 0.5 0.5 X 24 hrs 3,500 1.2 0.8 0.5 X 24 hrs 3,500 1.2 0.8 0.6 X 24 hrs 3,500 1.2 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,0				1.1	nowed Realition	SIMPLE ALL	To Misley						- Million (
X 24 hrs 2400 25 11 X 24 hrs 2,00 1.8 1.2 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 4,300 2 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.8 0.5 X 24 hrs 1,00 0.5 0.5 X 24 hrs 3,500 1.2 0.8 0.5 X 24 hrs 3,500 1.2 0.8 0.6 X 24 hrs 3,500 1.2 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,0	a Sector										1.7919-517	Manapara			
X 24 hrs 2400 25 11 X 24 hrs 2,00 1.8 1.2 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 4,300 2 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.8 0.5 X 24 hrs 1,00 0.5 0.5 X 24 hrs 3,500 1.2 0.8 0.5 X 24 hrs 3,500 1.2 0.8 0.6 X 24 hrs 3,500 1.2 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,00 1.3 0.4 0.4 X 24 hrs 1,0			ing coming	All and a strength	(Chargements)	weismonen	Constantin	Sisterio -		រុះជាមាធាបាន	Non an anna	a Six Prite	្នែះតែ(ខ្មែរតែតែ)		an an an an an an an an an an an an an a
X 24 hrs 2400 13 X 24 hrs 3,200 2 11 X 24 hrs 3,200 2 12 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1.5 0.5 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs <th1,00< th=""> <</th1,00<>	ar deserve	- 新聞語	ani ani ang ang ang ang ang ang ang ang ang ang		an i consider t	anne ann ar	a lenning	9	j ust-	Cii j	1637 JB (SCL)	sign and	1 (0) (0) (0)		an an an an an an an an an an an an an a
X 24 hrs 2,400 1.8 X 24 hrs 2,00 1.8 1.1 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1 0.5 X 24 hrs 3,500 1.5 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 3,500 1.2 0.4 X 24 hrs 2,000 1 0.4 X 24 hrs 2,000 1.3 0.4 X 24 hrs <ths< th=""></ths<>	- ineres	ा भाष	- Wala t 199	Relation	aprimer and	SICT II IN .	i Pan nati	Mater	AMARIAN AND	arcqu <u>ir</u> ca.	N93.25 24	an sa sa sa sa sa sa sa sa sa sa sa sa sa	States and	যুগন ইংৰজন	Confirmants and a Citer
X 24 hrs 2,400 1.8 X 24 hrs 2,00 1.8 1.1 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.2 X 24 hrs 3,200 2 1.1 X 24 hrs 3,200 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.1 0.5 X 24 hrs 3,500 1.5 0.8		Oranium	and hanged state	WRATE SOUTH A	1.9	essentinuesses	A DESIGNATION OF A		A HUSANE		Saran Containing	A ADDREED AND ADDREED	1		
X 24 hrs 2,100 18 12 X 24 hrs 3,200 2 12 X 24 hrs 3,300 1.8 1.1 X 24 hrs 2,400 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 2 1.1 X 24 hrs 3,500 1 0.5 X 24 hrs 3,500 1.2 0.5 X 24 hrs 3,500 1.2 0.66 X 24 hrs 3,500 1.2 0.4 X 24 hrs 1,100 1.2 0.66 X 24 hrs 1,00 1.2 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,000 1 0.4 X 24 hrs 1,000 1 0.4 X 24 hrs 1,000 1.5 0.4 X 24 hrs 1,000 1.5 0.6 X <	ruges	27143					1	╋╌╌┤					1.1		
X 24 hrs 3,200 2 1.2 X 24 hrs 4,300 2 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,300 1.8 1.1 X 24 hrs 3,500 1.8 1.1 X 24 hrs 3,500 1 0.5 X 24 hrs 1,100 0.5 0.8 X 24 hrs 3,500 1.5 0.8 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.8 X 24 hrs 3,500 1.2 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,00 1 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,00 1.3 0.4 X 24 hrs 1,00 1.3 0.6 X 24 hrs <th2< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td>· ·</td><td></td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td></th2<>								1				· ·			· · · · · · · · · · · · · · · · · · ·
X $24 hrs 4300 2 1.1 X 24 hrs 2,000 1.8 1.1 X 24 hrs 3,00 1.8 1.1 X 24 hrs 3,00 2 1.1 X 24 hrs 1,00 0.5 X 24 hrs 3,500 1.5 0.8 X 24 hrs 3,500 1.5 0.6 X 24 hrs 3,500 1.2 0.6 X 24 hrs 3,500 1.2 0.6 X 24 hrs 3,500 1.2 0.6 X 24 hrs 3,500 1.2 0.6 X 24 hrs 1,000 1.3 0.6 0.4 X 24 hrs 1,000 1.5 0.8 0.4 X 24 hrs 1,000 1.3 0.6 0.4 X 24 hrs 2,000 1.8 0.6 0.6 X 24 hrs 2,000 1.8 0.10 $					the second second second second second second second second second second second second second second second s										
X $24 hrs 2,300 1.8 1.1 X 24 hrs 3,300 2 0.5 X 24 hrs 2,500 1 0.5 X 24 hrs 2,500 1 0.5 X 24 hrs 2,500 1 0.5 X 24 hrs 3,500 1.5 0.8 X 24 hrs 3,500 1.2 0.6 X 24 hrs 3,500 1.2 0.4 X 24 hrs 2,900 1 0.4 X 24 hrs 1,000 1.3 0.4 X 24 hrs 1,000 1.5 0.66 X 24 hrs 2,000 1.8 0.10 X 24 hrs 2,000 1.8 0.3 X 24 hr$					2							ļ			
X $24 hrs$ $3,500$ 1.5 0.5 X $24 hrs$ $2,500$ 1 0.5 X $24 hrs$ $2,500$ 1 0.5 X $24 hrs$ $3,600$ 1.5 0.8 X $24 hrs$ $3,500$ 1.2 0.8 X $24 hrs$ $3,500$ 1.2 0.6 X $24 hrs$ $3,500$ 1.2 0.6 X $24 hrs$ $3,500$ 1.2 0.6 X $24 hrs$ $3,600$ 1.2 0.4 X $24 hrs$ $2,900$ 1 0.4 X $24 hrs$ $1,000$ 1 0.4 X $24 hrs$ $1,200$ 1 0.4 X $24 hrs$ $1,200$ 1 0.4 X $24 hrs$ $2,100$ 1.3 0.6 X $24 hrs$ $2,000$ 1.8 0.10 X $24 hrs$ $2,000$ 1.8 0.3 0.3 X <td>X</td> <td>24 hrs</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>┨──┤</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>{</td> <td></td>	X	24 hrs						┨──┤						{	
X 24 hrs $1,800$ 2 0.5 X 24 hrs $1,100$ 0.5 0.5 X 24 hrs $3,500$ 1.5 0.6 X 24 hrs $3,500$ 1.2 0.6 X 24 hrs $3,500$ 1.2 0.6 X 24 hrs $1,100$ 1.3 0.6 X 24 hrs $1,100$ 1.3 0.4 X 24 hrs $1,000$ 1 0.4 X 24 hrs $1,000$ 1 0.4 X 24 hrs $1,200$ 1 0.4 X 24 hrs $1,200$ 1 0.4 X 24 hrs $1,200$ 1.5 0.4 X 24 hrs $2,100$ 1.3 0.6 X 24 hrs $2,000$ 1.8 0.6 X 24 hrs $1,800$ 0.3 0.3 X 24 hrs $1,800$ 0.3 <th< td=""><td></td><td>the second second second second second second second second second second second second second second second se</td><td>3,300</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><u> </u></td><td>┼───</td><td></td><td></td><td></td></th<>		the second second second second second second second second second second second second second second second se	3,300								<u> </u>	┼───			
X 24 hrs $2,500$ 1 0 X 24 hrs $3,500$ 1.5 0.6 X 24 hrs $3,500$ 1.2 0.6 X 24 hrs $3,500$ 1.3 0.6 X 24 hrs $2,900$ 1 0.4 X 24 hrs $1,000$ 1.3 0.4 X 24 hrs $1,000$ 1 0.4 X 24 hrs $1,000$ 1 0.4 X 24 hrs $1,000$ 1.5 0.8 X 24 hrs $1,000$ 1.5 0.8 X 24 hrs $2,100$ 1.8 0.6 X 24 hrs $2,000$ 1.8 0.4 1.0 X 24 hrs $2,000$ 1.8 0.10 1.2 X 24 hrs $1,800$ 0.8 0.3 0.3 X 24 hrs $1,800$ 0.8 0.3 0.3 X 24 hrs $1,800$ 0.8<						·				·		f			
X 24 hrs 3,500 1.5 0.8 X 24 hrs 3,600 1.2 0.6 X 24 hrs 1,100 1.3 0.6 X 24 hrs 2,900 1 0.4 X 24 hrs 1,000 1.3 0.4 X 24 hrs 1,000 1 0.4 X 24 hrs 1,000 1.5 0.8 X 24 hrs 2,100 1.3 0.6 0.6 X 24 hrs 2,000 1.8 1.0 0.6 X 24 hrs 2,000 1.8 1.0 1.0 X 24 hrs 2,000 1.8 0.3 0.3 X 24 hrs 1,800 0.8 0.3 0.3 X 24 hrs 1,800 0.8 0.3 0.3 X 24 hrs <th< td=""><td></td><td></td><td></td><td></td><td>·</td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td></th<>					·							1			
X 24 hrs $3,500$ 1.2 0.6 X 24 hrs $1,100$ 1.3 0.7 X 24 hrs $2,900$ 1 0.7 X 24 hrs $2,900$ 1 0.4 X 24 hrs $1,000$ 1 0.4 X 24 hrs $1,200$ 1 0.4 X 24 hrs $1,200$ 1 0.4 X 24 hrs $1,200$ 1 0.4 0.4 X 24 hrs $1,200$ 1 0.6 0.5 X 24 hrs $2,100$ 1.3 0.6 0.6 X 24 hrs $2,000$ 1.8 1.0 1.0 X 24 hrs $2,000$ 1.8 0.3 0.3 X 24 hrs $1,800$ 0.8 0.3 0.3 X 24 hrs $1,800$ 0.8 0.3 0.3 X 24 hrs $1,800$ 0.8 </td <td>in appell</td> <td></td> <td></td> <td></td> <td>1.5</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td>	in appell				1.5			1					1		
X 24 hrs 1,100 1.3 0.7 X 24 hrs 2,900 1 0.4 X 24 hrs 1,000 1 0.4 X 24 hrs 1,200 1 0.4 X 24 hrs 1,200 1 0.4 X 24 hrs 1,200 1 0.4 X 24 hrs 1,800 1.5 0.8 X 24 hrs 2,100 1.3 0.6 X 24 hrs 2,100 1.8 0.6 X 24 hrs 2,000 1.8 1.0 X 24 hrs 2,000 1.8 1.0 X 24 hrs 1,700 2 1.2 X 24 hrs 1,800 0.3 0.3 X 24 hrs 1,800 0.3 0.3 X 24 hrs 1,800 0.3 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>															
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	5														
X 24 hrs 1,000 1 0.5 X 24 hrs 1,800 1.5 0.8 X 24 hrs 2,100 1.3 0.6 X 24 hrs 2,100 1.8 1.0 X 24 hrs 2,100 1.8 1.0 X 24 hrs 2,000 1.8 1.0 X 24 hrs 2,000 1.8 1.0 X 24 hrs 2,000 1.8 1.0 X 24 hrs 1,800 0.3 1.0 X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,600 1.5 0.8 X 24 hrs			2,900		1		· · · · ·								
X 24 hrs 1,200 1 X 24 hrs 1,800 1.5 0.8 X 24 hrs 2,000 1.3 0.6 X 24 hrs 2,000 1.8 1.0 X 24 hrs 1,00 1.0 1.0 X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,800 1.5 0.8 0.3 X 24 hrs	X	24 hrs			1										
X 24 hrs 1,00 1.3 0.6 X 24 hrs 2,000 1.8 1.0 X 24 hrs 1,700 2 1.0 X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,800 1.5 0.8 X 24 hrs											<u> </u>			<u>}</u>	
X 24 hrs 2,000 1.3 1.0 X 24 hrs 2,000 1.8 1.0 X 24 hrs 1,700 2 1.2 X 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 Z 24 hrs 2,800 0.5 0.8 0.3 X 24 hrs 2,800 1.5 0.8 0.8 X 24 hrs 2,000 2 0.8 0.8 X 24 hrs 2,000 1.5 0.8 0.8				┝─────╄			+		· · · · ·					+	
X 24 hrs 2,100 1.8 1.0 X 24 hrs 2,000 1.8 1.0 X 24 hrs 1,700 2 1.2 X 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 Z 1,800 0.8 0.3 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,200 2 0.3 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 3,000 1.5 0.8 X 24 hrs 4,000 1.5 0.8				<u> </u>							 				
X 24 hrs 2,000 1.8 1.0 X 24 hrs 1,700 2 1.2 X 24 hrs 1,800 0.8 0.3 24 hrs 1,800 1.3 0.3 24 hrs 1,800 0.8 0.3 24 hrs 1,800 0.8 0.3 X 24 hrs 2,000 2 0.8 X 24 hrs 4,000 1.5 0.8	(diff)					· · · ·	-)	······································		1.0		
X 24 hrs 1,700 2 1.2 X 24 hrs 1,800 0.8 0.3 24 hrs 1,800 1.3 0 0.3 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,200 2 0.3 X 24 hrs 2,200 2 0.3 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 2,000 2 0.8															
X 24 hrs 1,800 0.8 0.8 0.3 24 hrs 1,800 1.3 0 0.3 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,200 2 0.3 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,000 2 0.8			1,700										the second second second second second second second second second second second second second second second se	ļ	
24 hrs 1,800 0.8 0.3 X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,200 2 1.2 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 4,000 1.5 0.8													0.3	<u> </u>	
X 24 hrs 1,800 0.8 0.3 X 24 hrs 2,200 2 1.2 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 4,000 1.5 0.8	*	24 hrs			1.3			_		ļ					
X 24 ms 1,000 0.0 X 24 ms 2,200 2 0.8 X 24 hrs 2,800 1.5 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 2,000 2 0.8 X 24 hrs 4,000 1.5 0.8							+				<u> </u>		03		
X 24 hrs 2,200 2 X 24 hrs 2,800 1.5 X 24 hrs 2,000 2 X 24 hrs 2,000 2 X 24 hrs 4,000 1.5							_ 	·			+				
X 24 hrs 2,800 1.5 X 24 hrs 2,000 2 1.0 X 24 hrs 4,000 1.5 0.8				┟─────┤							+				
X 24 hrs 2,000 2 0.8 X 24 hrs 4,000 1.5 0.8				┟───┤						<u>}</u>	1		1.0		
							- <u> </u>								
		24 hrs	3,000	<u>†</u>											
72,200			2,329	1											

.

L

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

·

PWS ID:	6600347 Pl	ant Name: The Wood	S	
IV. Summary of Use of Poly	mer Containing Acrylamide	e, Polymer Containing	Epichlorohydrin, and Iror	or Manganese Sequestrant for the Year: * 2006
A. Is any polymer containing the r follows:	nonomer acrylamide used at the wate		⊡ No	
Polymer Dose ppm =			Acrylamide Level, %1=	
B. Is any polymer containing the n polymer are as follows:	nonomer <u>epichlorohydrin</u> used at the	water treatment plant?	⊡ No	
Polymer Dose ppm =			Epichlorohydrin Level, %'=	
C. Is any iron or manganese seque	strant used at the water treatment plan	ıt? ☑No		
Type of Sequestrant (polyphosp	whate or sodium silicate):	·····		
Sequestrant Dose, mg/L of phos	sphate as PO ₄ or mg/L of silicate as S	iO ₂ =		
If sodium silicate is used, the ar	mount of added plus naturally occurri	ng silicate, in mg/L as SiO2 =		· · · · · · · · · · · · · · · · · · ·

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

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

	DRINKING WATER BACTERIOLOGICAL AND LABORATORY REPORTI			TION		H A EN	R B O VIR			H	
-	5600 US 1 North 4155 St. Johns Parkway Fort Pierce, FL 34946 Sults 1300 Lai FDOH # E96080 Sanford, FL 32771 FDOH # E83509	307 Coolidge A sigh Acres, FL 3 FDOH # E85	3936	16331 Cort Brooksville, FDOH # E	FL 3460	Phone: ((772) 465	ATO Fort Plana -2400, Ext.		1NC. 72) 467-584	
	HBEL Report Number: 2/30137	Sub-Con	tract Lab	1D:		1	-	oratory By:	Pal		
_	Analysis Method Requested:			[-][-]		Ĩ.	s Date an		12/40	7 1505	
	Colilert Membrane Filtration PW	81.D. 6	50	93	912		Acceptance		<u> </u>	<u>ا</u> مد الم	
-	System Name: THE WOODS	ì	# 6	564		Sample F	Preservation		. u		
	System Address: <u>CR 576</u>				·	Disinfect	ent Check	Linot	Detected	>0.1 mg/	
-	City: inesster	Syste	m or Owr	ner's Phone a	# <u>352</u>	-787-	0980	Fax #: 🗋	352 787	- 6333	
	Collector. 17 JAIDNI				·····				Sque		
<u> </u>	Relinquished By			, <u> </u>		R			a u	7	
	Date/Time: 12-6 -07 / 1030				<u> </u>			ime: <u>) / 〈</u>		45	
	Type of Supply: Community Water System (check only one) Private Well	Noncomn Swimmin	•	er System	Bottled		community	Water Syste	m Umited	Use System	
	Reason for Sampling: (check only one)	Compliance	Repe	sat [Replacem	nent []Main Cle	arance [Well Survey	Other	
	Sample Collection Date(s): /26-	07			Ē				ICATE OF		
	TO BE COMPLETED BY COLLECTOR								· · · · · · · · · · · · · · · · · · ·	Ofilert)-SM92238 Ofilert) SM92238	
	Sample SAMPLE POINT mber (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L		Non 1	Total F	ecal or Da E. Coli Qua	ta, La	ab Sample Number	
	1 well # 1	730	R	0			A		2130	0137001	
	2 2793 SW 116th Ave	745	Ø	0.6			A			1 002	
-	3 2787 CA 675	800	Ø	0.8			A		2130	צטערדוע	
_											
				<u> </u>							80
N .3										1	723
										ВW	3 HAY
	Average of disinfectant residuals for routine and repeat community and nontransient noncommunity systems se and including 4,900. Do not include raw or plant sample	nving population	his up to	0.7	T		umerous to (sent C - Con Count TA-Turbi acid			433
-	Disinfectant Residual Analysis Method: []DPD C Person performing analysis is: []A certified operator (# <u></u>) []Supervised by a certified operator (#)	. 🗌 Er		a certified lat	Date:	ned within th	g d		Logit Director or De es athenwise noted to Method, Labors hould be directed	t, all test results	5
—	Name and Mallion Address of Person/Firm to R	eceive Report	۔ ٦	DINACCO.		tory at the pl					
	1100 Thomas Avenue Leesburg, FL 34748					Satisfactory ncomplete C le Reviewe		ormation [Repeat Sample Replacement S	temples Required	
			Page			P/DOH Rev	viewing Off	lcial:		· · · · · · · · · · · · · · · · · · ·	
	1 DEP Semple Types: D=Distribution (Routine Compliance); C=Repeining Form - DRIGINAL FORM # 1976 - PRINTING BY HEARN	ator Chack; R=Rav		Distribution; P=I de Form - UABORA		Special (cleara	nce, elc.)	Z Defined in		ve Code Ruin 62-160 Form - CLIENT	

 $\sim 1^{-1}$

FPSC-COMMISSION CLERK



Date issued: January 3, 2008

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

Client: Aqua Utilities Florida, Inc. Workorder ID: The Woods THM Received: 12/20/07 12:00

[2130291]

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 Printed: 1/3/08

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



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

16331 Cortez Blvd FDOH # E84418

Page 1 of 4



5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 1/3/08 4155 St. Johns Pkwy Suile 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 U.5. | North Fort Place 134946 5600 U.5. | North Fort Place 134946 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600 U.5. | North Fort Place 14 5600

CERTIFICATE OF ANALYSIS [2130291]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID; Sample ID;	2130291001 2793 SW 11		irab		Sampled: 12/20/07 Matrix: Water	-	Received.			·
Bromodichiorometh	ane	26	υg/L	0.25	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Chloroform		190	ug/L	2.5	EPA 524.2	VOC2871		01/3/08 11:45	WR	E96080
Dibromochlorometh	ane	2.3	ug/L	0.30	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Total THMs		220	ug/L	0.25	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Laboratory ID:	2130291002		···	·	Sampled:		Received.	12/20/07	12:00	
Sample ID:	Trip Biank				Matrix: Water	Results	reported on 1	Wet Weight E	lasis	
Bromodichlorometh	ane	0.25 U	ug/L	0.25	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Dibromochlorometha	ane	0.30 U	Ug/L	0.30	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080

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

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

. .

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

Page 3 of 4



Date issued: November 21, 2007

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

Client:Aqua Utilities Florida, Inc.Workorder ID:The Woods THM/HAA5Received:11/08/07 12:07

[2129870]

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

Printed: 11/21/07

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



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH **# E85**370

16331 Cortez Bivd Brooksville, FL 34601 FDOH # E84418

Page 1 of 4



Quality Control Summary

Client:	Aqua Utilities Florida, Inc.
Workorder ID:	The Woods THM/HAA5
Received:	11/08/07 12:07

[2129870]

IBEL Sample		Method Narratives	(If Applicable)
Number	Sample ID	Analytical Method	Description

Method HBEL Batch Analyte

1

1

uality Control Summary Analytical Issue

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

Printed: 11/21/07

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

. . . .



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brooksville, FL 34601 FDOH **# E84**418

Page 2 of 4



CERTIFICATE OF ANALYSIS [2129870]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM/HAA5

Parameter	Qualifier	1 Result	Units	Reporting	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2129870001 2793 SW 11		rab		Sampled: 11/08/ Matrix: Water		Received: reported on 1	11/08/07 Wet Weight I		
Dibromoacetic Acid		0.18 U	vg/L	0.18	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:1) A.	E96080
Dichloroacetic Acid		43	vg/L	0.66	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	3 JL	E96080
Monobromoacetic A	cid	0.28 U	ug/L	0.28	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	JL	E96080
Monochloroacelic Ar	cid	0.88 U	ug/L	0.88	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	3 JL	E96080
7otal HAAs		75	vg∕L	0.18	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	3 JL	E96080
Trichloroacetic acid		32	ug/L	0.98	EPA 552.1	PEST5030	11/20/07 11:37	11/21/07 9:45	л	E96080
	2129870002 2793 SW 11		irab		Sampled: 11/08/0 Matrix: Water		Received: s reported on	11/08/07 Wet Weight I		
Bromodichlorometh:	ane	17	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:22		E96080
Bromoform		0.41 U	υ 0/L	0.41	EPA 524.2	VOC2857		11/14/07 12:22	2 WR	E96080
Chloroform	L	120	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:22	2 WR	E96080
Dibromochloromethi	ane	1.8	ug/L	0.30	EPA 524.2	VOC2857		11/14/07 12:22	2 WR	E96080
Total THMs		140	∪g/L	0.25	EPA 524.2	VOC2857		11/14/07 12:22	2 WR	E96080
	2129870003 TRIP BLAN				Sampled: Matrix: Water	Bacult	Received.	11/08/07		
		-		0.05	EPA 524.2	VOC2857	reported on			
Bromodichloromath:		0.25 U	ug/L	0.25				11/14/07 12:56		E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2857		11/14/07 12:50		E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:58		E96080
Dibromochloromethi		0.30 U	ug/L	0.30	EPA 524.2	VOC2857		11/14/07 12:56		E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:56	5 WR	E96080

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

L. Off-scale high, Actual value is known to be greater than value given.

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

4155 SI. Johns Play Suite 1300 Senford, FL 32771 FDOH # E83509



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

Page 3 of 4

Printed: 11/21/07



Date issued: June 8, 2007

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

Client: Aqua Utilities Florida, Inc. Workorder ID: The Woods 6564 HAA5/THM Received: 5/17/07 13:00

[2128700]

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 echnical Director or Designee

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 6/8/07

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



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

16331 Cortez Blvd FDOH # E84418

Page 1 of 4



Quality Control Summary

Client:Aqua Utilities Florida, Inc.Workorder ID:The Woods 6564 HAA5/THMReceived:5/17/07 13:00

[2128700]

MB=Method Blan	k LCS=Laboratory	Control Sample LCSD=Laboratory Control Sample Dupli	cate MS-Matrix Spike MSD=Matrix Spike Dupicate DUP=Sample Dupicate
<u>HBEL Sample</u>		Method Narratives (if A	
Number	Sample ID	Analytical Method	Description
		Quality Control Summ	lary
Method HBEL	Batch Analyte	Analytical Issue	

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 6/6/07

1

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



т.

1

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 2 of 4



CERTIFICATE OF ANALYSIS [2128700]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods 6564 HAA5/THM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Dale/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2128700001 MRT 2793 1	16th St Grab			Sampled: 05/17/07 Matrix: Water		Received.			
Dibromoacetic Acid		0.58	vg/L	0.18	EPA 552.1	PEST4931	05/21/07 11:08		JL	E96080
Dichloroacetic Acid		12	ug/L	0.66	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JŁ	E96080
Monobromoacetic /	Add	0.28 U	ug/L	0.28	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Monochloroacetic A	cid	0.88 U	ug/L	0.88	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	r	E96080
Total HAAs		27	ug/L	0.18	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL.	E96080
Trichloroacetic acid	l	9.6	υg/L	0.20	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Laboratory ID: Sample ID:	2128700002 MRT 2793 1	16th St Grab			Sampled: 05/17/07 Matrix: Water		Received: reported on \			
Bromodichlarometh	a0 0	16	ug/L	0.25	EPA 524.2	VOC2793		05/24/07 1:16	WR	E96080
Bramotorm		0.41 U	ug/L	0.41		VOC2793		05/24/07 1:16	WR	E96080
Chloroform		118	ນຊ/L	0.25		VOC2793		05/24/07 1:16		E96080
Dibromochlorometh	200	2.1	UQAL	0.30		VOC2793		05/24/07 1:16	WR	E96080
Total THMs		130	ug/L	0.25		V0C2793		05/24/07 1:16	WR	E96080
Laboratory ID: ample ID:	2128700003 Trip Blank		<u></u>		Sampled: Matrix: Water			05/17/07	- • •	
· · · ·		· ·	_	,			reported on V]
Bromodichlorometh		0.25 U	ug/L	0.25		VOC2796		05/30/07 16:14		E96080
Bromoform		0.41 U	ug/L	0.41		VOC2796		05/30/07 16:14		E96080
Chloroform		0.25 U	ug/L	0.25		VOC2796		05/30/07 16:14		E96080
Dibromochlorometh		0.30 U	ug/L	0.30		VOC2796		05/30/07 16:14	WR	E96080
Total THMs		D.25 U	ug/L	0.25	EPA 524.2	VOC2796		05/30/07 16:14	WR	E96080

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 6/8/07 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

Page 3 of 4



Date issued: May 4, 2007

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

Client:Aqua Utilities Florida, Inc.Workorder ID:The Woods NO2/NO3Received:5/01/07 13:05

[2128522]

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 echnical 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 **# E**96080 Printed: 5/4/07 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



Quality Control Summary

Client:	Aqua Utilities Florida, Inc.
Workorder ID:	The Woods NO2/NO3
Received:	5/01/07 13:05

[2128522]

MB=Method	Blank LCS=Laboratory C	ontrol Sample LCSD=Laboratory Control Sample Du	ficate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate
HBEL Sample		Method Narratives (If	
Number	Sample ID	Analytical Method	Description
	· <u> </u>		
		Quality Control Sum	mary
Method H	BEL Batch Analyte	Analytical Issue	

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

Printed: 5/4/07

4165 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



····

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 600 U.S. I North, Fort Plance R. 34946 North: (772) 465-2400, Ext. 235 Fax: (772) 467-584

í

2-

CERTIFICATE OF ANALYSIS [2128522]

Client: Aq	ua Utilities Florida, li	nc.	Wa	Workorder ID: The Woods NO2/NO3					
Parameter	Qualifier_Result	Units	Reporting	Method	Laboratory Batch	,	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2128522001 Entry Point Eff Grab			Sampled: 05/01/0 Matrix: Water		Received: reported on \	05/01/07 Vet Weight I		
Nitrate as N Nitrite as N	0.017 0.0022 U	mg/L mg/L	0.0030 0.0022	EPA 300.0 EPA 300.0	IC7206 IC7206		05/2/07 11:53 05/2/07 11:53		E96080 E96080

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 5/4/07

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



Date issued: April 5, 2007

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

Client: Aqua Utilities Florida, Inc. Workorder ID: 6564 The Woods THM/HAA5 Received: 3/22/07 13:05

[2128218]

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 echnical Director or Designee

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

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

Printed: 4/5/07

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



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

16331 Cortez Blvd FDOH # EB4418

Page 1 of 4



•

Quality Control Summary

Client:	Aqua Utilities Florida, Inc.
Workorder ID:	6564 The Woods THM/HAA5
Received:	3/22/07 13:05

[2128218]

MB=Metho	d Biank LCS=Laboratory C	control Sample LCSD=Laboratory Control Sample	Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Du	plicate
HBEL Sampl	ie	Method Narratives	(if Applicable)	
Number	Sample ID	Analytical Method	Description	
		Quality Control Su	ummary	
Method I	HBFI Balch Analyte	Analytical Is	sue	

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 4/5/07

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

...



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

FDOH # E84418

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS

[2128218]

5600 U.S. I North, Fort Plance F., 34946 Nome (772) 465-2400, Ext. 255 Fuz. (772) 467-584

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6564 The Woods THM/HAA5

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Baich	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2128218001 2793 SW 11		reb		Sampled: 03/22 Matrix: Water		Received.			
Bromodichlorometha	ane	4.2	ug/L	0.25	EPA 524.2	VOC2775	· · · ·	04/4/07 11:07	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080
Chloroform		24	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080
Dibromochlorometh	ane	0.49	ug/L	0.30	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080
Total THMs		29	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080
Dibromoacetic Acid		0.19	ug/L	0.18	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080
Dichloroacetic Acid		11	ug/L	0.66	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL.	E96080
Monobromoacetic A	cid	0.28 U	ug/L	0.28	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080
Monochloroacetic A	cid	U 88.0	ug/L	0.88	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL.	E96080
Total HAAs		15	ug/L	0.18	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080
Trichloroacetic acid		4.4	ug/L	0.20	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080
Laboratory ID:	2128218002				Sampled:			03/22/07		
Sample ID:	Trip Blank				Matrix: Water	Results	reported on \	Net Weight I	Basis	
Bromodichlorometha	ane	0.25 U	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080
Bromotorm		0.41 U	ug/L	0.41	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080
hioroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080
Dibromochlorometh	ane	0.30 U	ug/L	0.30	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 4/5/07

......

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

Page 3 of 4

BOO U.S. North Fo home (772) 465-241	MENTAL TORIES, INC.	Date issued: January 5, 2007
POB 4	Jtilities Florida, Inc.	DEGEIV Jan 09 200 By
Client:	Aqua Utilities Florida, Inc.	
	The Woods THM/HAA5	[2127531]
Received:	12/14/06 13:15	
HARBOR and have l referenced (NELAP) (report pag	BRANCH Environmental Laboratorie been détermined to meet applicable d in the July 2003 National Environm Quality Manual unless otherwise note	been reviewed for compliance with the as Inc.'s (HBEL) Quality Systems Manual Method guidelines and Standards ental Laboratory Accreditation Program ed. The Analytical Results within these ests performed on Samples As Received
by the lab		
by the lab	Safe Drinking Water Act, Clean Wa	ter Act and RCRA Certification #'s:
by the lab	Safe Drinking Water Act, Clean Water Act	
by the labo FDOH Questions	E96080, E83509, E8537	70, E84418
by the labo FDOH Questions	E96080, E83509, E8537 regarding this report should be direct 285 referencing the HBEL Workorde	70, E84418 Sted to the Report Signatory at (772) 465-

Cindy Cromer 'echnical 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.

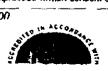
5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

and the second second second second second second second second second second second second second second second

Printed: 1/5/07

4155 St. Johns Pkwy Suite 1300 46 Sanford, FL 32771 FDOH # E83509

-



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Broaksville, FL 34601 FDOH # E84418

Page 1 of 4

	500 US North Forth Nome: (772) 455-2400 Client:		ilities Florida, Inc.			4401	ty Control Summar
	Workorder ID:	The Wo 12/14/06	ods THM/HAA5				[2127531]
	MB≃Method Blank LCS HBEL Sample	S=Laboratory C				MSD=Mabts Spike [Duplicate DUP=Sample Duplicate
		iample ID	Analytical Method	Narratives (if Applic	:2019) 	Description	
-	Method HBEL Baic	h Analyte	Quality	Control Summary Analytical Issue	······		· ······
F	600 US 1 North ort Pierce, FL 34946 DOH # E96080	Santor	St. Johns Pkwy Suite 130 d, FL 32771	10 IN ACCORD	Lehigh Acr	ge Avenue es, FL 33936	16331 Cortez Blvd Brooksville, FL 34601
	rinled: 1/5/07	FDOH	# E83509		FDOH # El	85370	FDOH # E84418 Page 2 of 4



CERTIFICATE OF ANALYSIS [2127531]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Baich	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2127531001 2793 SW 11		rab		Sampled: 12/14/0 Matrix: Water		Received reported on			
Bromodichlorometh	ane	19	Ug/L	0.25	EPA 524.2	V0C2741		12/24/06 16 20		E9608
Bromofo rm		0.41 U	Ug1_	0.41	EPA 524.2	VOC2741		12/24/06 16:20		E9608
Chloroform		77	ນໆ/ໂ	0.25	EPA 524.2	VOC2741		12/24/06 15:20		E9608
Dibromochlorometh	ane	2.4	ug/L	0.30	EPA 524_2	VOC2741		12/24/06 16:20		E9608
Total THMs		98	ug/L	0.50	EPA 524.2	VOC2741		12/24/06 16:20		E9608
Dibromoacetle Acid		1.4	ug/L	0.18	EPA 552.1	PEST4849	01/2/07 12:57		JL.	E9608
Dichloroacetic Acid		54	ug/L	0.66	EPA 552.1	PEST4849	01/2/07 12:57	_	JL	E960
Monobromoacetic A	cid	0.28 U	Ug/L	0.28	EPA 552.1	PEST4849	01/2/07 12:57		JL.	E9600
Monochloroacetic A	cid	4.9	ugA.	0.88	EPA 552.1	PEST4849	01/2/07 12:57	-	JL	E9608
Total HAAs		79	ug/L	0.18	EPA 552.1	PEST4849	01/2/07 12:57	•	JL	E9608
Trichloroacetic acid		19	ug/L	0.20	EPA 552.1	PEST4849		01/3/07 9:12	JL	E9608
	2127531002	-*			Sampled: 12/14/0	6 8:45	Received:	12/14/06	13:15	
Sample ID:	Trip Blank				Matrix: Water	Results	reported on V	Net Weight B	asis	
Bromodichlorometha	ine	0.25 U	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 16:53	·	E9608
molomor		0.41 U	ug/L	0.41	EPA 524.2	VOC2741		12/24/06 16:53		E9608
Jhloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 16:53		E9600
Dibromochlorometha	ine	0.30 U	υg/L	0.30	EPA 524.2	VOC2741		12/24/06 16:53		E9608
Total THMs		0.50 U	ugiL	0.50	EPA 524.2	VOC2741		12/24/06 16:53	•••	E9608

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 Printed: 1/5/07

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # EB3509

> ... İ



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brocksville, FL 34601 FDOH # E84418

Page 3 of 4



Date issued: October 31, 2006

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

Aqua Utilities Florida, Inc. Client: Workorder ID: THE WOODS Tri-Annual DW Scan [2127042] 10/10/06 13:15 Received:

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 Printed: 10/31/06

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



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

16331 Cortoz Blvd FDOH # E84418

Page 1 of 5



I

1

Quality Control Summary

Aqua Utilities Florida, Inc. Client: Workorder ID: THE WOODS Tri-Annual DW Scan 10/10/06 13:15 Received:

[2127042]

MB=Method Blank	LCS=Laboratory C	ontrol Sample LCSD=Laboratory Control Sample Duplicate	MS=Matta Spike	MSD=Matrix Spike Duplicate DUP=Sample Oupl	icaie
HBEL Sample		Method Narratives (If Ap)	olicable)		
Number	Sample ID	Analytical Method		Description	
· ····	· · · · · · · · · · · · · · · · · · ·				
		Quality Control Summar	у		

Method HBEL Batch Analyte

Analytical Issue

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 10/31/06

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



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

FDOH # E84418

Page 2 of 5

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North Fort Plance 6 34946 Fibone (772) 465-2400. Ext 265 Fax: (772) 457-554

CERTIFICATE OF ANALYSIS [2127042]

Client: Aqua Utilities Florida, Inc.

Workorder ID: THE WOODS Tri-Annual DW Scan

Parameter	Qualifier	Result	F Uni ts	leporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analysi	Lab iD
Laboratory ID: Sample ID:	2127042001 POE Grab				Sampled: 10/10/0 Matrix: Water		Received.	: 10/10/06 Wet Weight (
Odor - Dechlorinate	ю	1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15242		10/10/06 16:04	4 RM	E835
pH [6.5-8.5]	Q	7.73	SU	0.200	EPA 150.1	WCGE26433		10/14/06 19:10	B GS	E960
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8185		10/26/06 13:5	1 DM	E960
Barium		0.0096	mg/L	0.0018	EPA 200.7	META8185		10/26/06 13:5	1 DM	E960
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8185		10/26/06 13:5	1 DM	E96(
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8185		10/26/06 13:5	1 DM	E960
Chromium		0.0018 U	mg/Ł	0.0018	EPA 200.7	META8185		10/26/06 13:5	1 DM	E96
Copper		0.014	mg/L	0.0014	EPA 200.7	META8185		10/26/06 13:5	1 DM	E960
Iron		0.047	mg/L	0.025	EFA 200.7	META8185		10/26/06 13:5	1 DM	E96(
Manganese		0.0054	mg/L	0.0037	EPA 200.7	META8185		10/26/06 13:5	1 DM	E96
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8185		10/26/06 13:5	1 DM	E96
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8185		10/26/06 13:5	1 DM	E96
Sodium		1B 🕔	mg/L	0.50	EPA 200.7	META8185		10/26/06 13:5	1 DM	E96
Zinc		0.010 Ú	mg/L	0.010	EPA 200.7	META8185		10/25/06 13:5	1 DM	E96
Antimony		0:0042 U	mg/L	0.0042	EPA 200.9	META8175		10/17/06 15:0	7 DM	E96
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8182		10/20/05 11:3	1 DM	E96
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 15:1	9 ·DM	E96
Thailium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 18:3	8 DM	E96
Mercury		0.000060 U		0.000060		META8176	10/16/06 9:34	10/17/06 13:2	5 DM	E96
Chloride		29	mg/L	5.0	EPA 300.0	IC6981		10/13/06 7:45		E96
Fluoride		0.086	mg/L	0.011	EPA 300.0	IC6975		10/11/06 15:2	2 JL	E96
Nirate as N		0.023	mg/L	0.0030	EPA 300.0	IC6975		10/11/06 16:2		E96
Nitrite as N		0,0022 U	mg/L	0.0022	EPA 300.0	IC6975		10/11/06 16:2		E96
Sulfate		1.4 U	mg/L	-1.4	EPA 300.0	IC6981		10/13/06 7:45		E96
1,1,1-Tnchioroetha	100	0.21 U	ug/L	·0.21	EPA 524.2	VOC2713		10/19/06 23:0		
1,1,2-Trichloroetha		0.44 U	ug/L	0.44·	EPA 524.2	VOC2713		10/19/06 23:0		E96
1.1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:0		
1,2,4-Trichloroben		0.41 U		0.41	EPA 524.2	VOC2713		10/19/06 23:0		E96
••••		0.21 U	ug/L	0.21	EPA 524.2	YOC2713		10/19/06 23:0		
1.2-Dichlorobenze		0.29 U	ug/L	0.29	EPA 524.2	VOC2713		10/19/06 23:0		E96
1,2-Dichloroptopar 1,2-Dichloroptopar		0.40 U	ug/L	0.29	EPA 524.2	VOC2713		10/19/06 23:0		E96
1,4-Dichlorobenzei		0.23 U	ug/L ug/L	0.40	EPA 524.2	VOC2713		10/19/06 23:0		E96
	ile .	0.20 U		0.20	EPA 524.2 EPA 524.2	VOC2713		10/19/06 23:0		E96
Benzene Carbon tetrachloric	de la	0.24 U	ug/L							E96
	æ	0.30 U	ug∕L ⊷a∕l	0.24 0.30	EPA 524,2 EPA 524,2	VOC2713 VOC2713		10/19/06 23:0		E96
Chlorobenzene		0.21 U	ug/L	0.30		VOC2713		10/19/06 23:0		E96
cis-1,2-Dichloroeth	lene	0.21 U	ug/L		EPA 524.2					E96
Ethylbenzene Maltudare ablasida		0.21 U	ug/L	0.21	EPA 524.2	VOC2713 VOC2713		10/19/06 23:0		E95
Methylene chloride	3	0.23 U 0.21 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:0		E96
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:0		E96
Tetrachloroethene		0.24 U 0.22 U	ug/L	0.24	EPA 524.2			10/19/06 23:0		E96
Toluene		0.22 O	ug/L	0.22	EPA 524.2	VOC2713		10/19/06 23:0		E98
Total Xylenes 5600 US 1 Nort Fort Pierce, FL		155 St. Johns anford, FL 32		0.46 1300	EPA 524.2 30	VOC2713 7 Coolidge , high Acres,	Avenue FL 33936	10/19/06 23:0 16331 Co. Brooksvill	rtez Blv	
FDOH # E9608 Printed. 10/31/06	10 FI	DOH # E8350		Serie S	70	"gn даюз, ОН # E853		FDOH # E	84418	100

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYS/S [2127042]

Client: Aqua Utilities Florida, Inc.

Workorder ID: THE WOODS Tri-Annual DW Scan

Parameter	Qualifier	1 Result	Units _	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
trans-1,2-Dichloroethene		0.35 U	ug/l.	0.35	EPA 524.2	VOC2713		10/19/06 23:0	B WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2713		10/19/06 23:0	5 WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713		10/19/06 23:0	9 WR	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL 1033		10/13/06 15:2	7 SAL	E84129
Color		4.0	сŪ	1.8	SM2120 B	WCGE26407		10/11/06 14:1	0 TCL	E96080
Total Dissolved Solids		240	mg/L	16	SM2540 C	WCGE26409		10/12/06 18:3	0 66	E96080
Cyanide		0.0047 U	mgAL	0.0047	SM4500CN E	WCGE26500	10/19/06 12:00	10/23/06 11:2	5 GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26436	10/11/06 14:00	10/11/06 16:3	0 GG	E96080
	7042002			<u>_</u>	Sampled:		Received	: 10/10/06	13:15	
Sample ID: TR	IP BLAN	ĸ			Matrix: Water	Results	s reported on	Wet Weight	Basis	
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
1,1,2-Trichloroethane		0.44 U	νgλ	0.44	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96090
1,1-Dichlcroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
1.2.4 Trichlorobenzene		0.41 U	ugA.	0.41	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
1,2-Dichloropropane		, 0.40 U	ug/L	0.40	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:4	t WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2713		10/19/06 23:4	t WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VQC2713		10/19/06 23:4	1 WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
Styrene		0.21 U	ugA.	0.21	EPA 524.2	VOC2713		10/19/06 23:4	1 WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	V0C2713		10/19/06 23:4		E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC:2713		10/19/06 23:4	1 WR	E96080
Total Xylenes		0.48 U	ug/L	0.46	EPA 524.2	V0C2713		10/19/06 23:4		E96080
trans-1.2-Dichloroetheni	•	0.35 U	ug/L	0.35	EPA 524.2	VOC2713		10/19/06 23:4		E96080
Trichloroethene	-	0.36 U	Ug/L	0.36	EPA 524.2	VOC2713		10/19/06 23:4		E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713		10/19/06 23:4	• • • • • •	E96080

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

Q Sample held beyond the accepted holding time.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 10/31/06

1

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

···-- -



 \mathbf{T}

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Bivd Brooksville, FL 34601 FDOH # E84418

Page 4 of 5



Date issued: October 30, 2006

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

Aqua Utilities Florida, Inc. Client: Workorder ID: 6564 The Woods Raw Well Received: 10/05/06 12:00

[2025984]

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 "echnical Director or Designee"

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 10/30/06

-- --

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



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

16331 Cortez Blvd FDOH # E84418



• •

1

Quality Control Summary

Client:Aqua Utilities Florida, Inc.Workorder ID:6564 The Woods Raw WellReceived:10/05/06 12:00

[2025984]

HBEL Sample		Method Narratives (If Appli	cable)
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

.

Printed: 10/30/08

-

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



T------

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS

[2025984]

home (7/2) 443-2400, ETC 285 Falls (7/2) 40745

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6564 The Woods Raw Well

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2025984001 Well/Raw Gra	ab			Sampled: 10/05/08 Matrix: Water		Received:	10/05/06 Net Weight B		and the second se
Sulfide, as S-		0.14	mg/L	0.079	EPA 376.1	WCGE26418		10/12/06 8:10	GG	E96080
Laboratory ID: Sample ID:	2025984002 Well/Alk Grai	b		<u></u> <u>=</u>	Sampled: 10/05/00 Matrix: Water		Received:	10/05/06 Net Weight E		
Alkalinity		210	mg/L CaCO3	4.3	EPA 310.1	WCGE26389	•	10/7/06 17:45	GS	E.96080
Laboratory ID: Sample ID:	2025984003 Weil/Hardnes	is Grab			Sampled: 10/05/00 Matrix: Water		Received:	10/05/06 Net Weight E		
Hardness		210	mg/L CaCO3	1.5	EPA 130.2	WCGE26427		10/12/06 19:00		E96080
Laboratory ID: Sample ID:	2025984004 Well/Diss Fe	Grab			Sampled: 10/05/00 Matrix: Water		Received:	10/05/06 Net Weight E		
Total Dissolved Iron	ì	0.025 U	mg/L	0.025	EPA 200.7	META8185	<u> </u>	10/26/06 13:04	DM	E96080
Laboratory ID: Sample ID:	2025984005 Well/TOC Gr	ap	·····		Sampled: 10/05/00 Matrix: Water		Received:			
00		4.0	mg/L	0.28	EPA 415.1	WCGE26446	-in	10/23/06 18:28		E96080

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 10/30/06 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509

. . .



T

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 3 of 4



Date issued: September 11, 2006

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

Client:Aqua Utilities Florida, Inc.Workorder ID:The Woods TTHM/HAA5Received:8/22/06 13:50

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 Printod: 9/11/06

- - -- ----

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



307 Coolidge Avenue 16331 Co Lehigh Acres, FL 33936 Brooksvill FDOH # E85370 FDOH # E

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Client: Workorder ID: Received:							[21266	17]
HBEL Sample	CS≃Laboratory C Sample ID		Method N	ontrol Sample Duplicate Tu arratives (If Appli		ISD=Matrix Spike Du	picale DUP=Sample Dup	licate
Method HBEL Ba	tch Analyte		Quality C	ontrol Summary				_•
		5. e	•					
		*						
	•							
				, ,				
		•						
5600 US 1 North	4450	St. Johns Di-	ne Califa 400	<u> </u>	207 0		16004 00 000 00	,
Fort Pierce, FL 349 FDOH # E96080 Printed: 9/11/06	946 Sanf	5 St. Johns Pkw ord, FL 32771 H # E83509	y Sun u (30	and the in Atcorpare	l ohiah Ar	dge Avenue res, FL 33936 585370	16331 Cortez Biv Brooksville, FL 3 FDOH # E84418	1460

- ----



.

CERTIFICATE OF ANALYSIS [2126617]

Client: Aqua Utilities Florida, Inc.

.~·,

Workorder ID: The Woods TTHM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Sample ID:	2126617001 2793 SW 110	5th Ave Grai)		Sampled: 08/22/06 Matrix: Water		Received. reported on t	08/22/06		
Bromodichlorometha	ne	11	ug/L	0.25	EPA 524.2	VOC2685		08/27/06 19:15		
Bromoform		0.41 U	ug/L	0.41		VOC2685		08/27/06 19:15		E96080
Chloroform		41	ug/L	0.25	-	VOC2685		08/27/06 19:15		E96080
Oibromochlorometha	ne	1.4	ug/L	0.30	EPA 524.2	VOC2685		08/27/06 19:15		E96080
Total THMs		53	ug/L	0.50	EPA 524.2	VOC2685		08/27/06 19:15		E96080
	126617003 Tip Blank	-* ,	·		Sampled: Matrix: Water	*	Received:			
•	•				mairix. water	Results	reported on V	Vet Weight B	asis	
Bromodichloromethar	He l	0.25 U	ug/L	0.25	EPA 524.2	VOC2685		08/27/06 19:49	WR	E96080
Bromotorm		0.41 U ·	ug/L	0.41	EPA 524.2	VOC2685		08/27/06 19:49		E96080
Chloraform		0.25 U	ug/L	0.25	EPA 524.2	VOC2685		08/27/06 19:49		E96080
Dibromochloromethar	96	0.30 U	ug/L	0.30	EPA 524.2	VOC2685	i	08/27/06 19:49	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2685		08/27/06 19:49		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

.

Printed: 9/11/06

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



307 Coolidge Avenue Lehigh Acres, FL 33938 FDOH # E85370 16331 Cortez Bivd Brooksville, FL 34601 FDOH # E84418

Page 3 of 4

····· **T***/



Date issued: August 29, 2006

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

Client: Aqua Utilities Florida, Inc. Workorder ID: The Woods DW WQP [2126522] 8/10/06 13:25 Received:

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 INumberi.

Respectfully submitted,

Cindy Cromer Technical Director or Designee

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 8/29/06

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



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

16331 Cortez Blvd FDOH # E84418

Page 1 of 4



.

Quality Control Summary

Client:	Aqua Utilities Florida, Inc.	
Workorder ID:	The Woods DW WQP	
Received:	8/10/06 13:25	

[2126522]

MB=Method Blan	k LCS=Laboratory (Control Sample LCSD=Laboratory Con	virol Sample Duplicate	MS=Matrix Spike	MSD=Matrix Spike Duplicate DUP=Semple Du	plicate
HBEL Sample		Method Nai	ratives (if Appl	licable)		
Number	Sample ID	Analytical Method			Description	
		Quality Co.	ntrol Summary			

Method HBEL Batch Analyte

Analytical Issue

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 8/29/06

- ----

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

. . .



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

FDOH # E84418

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

٠.

1

.

CERTIFICATE OF ANALYSIS [2126522]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods DW WQP

Parameter	Qualifier	Resultl	Jnits	Reporting Limit		Laboratory Balch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2126522001 POE Site 01	Grab			Sampled: 08/09/06 Matrix: Water		Received: reported on 1	08/10/06 Net Weight B		
Specific Conductan Calcium Alkalinity	08	82	umhos/cm mg/L mg/L CaCO3	1.4 0.10 0.87	EPA 200.7	WCDE15014 META8090 WCDE15046		08/12/06 15:12 08/24/06 21:39 08/22/06 16:30	PA DM	E83509 E96080 E83509
Laboratory ID: Sample ID:	2126522002 11387 CR675	5 Dist Site 02	Grab		Sampled: 08/09/06 Matrix: Water		Received: reported on \			
Specific Conductan Calcium	Ce		umhosicm mg/L	1.4 0.10		WCDE15014 META8090		08/12/06 15:12 08/24/06 21:58		E83509
Alkalinity		220	mg/L CaCO3	0.87	EPA 310.1	WCDE15046		08/22/06 16:30		E83509

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

- - -

Printed: 8/29/06

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



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Bivd Brooksville, FL 34601 FDOH # E84418



Date issued: September 5, 2006

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

Client:Aqua Utilities Florida, Inc.Workorder ID:The Woods Pb/Cu GrabReceived:8/10/06 13:20

[2126546]

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 Printed: 9/5/06 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Corlez Blvd Brooksville, FL 34601 FDOH # E84418



Quality Control Summary

Client: Aqua Utilities Florida, Inc. Workorder ID: The Woods Pb/Cu Grab Received: 8/10/06 13:20

[2126546]

MB=Method Blank	LCS=Laboratory (Control Sample LCSD=Laboratory Control Samp	ple Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate
HBEL Sample		Method Narrative	
Number	Sample ID	Analytical Method	Description
Method HREL	Ratch Analyta	Quality Control S	Summary

Method HBEL Batch Analyte

1

Analylical Issue

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

Printed: 9/5/06

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 34601 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. 1 North, Fort Plana R. 34946 1000 U.S. 1 North, Fort Plana R. 34946 1000 U.S. 1 North, Fort Plana R. 1000 1000 U.S. 1000

CERTIFICATE OF ANALYSIS

[2126546]

Client: Aqua Utilities Florida, Inc.

(

Workorder ID: The Woods Pb/Cu Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Date/Time	Analyzed Date/Time	Analyst	La
Laboratory ID: Sample ID:	2126546001 3257 CR 676	;			Sampled: 08/08/ Mətrix: Water		Received	: 08/10/06 Wet Weight I		
Lead		0.0024	rng/L	0.00061	EPA 200.9	META8087		08/23/06 19:49		E9 6
Copper		0.067	mg/L	0.0051	SM-3111B	META8100		09/1/08 21:25	DM	E96
Laboratory ID: Sample ID:	2126546002 11490 CR 67	8			Sampled: 08/08/ Matrix: Water		Received	08/10/06		
Lead		0.0015	mg/L	0.00061	EPA 200.9	META8087		08/23/06 19:53		E96
Copper		0.10	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM	E96
Laboratory ID: Sample ID:	2126546003 11552 CR 87	8			Sampled: 08/08/ Matrix: Water		Received.	08/10/06		
Lead		0.0020	mg/L	0.00061	EPA 200.9	METABO87		08/23/06 19:57	~	E96
Copper		0.13	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM	E96
Laboratory ID: Sample ID:	2126546004 3209 CR 676			-	Sampled: 08/09/ Matrix: Water		Received: reported on 1	08/10/06		
Lead		0.010	mg/L	0.00061	EPA 200.9	META8087	Teporteu on	08/23/06 20:02	-	
Copper		0.17	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM DM	E9(
Laboratory ID: Sample ID:	2126546005 3390 CR 677	,	=,		Sampled: 08/08/ Matrix: Water		Received: reported on 1	08/10/06		
Lead		0.0016	mg/L	0.00061	EPA 200.9	METABO87	reported on	08/23/06 20:06		
Copper		0.20	mg/L	0.0051	SM-3111B	METABIOO		09/3/06 21:25	DM	E96
Laboratory ID: Sample ID:	2126546006 11427 CR 67	5			Sampled: 08/08/ Matrix: Water		Received; reported on V	08/10/06 Net Weight F		<u></u>
Lead		0.0065	mg/L	0.00061	EPA 200.9	META8088	Teported on 1	08/23/06 22:23		E96
Copper		0.15		0.0051	SM-31118	META8101		09/1/06 21:25	DM	E96
Laboratory ID: Sample ID:	2126546007 11522 CR 67	5			Sampled: 08/09/ Matrix: Water			08/10/06		
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	METABO88	reported on V	08/23/06 22:27		
Copper		0.032	mg/L	0.0051	SM-3111B	META8101		09/1/06 21:25	DM DM	E96 E96
Laboratory ID: Sample ID:	2126546008 11432 CR 67				Sampled: 08/10/			08/10/06		
•	11452 GR 07				Matrix: Water		reported on V	Vet Weight B	asis	
Lead		0.0089	mg/L	0.00061	EPA 200.9	META8088		08/23/06 22:32		E96
Copper		0.29	mgAL	0.0051	SM-3111B	META8101		09/1/06 21:25	DM	E96
Laboratory ID: Sample ID:	2126546009 3280 CR 676				Səmpled: 08/07/ Matrix: Water		Received: reported on V	08/10/06 Wet Weight B		
Lead		0.0023	mg/L	0.00061	EPA 200 9	META8088		08/23/06 22:36	DM	E96
Copper		0.091	mg/L	0.0051	SM-3111B	META8101		09/1/06 21:25	ÐМ	E96
5600 US 1 Norti Fort Pierce, FL FDOH # E96080	34946 Sar	55 St. Johns nford, FL 32		1300	JIN ACCORD LB	7 Coolidge A high Acres, F	venue L 33936	16331 Cort Brooksville,		

- ---

HARBOR BRANCH	
ENVIRONMENTAL	
LABORATORIES, INC.	
"600 U.S. North, Fort Planas FL 34946 hone (772) 465-2400, Ext. 285 - Fux (772) 467-584	

ſ

CERTIFICATE OF ANALYSIS

[2126546]

Client: Aqu	a Utilities Flor	ida, Inc.	Wa	Workorder ID: The Woods Pb/Cu Grab						
Parameter	Qualifier Resi	1 ult_Unit	Reporting is Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: Sample ID;	2126546010 11478 CR 678			Sampled: 08/08/08 Matrix: Water		Received	08/10/06 Wet Weight			
Lead Copper	0.0	042 mg mg		EPA 200.9 SM-3111B	META8088 META8101		08/23/06 22:44 09/1/06 21:25	DM 0	E96080 E96080	

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

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 Bivd Brooksville, FL 34601 FDOH # E84418

Page 4 of 5

Printed: 9/5/08

...

ENVIRO LABORA 論。例如		Date issued: July 17, 2006
PO B 4	Heath Jtilities Florida, Inc. 90310 urg, FL 34749	
Client:	Aqua Utilities Florida, Inc.	
Workorder ID: Received:	The Woods THM/HAA5 Grab 6/22/06 13:00	[2126132]
Dear Brian H Analytical		
Analytical HARBOR and have reference (NELAP) report pag by the lab	results presented in this report have be BRANCH Environmental Laboratories I been determined to meet applicable Me d in the July 2003 National Environment Quality Manual unless otherwise noted. Wes reflect the values obtained from test oratory unless indicated differently.	hc.'s (HBEL) Quality Systems Manual thod guidelines and Standards al Laboratory Accreditation Program The Analytical Results within these s performed on Samples As Received Act and RCRA Certification #'s:
Analytical HARBOR and have reference (NELAP) report pag by the lab	results presented in this report have be BRANCH Environmental Laboratories I been determined to meet applicable Me d in the July 2003 National Environment Quality Manual unless otherwise noted. les reflect the values obtained from test oratory unless indicated differently.	hc.'s (HBEL) Quality Systems Manual thod guidelines and Standards al Laboratory Accreditation Program The Analytical Results within these s performed on Samples As Received Act and RCRA Certification #'s:
Analytical HARBOR and have reference (NELAP) report pag by the lab FDOF	results presented in this report have be BRANCH Environmental Laboratories I been determined to meet applicable Me d in the July 2003 National Environment Quality Manual unless otherwise noted. Wes reflect the values obtained from test oratory unless indicated differently.	nc.'s (HBEL) Quality Systems Manual thod guidelines and Standards al Laboratory Accreditation Program The Analytical Results within these s performed on Samples As Received Act and RCRA Certification #'s: E84418
Analytical HARBOR and have reference (NELAP) report pag by the lab FDOF	results presented in this report have be BRANCH Environmental Laboratories i been determined to meet applicable Me d in the July 2003 National Environment Quality Manual unless otherwise noted. les reflect the values obtained from test oratory unless indicated differently. Safe Drinking Water Act, Clean Water E96080, E83509, E85370, regarding this report should be directed 285 referencing the HBEL Workorder i	hc.'s (HBEL) Quality Systems Manual thod guidelines and Standards al Laboratory Accreditation Program The Analytical Results within these s performed on Samples As Received Act and RCRA Certification #'s: E84418
Analytical HARBOR and have reference (NELAP) report pag by the lab FDOH Questions 2400, Ext Respectfully si	results presented in this report have be BRANCH Environmental Laboratories i been determined to meet applicable Me d in the July 2003 National Environment Quality Manual unless otherwise noted. les reflect the values obtained from test oratory unless indicated differently. Safe Drinking Water Act, Clean Water E96080, E83509, E85370, regarding this report should be directed 285 referencing the HBEL Workorder i	hc.'s (HBEL) Quality Systems Manual thod guidelines and Standards al Laboratory Accreditation Program The Analytical Results within these s performed on Samples As Received Act and RCRA Certification #'s: E84418
Analytical HARBOR and have reference (NELAP) report pag by the lab FDOF Questions 2400, Ext Respectfully st Cindy Cromer Fechnical Dire	results presented in this report have be BRANCH Environmental Laboratories i been determined to meet applicable Me d in the July 2003 National Environment Quality Manual unless otherwise noted. les reflect the values obtained from test oratory unless indicated differently. Safe Drinking Water Act, Clean Water E96080, E83509, E85370, regarding this report should be directed 285 referencing the HBEL Workorder i	hc.'s (HBEL) Quality Systems Manual thod guidelines and Standards al Laboratory Accreditation Program The Analytical Results within these s performed on Samples As Received Act and RCRA Certification #'s: E84418 I to the Report Signatory at (772) 465- D [Number].

الالتوريدية محتموا

•

.



Quality Control Summary

Client:Aqua Utilities Florida, Inc.Workorder ID:The Woods THM/HAA5 GrabReceived:6/22/06 13:00

[2126132]

MB=Met	hod Blank LCS	-Laboratory (control Sample LCSD=Laboratory Control Sample Dup	licate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate
HBEL Sam			Method Narratives (If	
<u>Number</u>	<u>ş</u>	ample ID	Analytical Method	Description
	······································			
			Quality Control Sum	nary
Method	HBEL Batch	<u>Analyle</u>	Analytical Issue	-

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

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

.

7



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Broaksville, FL 34601 FDOH # E84418

Printed: 7/17/06

···· • •

e.

Page 2 of 4



CERTIFICATE OF ANALYSIS

[2126132]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM/HAA5 Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Data/Time	Anaiyzed Date/Time	Analyst	Lab ID
	2126132001 2793 CR 110		ID#1		Sampled: 06/22 Matrix: Water		Received s reported on			
Bromodichlorometha	nð	22	ug/L	0.25	EPA 524.2	VOC2656		07/5/06 18:11	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2656		07/5/06 18:11	WR	E96080
Chloroform		130	199/L	2.5	EPA 524.2	VOC2656		07/6/06 9:13	WR	E96080
Dibromochlorometha	ne	2.2	ug/L	0.30	EPA 524.2	VOC2656		07/5/06 18:11	WR	E96080
Total THMs		150	ug/L	0.50	EPA 524,2	VOC2655		07/5/06 18:11	WR	E96080
	2126132002		(D.84	·	Sempled: 06/22	/08 9:25	Received	06/22/06	13:00	
Sample ID: 2793 CR 116 Ave Site ID#1					Matrix: Water Results reported on Wet Weight Basis					
Dibromoacetic Acid		0.79	ug/L	0.18	EPA 552.1	PEST4752	06/30/08 10:00	06/30/06 17:39	JL.	E96080
Dichloroacetic Acid		71	ug/L	3.3	EPA 552.1	PEST4752	06/30/06 10:00	07/12/06 15:12	CAC	E96080
Monobromoacetic Ac	id	0.39	ug/L	0.28	EPA 552.1	PE\$T4752	06/30/06 10:00	06/30/06 17:39	н. Л. –	E96080
Monochloroacetic Aci	đ	4.9	ug/L	0.88	EPA 552.1	PEST4752	06/30/06 10:00	06/30/06 17:39	JL	E96080
Total HAAs		120	ug/L	0.18	EPA 552.1	PEST4752	06/30/06 10:00	06/30/06 17:39	JE.	E96080
Trichloroacetic acid		41	ug/L	0.98	EPA 552.1	PEST4752	06/30/06 10:00	07/12/06 15:12	CAC	E96080
	126132003		~		Sampled:		Received	06/22/06	13:00]
Sample ID: 1	rip Biank				Matrix: Water	Results	s reported on \	Net Weight B	asis	1
Bromodichloromethar	Ne -	0.25 U	ug/L	0.25	EPA 524.2	VOC2656		07/5/06 18:45	WR	E96080
Bromolorm		0.41 U	u g/L	0.41	EPA 524.2	VOC2656		07/5/06 18:45	WR	E96080
Chieroferm		0.25 U	ug/i.	0.25	EPA 524.2	VOC2656		07/5/06 18:45	WR	E96080
Dibromochloromethal	ne	0.30 U	ug/L	0.30	EPA 524.2	VOC2656		07/5/06 18:45	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2656		07/5/06 18:45	WR	E96080

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

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: 7/17/06

energia de la companya de la companya de la companya de la companya de la companya de la companya de la company

Page 3 of 4



Date issued: April 5, 2006

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

Client:Aqua Utilities Florida, Inc.Workorder ID:The Woods THM HAAReceived:3/23/06 13:30

[2125186]

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 Printed: 4/5/06 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



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

2514 Osawaw Boulevard Spring Hill, FL 34607 FDOH # E84418

Page 1 of 4



.

.

Quality Control Summary

Client: Workorder ID: Received:		· · · · · · · · · · · · · · · · · · ·		[2125186]		
MB=Method Blank L	CS=Laboratory C	ontrol Sample LCSD=Labora	tory Control Sample Duplicate	MS=Matrix Spike	MSD-Matrix Spike Duplicate	DUP=Sample Duplicate
HBEL Sample			d Narratives (if App	-		
<u>Number</u>	<u>Sample ID</u>	Analytical Method		.,	Description	
		Quali	ty Control Summar	/		
Method HBEL Ba	itch Analyte		Analytical issue			

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 4/5/06

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

 $\dot{\tau}_{\rm c}$



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

2514 Osawaw Boulevard Spring Hill, FL 34607 FDOH # E84418

Page 2 of 4



CERTIFICATE OF ANALYSIS [2125186]

Cllent: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM HAA

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	5186001 ID #1 27	793 SW 11	6th AVE		Sampled: 03/23 Matrix: Water		Received.	03/23/06 Wel Weight f		
Dibromoacetic Acid		1.1	ugiL	0.18	EPA 552.1	PEST4686	and the second second second second second second second second second second second second second second second	03/30/06 17:56		E9608
Dichloroacetic Acid		52	ug/L	0.66	EPA 552.1	PEST4686		03/30/06 17:56		E9608
Monobromoacetic Acid		0.34	ug/L	0.28	EPA 552.1	PEST4686		03/30/06 17:56		E9608
Monochloroacetic Acid		2.4	ug/L	0.88	EPA 552.1	PEST4686	-	03/30/06 17:56		E9608
Total HAAs		84	ug/L	0.18	EPA 552.1	PEST4686	03/30/06 6:00	03/30/06 17:56	RS R	E9606
Total HAAs		28	ug/L	0.37	EPA 552.1	PEST4686	03/30/06 6:00	03/31/06 12:23	RS	E9608
Trichloroacetic acid		28	ug/L	0.39	EPA 552.1	PEST4686	03/30/06 6:00	03/31/06 12:23	RS RS	E9608
aboratory ID: 2125186002 Sample ID: Site ID #1 2793 SW 116th AVE					Sampled: 03/23 Matrix: Water	-	Received: reported on 1	03/23/06		
Bromodichloromethane		14	ug/L	0.25	EPA 524.2	VOC2615		04/4/06 2:05	WR	7000
Bromoform		0.41 ป	ua/L	0.41	EPA 524.2	VOC2616		04/4/06 2:05	WR	E960
Chloroform		89	ug/L	0.25	EPA 524.2	VOC2616		04/4/06 2:05	WR	E960
Dibromochloromethane		2.2	ug/L	0.30	EPA 524.2	VOC2616		04/4/06 2:05	WR	E9608
Total THMs		110	ug/L	0.50	EPA 524.2	VOC2616		04/4/06 2:05	WR	E9608
Chlorine (Residual)	D	0.50	-ş- mg∕L	0.018	SM4500CI G	FLD3268		03/23/06 9:30	FLD	E9608
	5186003 Blank				Sampled: 03/23			03/23/06		
•	DIEIIN				Matrix: Water		reported on V	Vet Weight B	lasis	
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2616		04/4/06 2:38	WR	E9608
Bromotorm		0.41 U	ug/L	0.41	EPA 524.2	VOC2616		04/4/05 2:38	WR	E9608
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2616		04/4/06 2:38	WR	E9608
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2616		04/4/06 2:38	₩R	E9608
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2616		04/4/05 2:38	WR	E9608

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

D Measurement was made in the field.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96060 Printed: 4/5/06

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



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

2514 Osawaw Boulevard Spring Hill, FL 34607 FDOH # E84418

Page 3 of 4



Date issued: March 6, 2006

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

Aqua Utilities Florida, Inc. Client: Workorder ID: 6564 The Woods NO2/NO3 Received: 3/02/06 13:20

[2124929]

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 Printed: 3/6/06

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



307 Coolidge Avenue Lehigh Acres, FL 33936 Spring Hill, FL 34607 FDOH # E85370

2514 Osawaw Boulevard FDOH # E84418

Page 1 of 4



¢

Quality Control Summary

Client:	Aqua Utilities Florida, Inc.
Workorder ID:	6564 The Woods NO2/NO3
Received:	3/02/06 13:20

[2124929]

IBEL Sample			Meth	od Narratives (if Applicabl	le)
Number	San	nple ID	Analytical Method	• ••.	Description
Method H	BEL Batch	Analyte	Qua	lity Control Summary	
			•		
			, , , , , , , , , , , , , , , , , , ,		
			•		
			• •		
		•			
				•	

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 3/6/06

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



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

2514 Osewaw Boulevard Spring Hill, FL 34607 FDOH # E84418

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2124929]

Client: Aqua Utilities Florida, Inc.

ſ

Workorder ID: 6564 The Woods NO2/NO3

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2124929001 POE Grab				Sampled: 03/02/06 Matrix: Water		Received:	03/02/06 Wet Weight I		
Nitrate as N Nitrite as N		0.016 0.0022 U	mg/L mg/L	0.0030 0.0022	EPA 300.0 EPA 300.0	IC6706 IC6706		03/3/06 16:07	RS RS	E9608

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

.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 3/6/06 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



----- т. -

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

2514 Osewaw Boulevard Spring Hill, FL 34607 FDOH # E84418

Pege 3 of 4

	OWNER/ADDRESS Patrick Farris P.O. Box 490310 Leesburg, FL 34749	SYSTEI ID# <u>660</u> SYSTEI	M NAME <u>Tr</u>			Supervisor Initials Date Reviewed: Inspectors Initials: SUPERVISOR: INSPECTOR: JI NNSPECTION D	BR 4/2 Bill Ryland m Berghor	<u> </u>
	Check List:							
-	() Well Protection - *() Sanitary Seal/Dis *() 6' x 6' x 4" Concr	sinfection Port	*([]) \$	Sanitary Hazard	dequate size	ГП		
	() Raw Water Tap - *() Check Valve - In	• Missing 🔲 1 operable 🛄 I	Threaded [Missing	Wrong locati	on 🔲 on 🛄			
-	() Time Clock F () Water Pressure *() Disinfection Free	Gauge - Missin Cl ₂ Plant <u>0.9</u>	ng 🔲 Brok 1 mg/l Rer	en/Cracked	On Chlorinator	√Off P.S		
g	*([]) Gas Chlorination: Scales; Safety E Wrenches; Auto	quipment; Dua	l Gas; Cylin	ders Chained;		pparatus; Ammo	nia;	
	() NSF or UL Appro *() Cross-Connection *() Auxiliary Power/S	n - Location: _	<u> </u>	No 🛄 nthly - Yes 🔀	No 🔲 1 H	ŀr∕Wk		
	() Certified Operato () OTHER TREATM	IENT - Soften	ers 📘 Filt	umber <u>C-6368</u> ers 🔀 Aerato	ors 🔀 Othe		gs	
, 1 11	() Tanks checked a () ARV/PRV testing () O & M manual Y () Emergency/resp) on Hydro tanl es 🛄 No 🛄 onse Plan Yes	k Yes ☐ N Disti ☐ No ☐	o [] ([]) E ribution Map Ye ([]) Pre	xercising of es No No No No No No No No	aintenance plan `		
	(□) System flushing (⊠) Miscellaneous H (□) NO DEFICIENCI	INT rusting, sn	nali leaks at	System flushe joints	ed Yes ∐ N	o 🛄		
	*(X) REQUIRES REIN	SPECTION		542 - 64 <i>11</i>	17 <i>1</i>			
	Well # 1 ID# AAC 1546 4">12"	Well #	ID#	Well #	ID#	Well #	ID#	
	Blow off							
	Sight glass PRV						ATE	80
-	By Pass						DOCUMENT NUMBER-DAT	3 MAY 22
	Comments Small leaks at fittings							4333
	Storage tank needs to TTHM/HAA5's needed RAA for TTHM as of 3 RAA for HAA5's as of	quarterly uni /07 is 83.67	iii RAA < 80) and 60 respe	ectively		DOCL	0

FPSC-COMMISSION CLERK



Florida Department of Environmental Protection

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

April 26, 2007

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Patrick Farris P.O. Box 490310 Leesburg, FL 34749

Re: Compliance Inspection The Woods PWS-ID No. 660-0347 Sumter County

Dear Mr. Farris:

The attached Compliance Inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 632-7600, extension 460.

Sincerely, amer James Berghorn

Environmental Specialist Drinking Water Section

JB/dsm

Attachment

cc: Will Fountaine, Operator

"More Protection, Less Process" www.dep.state.fl.us DEFAULWENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTA

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 1/1/07	To: 1/31/07
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF:	0.010 % OF PE	RMITTED CAPACITY 68%

	Sumter			1 11-14-		Lulin, as Concert	ention	Units	No	Frequency/	Sample Type
Parameter			Quantity or Loading	Units	s Quality or Concentration		Onia	Ex.	Analysis		
		Sample			1			Mg/L		Monthly	Rolling Annual
CBOD5		Measurement			2.8				0		Average
TORET NO. 80080	Y	Permit		· · · ·	20.0	· · · · · ·		mg/L		Monthly	Rolling Annual
ION STITE NO. EFA-01-17228		Requirement			(An Avg.)						Avg.
		Sample		T							
BOD5		Measurement				2.0	2.0	Mg/L	0	Monthly	Grab
TORET NO. 80080	1	Permit		1		30.0	60.0	mg/L		Monthly	Grab
ON SITE NO. EFA-01-17228		Requirement				(Mo Avg.)	(Max)		<u>.</u>		
		Sample									Rolling Annual
ISS		Measurement			2.3		1	Mg/L	0	Monthly	Average
TORET NO. 00530	Y	Permit			20.0			mg/L		Monthly	Rolling Annual
ION SITE NO. EFA-01-17228		Requirement			(Ал Ауд.)			_,			Avg.
		Sample			Į						
rss		Measurement		[1	6.5	6.5	Mg/L	0	Monthly	Grab
STORET NO. 00530	1	Permit			1	30.0	60.0	mg/L		Monthly	Grab
4ON SITE NO. EFA-01-17228		Requirement				(Mo Avg.)	(Max.)	-			
		Sample								5 days/Week	
н		Measurement			7.4		7.8	S.U.	0		Grab /
TORET NO. 00406		Permit			6.0		8.5	s.u.	_	5 days/Week	Grab
ION SITE NO. EFA-01-17228		Requirement			(Min)		(Max)				,
		Sampic									Rolling Annual
Fecal Coliform Bacteria		Measurement			1.1			#100mL	0	Monthiy	Average
TORET NO. 74055	Y	Permit			200	-		#100mL		Monthly	Rolling Annual
40N SITE NO. EFA-01-17228	•	Requirement	.		(An Avg.)						Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NO UAT	E-YY/M	M/DD
Will Fontaine, Field Coordinator 352-787-09	80 07	1021	27

1

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

DOCUMENT NUMBER-DATE

04333 MAY 22 8

FPSC-COMMISSION CLERK

1	1	١	1	1	١	ł	۱	1	١	ł	1	1	1	١	1	1	١
I,	•				DISC	HARGE	MONITO	JRING R	EPORT	- PART A	A (CONT	INUED)					
FACILITY NAME: The Woods S/D WWTP PERMIT NUMBER: FLA013500 DISCHARGE POINT NUMBER: R001 W MONTH/YEAR: <u>1/2007</u>												WAFR S	ITE No: 34	825			

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Frequency/ Ex. Analysis		Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						2.2	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement				-		12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.010	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement	Q	0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					140		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement				7	Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement	· · · · · · · · · · · · · · · · · · ·				59		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

.

1

•

DAILY SAMPLE RESULTS - PART B

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.010 Daily Flow % Permitted Capacity: 68%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.7		2.2+			
2	.011		-	7.7		2.2+			
3	.008			7.8		2.2+			,
4	.008			7.8		2.2+			
5	.008			7.7		2.2+			
6	.008								
7	.008			7.7		2.2+			·
8	.008		·····	7.8		2.2+			·
9	.008	2.0U	6.5	7.7	1.0	2.2+	2.2	140	59
10	.011			7.7		2.2+			
11	.010			7.7		2.2+			·,
12	.011			7.8		2.2+	÷		
13	.009			7.8		2.2+			
14	.009								
15	.009			7.8		2.2+			
16	.011			7.7		2.2+			
17	.010			7.7	······································	2.2+			
18	.009			7.6		2.2+			
19	.010			7.7		2.2+			
20	.009				······				
21	.009			7.7		2.2+			<u> </u>
22	.008			7.7		2.2+			
23	.009			7.4		2.2			
24	.009			7.6	· · · · · · · · · · · · · · · · · · ·	2.2			· · ·
25	.009			7.6		2.2			
26	.008		-	7.7		2.2			
27	.009			7.6		2.2			
28	.008				······································	1			
29	.009			7.7		2.2			
30	.009			7.7		2.2			·····
31	.008			7.8		2.2			,,,,,,,

PLANT STAFFING:

Permit Number:

Month/Year: 1/2007

FLA013500

Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator
 Class: B
 Certificate No: 7243

 Class: C
 Certificate No: 13614

 Class: _____
 Certificate No: _____

 Class: B
 Certificate No: 7113

Name: John Worrell Name: Adam Michaelsen

Name:

Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: No: X Not Applicable: If yes, cumulative days of wet weather *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME:	Aqua Utilitics Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 2/1/07	To: 2/28/07
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: (0.009 % OF PEI	MITTED CAPACITY 60%

Parameter			Quantity or Loading	Units	c	uality or Concent	ration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5		Sample Measurement			2.8			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement			20.0 (Ап Аvg.)			mg/L		Monthly	Rolling Annual Avg.
CBOD5	_	Sample Measurement				2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	l	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS		Sample Measurement			2.2			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Ŷ	Permit Requirement			20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
TSS		Sample Measurement				1.5	1.5	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement			7,6		7.7	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	1	Permit Requirement			6.0 (Min)		8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria		Sample Measurement			1.1			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Ŷ	Permit Requirement			200 (Ал Ауд.)			#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	SIGNATURE OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE	YY/MM/DD
Will Fontaine, Field Coordinator	In E		352-787-0980	071	03/2/
					H

1

.

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

.

ł

I	1	1	1	1	1	1	1	ļ	١	1	ł	ł	ł	1	1	ł	1
	(D19C	HAKGE	MONIT	UKING F	(EPUKI	-PARI	A (CUNI	CINUED)					
	ILITY NAME: NTH/YEAR:	The Wood: <u>2/2007</u>	s \$/D WWT	P	P	ERMIT NU	MBER:	FLA013	1500	ſ	DISCHARG	E POINT N	IUMBER:	R001	WAFR S	ITE No: 34	825

.

.

l

Parameter		Quantity	or Loading	Units	nits Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Mcasurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 1 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						1.8	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.008	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd			• . •			5 Day/Wcck	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					250		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					110	<u>+</u>	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L	_	Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

.

.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500 Month/Year: 2/2007

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009 . Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
i	.008	÷		7.6		2.2			
2	.008			7.7		2.2			
3	.007				······································				
4	.007			7.6		2.2			· <u> </u>
5	.007			7.6		2.2			
6	.008		_	7.7		2.2			
7	.010			7.7		2.2			
8	.009			7.7		2.2			
9	.008		<u> </u>	7.7		2.2			
10	.007			7.6		2.2			
11	007				· · · ·				
12	.007			7.6		2.2			
13	.007	2.0U	1.5	7.7	1.0U	2.2	1.8	250	110
54	.008			7.6		2.2			
15	.007			7.6		2.2		•	
16	.009			7.7		2.2			
17	.009	·		7.6		2.2			
18	.009				······································				
19	.009			7.6		2.2			
20	.009			7.7		2.2			
21	.008			7.7		2.2			
22	.009			7.6		2.2			
23	.009			7.6		2.2			<u></u>
24	.008					 			
25	.008		<u> </u>						••••••••••••••••••••••••••••••••••••••
26	.009			7.6		2.2			
27	.007			7.7		2.2			
28	.009			7.6		2.2			
29						<u> </u>			
30						<u> </u>			
31			,						

PLANT STAFFING:

Day Shift Operator Evening Shift Operator

Night Shift Operator

Certificate No: 7243 Class: B Class: C Certificate No: 13614

Certificate No: Certificate No: 7113 Name: John Worrell Name: Adam Michaelsen

Name:

Name: Will Fontaine

Lead Operator Class: B Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated:Yes: D No: X

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

Class:

Not Applicable: If yes, cumulative days of wet weather _____

DEFENSION OF ENVIRONMENTAL FROTECTION DISCHARGE MONTICKING KEPUKI - PAKI A

Ł

I

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER;	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:		WALK SITE NO. 51015
LOCATION:	U.S. Hwy 301 North St. Catherine, FL 33513	MONITORING PERIOD THREE MONTH ROLLING ADF: 0	From: 3/1/07	To: 3/31/07 MITTED CAPACITY 57%

Parameter			Quantity or Loading	Units		Juality or Concent	ration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5		Sample Measurement			2.6			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement			20.0 (An Avg.)	-		mg/L		Monthly	Rolling Annual Avg.
CBODS	_	Sample Measurement				<2.0	<2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS		Sample Measurement			2.2			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement		ŀ	20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
TSS		Sample Measurement				1.7	1.7	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO EFA-01-17228	I	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pН		Sample Measurement			7.6		7.7	S.U,	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I	Permit Requirement			6.0 (Min)		8.5 (Max)	S.U.		5 days/Week	Grab
Fecal Coliform Bacteria		Sample Measurement			1.1			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement			200 (Ал Аvg.)			#100mL	·,	Monthly	Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN S	NATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO	D DATE-YY/MM/DD
Will Fontaine, Field Coordinator	352-787-0980	o7/nala
		- CELLE

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

1

.

1	1	ł	1	ł	l	1	1	1	Ł	I	1	1	ł	1	ţ	1	I
٢					D190	пакорл	MONT	UKING KE	ruki -	raki A	A (CONT	INUED)					
	ITY NAME: H/YEAR:	The Woo <u>3/2007</u>		TP	PE	RMIT NUN	IBER:	FLA013500)	D	ISCHARG	e p oint n	UMBER: 1	R001	WAFR SI	TE No: 348	325
Parame	cier					antin: on I and			Onalit			·····	ita No	Frequenc		Semple Ti	

.

.

T

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	lion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<1.0		<1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	- Grab
nitrate (as N)	Sample Measurement						1.8	Mg/L	0	Monthly	Grab
STORET NO. 00620 1 MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L	`	Monthly	Grab
Flow	Sample Measurement	0.008	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Ave
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					200		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					88		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement		······································			Report annual sample		mg/L	-	Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

.

DAILY SAMPLE RESULTS - PART B

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.008 - Daily Flow % Permitted Capacity: 57% -

	Flow (MGD)	CBODS (mg/L)	TSS (mg/L)	pH (s.v.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-2456
1	.009			7.6		2.2			
2	.009			7.7		2.2			
3	.009			7.7		2.2			
4	.009								
5	.009			7.6		2.2			
6	.009			7.6		2.2			
7	.009			7.7		2.2			
8	.009	<2.0	1.7	7.7	<1.0	2.2	1.8	200	88
9	.009			7.6		2.2			
10	.010			7.6		2.2			
11	.010								
12	.010				····				
13	.010			7.6		2.2			
14	.009			7.7		2.2			
15	.009			7.6		2.2			
16	.009			7.6		2.2			
17	.015			7.7		2.2			
18	.010		1						
19	.008			7.7		2.2			
20	.013			7.6		2.2			
21	.009			7.6		2.2			
22	.008			7.7		2.2			
23	.008			7.6		2.2			
24	.009		·	7.6		2.2			
25	.009								
26	.009			7.6		2.2			
27	.008			7.6		2.2	······		
28	.010			7.6	<u></u>	2.2		_	<u></u>
29	.010			7.6	. <u> </u>	2.2			
30	.008			7.7		2.2			
31	.009			7.7		2.2			

PLANT STAFFING:

Permit Number:

Month/Year: 3/2007

FLA013500

 Day Shift Operator
 Class: C

 Evening Shift Operator
 Class: C

 Night Shift Operator
 Class: B

 Lead Operator
 Class: B

 True of Effluent Dispersion
 Class: B

Certificate No: <u>8854</u> Certificate No: <u>13614</u> Certificate No: <u>7243</u> Certificate No: <u>7113</u> Name: <u>Howard J Aldrich</u> Name: <u>Adam Michaelsen</u> Name: <u>John Worrell</u>

Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE:	Minor	GROUP: Domestic
		DISCHARGE POINT NUMBER:	R001 (RIBs)	WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 4/1/07	То: 4/30/07
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: (0.008 % OF PE	RMITTED CAPACITY 55%

COUNTY:	Sumter									DM	R DATE: 5/21/07
Parameter			Quantity or Loadin	g Units	(Quality or Concen	tration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5		Sample Measurement			2.6			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement			20.0 (Ал Avg.)			mg/L		Monthly	Rolling Annual Avg.
CBOD5		Sample Mcasurement				4.5	4.5	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	1	Permit Requirement	<u>.</u>			30.0 (Mo Avg.)	.60.0 (Max)	mg/L		Monthly	Grab
TSS		Sample Measurement			2.3			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Ŷ	Permit Requirement			20.0 (Ал Ауд.)			mg/L		Monthly	Rolling Annual Avg.
TSS		Sample Measurement				3.3	3.3	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I	Permit Requirement		· . ·		30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement			7,5		7.7	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	1	Permit Requirement			6.0 (Min)		8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria		Sample Measurement			1.1			#100mL	0.	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement			200 (An Avg.)			#100mL		Monthly	Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Will Fontaine, Field Coordinator	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	ZED AGEN SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	ZED AGENT TELEPHONE NO DATE-YY/MM	dd/h
	Will Fontaine, Field Coordinator	Marta	352-787-0980 07/05/2	,2

1

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME:	The Woods S/D_WWTP
MONTH/YEAR:	4/2007

ł

1

PERMIT NUMBER: FL

FLA013500

DISCHARGE POINT NUMBER: R001

ł

ł

ł

WAFR SITE No: 34825

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		<1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 1 MON SITE NO. EFA-01-17228	Permit Requirement		· · · · · · · · · · · · · · · · · · ·		Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						3.8	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.008	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month tolling avg.	(Mo Avg.)	mgđ				-		5 Day/Weck	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgđ						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					190		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					93		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500 Month/Year: 4/2007 Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.008, Daily Flow % Permitted Capacity: 55%

÷

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.010								
2	.010			7.6		2.2			
3	.010			7.6		2.2			
4	.009			7.7		2.2			
5	.007			7.6		2.2			
6	.008		· · · · · · · · · · · · · · · · · · ·	7.6		2.2			
7	.011					1			
8	.011			7.6	· · · · · · · · · · · · · · · · · · ·	2.2			<u></u>
9	.007			7.7		2.2	······································		
10	.007		·	7.5		2.2			
11	.007			7.6		2.2	-		
12	.009			7.6		2.2			
13	.007			7.5		2.2		· ·	
14	.008		· · · · · · · · · · · · · · · · · · ·	7.5		2.2	·····	-	<u> </u>
15	.008								
16	.008		· · · · · · · · · · · · · · · · · · ·	7.5		2.2			
17	.008	4.5	3.3	7.5	<1.0	2.2	3.8	190	93
18	.008			7.5		2.2			
19	.007			7.6		2.2			·,,,,,,,_
20	.006			7.6		2.2	i		
21	.006			7.6		2.2			
22	.006					1			
23	.006			7.6		2.2			
24	.006			7.6		2.2			
25	.006			7.6		2.2		<u></u>	
26	.006			7.5		2.2			
27	.006	 		7.5		2.2			
28	.006			7.5		2.2			
29	.006					+			
30	.006			7.6	<u> </u>	2.2			
31	<u> </u>	<u> </u>				+	├── ──		

PLANT STAFFING:

 Day Shift Operator
 Class: C

 Evening Shift Operator
 Class: B

 Night Shift Operator
 Class: C

 Lead Operator
 Class: B

Class: BCertificate No: 7243Class: CCertificate No: 13614Class: BCertificate No: 7113

Name: <u>Howard J Aldrich</u> Name: <u>John Worrell</u>

Name: Adam Michaelsen

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

 Type of Effluent Disposal or Reclaimed Water Reuse:
 (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

Certificate No: 8854

3	ł ł	Ļ	F		K.	, ,	•	•	•	·	•	
•	DEPAR	TMENT OF E	NVIRONME	NTAL PRO	TECTION DI	SCHARGE MO	NITORING R	EPORT -	PART	ГA		
When Completed mail this report	to: Department of	Environmental Pro	tection, Wastewa	ter Compliance	Evaluation Section	, MS 3551, 2600 Bl	air Stone Road, Tal	ahassee, FL 3	2399-2	400		
PERMITTEE NAME: Aqua U MAIUNG ADDRESS: P.O Bo	Julities Florida Ind			PERMIT N		FLA013500						
	rg, FL 34749			LIMIT: Final CLASS SIZE: N/A					:	Monthly Domestic		
LOCATION: US Hig	oods WWTF phway 301 North a herine, FL 33597	nd County Road 61	'4		MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: RIB (R-001), including Influent							
COUNTY. Sumter					ARGE FROM SIT	TE: From: <u>5/1/07</u>		To <u>5/31/0</u> 1	z			
Parameter		Quantity	or Loading	Units	Qu	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow, To RIB	Sample Measurement			MGD		T	1		0			
ARM Code 50050 Y	Permit	0.011 0.015	<u> </u>	MGD				+	} [™]	Monthly Monthly	Calculation Calculation	
fon.Site No. FLW-01 low	Requirement Sample	(12MADF)	<u> </u>		·			<u></u>	 		Elapsed Time	
	Measurement	0.008		MGD			1	}	0	5 Days/Week	Meter	
ARM Code 50050 1 fon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter	
OD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			mg/L	•	Monthly	Calculation	
ARM Code 80082 Y fon Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)	<u> </u>		mg/L		Monthly	Calculation	
OD, Carbonaceous 5 day, 20C	Sample Measurement	<u></u>			4.0		5.5	ing/L		Monthly	Greb	
ARM Code 80082 A	Permit Requirement				30.0 (Mo.Avg.)	* †	60,0 (Max.)	mg/L		Monthly	Grab	
olids, Total Suspended	Sample Measurement				2.4			mg/L		Monthly	Calculation	
ARM Code 00530 Y on Site No. EFA-01	Permit Requirement	·····			20.0 (An.Avg.)	*		mg/L		Monthly	Calculation	
olids, Total Suspended	Sample Measurement				3.75		4,7	TT: 2/L	0	Monthly	Grab	
ARM Code 00530 A lon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	nig/L		Monthly	Grab	

Ţ,

1

E

1

.

ħ

Ł

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

RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	PROCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator	Men	<u>42</u>	352-787-0980	07/06/20

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

+ "

DISCHARGE MONITORING REPORT - PA	RT A (Continued)

Ļ

ł

ţ

}

1

F	
FACILITY:	T
Sumter County	

t

ł

The Woods WWTF

١

1

ţ,

ł

Ŧ

ł

1

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FLA013500 To <u>5/31/07</u>

÷

}

ţ

ł

ł

ł

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample			- <u> </u>			T		EA.		
	Measurement				7.4		7.5	SU	0	5 Days/Week	Grab
PARM Code 00406 A	Permit				6.0		8.5	SU		5 Days/Week	Grab
Mon.Site No EFA-01	Requirement				(Min.)		(Max.)		1		1
Coliform, Fecal	Sample				<u> </u>		1	····			
	Measurement				1.1			#/100mL	0	Monthly	Calculation
PARM Code 74055 Y	Permit		-		200	· · · · · · · · · · · · · · · · · · ·		#/100mL		Monthly	Calculation
Mon.Site No. EFA-01	Requirement				(An.Avg.)				ľ		
Coliform, Fecal	Sample								1		
	Measurement				1.0		1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A	Permit				Report		800	#/100mL	1	Monthly	Grab
Mon.Site No. EFA-01	Requirement				(Mo.Geo.Mean)		(Max.)		1 1	,	
Total Residual Chlorine (For	Sample							1	·····		
Disinfection)	Measurement				2.2		1	ng/L	0	5 Days/Week	Grab
ARM Code 50060 A	Permit				0.5			mg/L		5 Days/Week	Grab
4on Site No. EFA-01	Requirement				(Min.)						· •
Vitrogen, Nitrate, Total (as N)	Sample							1		·	
	Measurement						3.1	mg/L	0	Monthly	Grab
ARM Code 00620 A	Permit						12.0	ug/L		Monthly	Grab
Mon.Site No. EFA-01	Requirement						(Max.)				
	Sample			1							
	Measurement			_]							
	Permit	_									
1	Requirement							1			
low, Total Plant	Sample										
	Measurement	0.008		MGD					0	Monthly	Calculation
ARM Code 50050 Q	Permit	0.015		MGĐ						Monthly	Calculation
fon.Site No. FLW-01	Requirement	(3MADF)								,	
ercent Capacity,	Sample							1		·····	
MADF/Permitted Capacity) x	Mcasurement	ļ							łĮ	ļ	
00					55%			- %	0	Monthly	Calculation
ARM Code 00180 1	Permit				Report			%		Monthly	Calculation
fon.Site No. FLW-01	Requirement										• • • • • • • • • • •
OD, Carbonaccous 5 day, 20C	Sample	-						1		Annually	
	Measurement				140			mg/L	0	(February)	Grab
ARM Code 80082 G	Permit				Report			mg/L		Annually	Grab
fon Site No. INF-01	Requirement				-					(February)	
olids, Total Suspended	Sample							1		Annually	
	Measurement			1	120			mg/L	0	(February)	Grab
ARM Code 00530 G	Permit				Report			mg/L		Annualty	Grab
fon.Site No. INF-01	Requirement			1				-		(February)	0.00

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	No
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
I	.006				7.5	2.2		
2	.006				7.5	2.2		
3	.006				7.4	2.2		
4	.006				7.5	2.2		
5	.006	1		· · · · · · · · · · · · · · · · · · ·	<u>}</u>		┝ ╌┈╌ ╶──┤ <u></u>	
6	.006			+	7.4	2.2		
7	.006		<u> </u>		7.5	2.2	·	
8	.006	5.5	<4.7	<1.0	7.5		3.1	<u></u>
9	.006	1	·····		7.5	2.2		
10	.006		w.		7.4	2.2		
11	.005				7.5	2.2		
12	.006			<u> </u>		2.2		
13	.011	1						
14	.011	1			7.4	2.2		
15	.011	2.5	2.8		7.5	2.2		<u></u>
16	.009			<u> </u>	7.4	2.2		
17	.012 ~~				7.4	2.2		
18	.010	1			7.5	2.2		<u> </u>
19	.005					2.2		
20	.005	1 1			· · · · · · · · · · · · · · · · · · ·			
21	.011				7.4	2.2		
22	.010			······································	7.4	2.2		
23	.010				7.4	2.2		
24	.009				7.5	2.2		
25	.009				7.4	2.2		
26	.009					1		
27	.009				7.4	2.2		
28	.009				7.5	2.2		<u></u>
29	.008				7.4	2.2	<u> </u>	
30	.009		• • • • • • • • • • • • • • • • • • • •		7.4	2.2		
31	.008				7.5	2.2		
Total			<u></u>					
lo. Avg.		1						

	Day Shin Operator	C1255:	<u> </u>	Certificate No:	8854	Name:	Howard J. Aldrich
	Evening Shift Operator	Class:	<u> </u>	Certificate No:	7243	Name:	John Worrell
	Night Shift Operator	Class:	<u> </u>	Certificate No:	13614	Name:	Adam Michaelsen
	Lead Operator	Class:	B	Certificate No:	7113	Name:	Will Fontaine

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

هريجه

_

1

.

)	}	1	I	1	3	Ņ	V	1	ł	ţ	1		r F	•
		DEPAR	IMENT	OF EN	VIRONME	NTAL PRO	TECTION I	DISCH	IARGE MO	ONITORING	REPO	RT - P	ART	A	
tail this r	eport to.	Department of	Environme	ntal Prote	ection, Wastewat	er Compliance	Evaluation Secti	on, MS	3551, 2600 BI	air Stone Road,	Tallahasse	e, FL 323	399-2-	400	
ME: A	qua Utili O Hoy 4	ities Florida, Inc 00310				PERMIT	UMBER		FLA013500)					
						LIMIT: CLASS SIZ	£:		Final N/A						
U:	S Highw	ay 301 North ar	nd County :	Road 674	Ļ), including Infl	uent				
		nc, fl 33397						_			To <u>ś</u>	5/ <u>30/07</u>			
eter			Qu	antity o	or Loading	Units	((uality	or Concent	ration	U			Frequency of Analysis	Sample Type
			0.01	1		MGD			±				0	Monthly	Calculation
		Permit	0.01	5		MGD								Monthly	Calculation
		Sample				MGD							0	5 Davs/Week	Elapsed Time Meter
	ĺ	Permit	Repo	ort		MGD								5 Days/Wcck	Elapsed Time Meter
	20C	Sample		<u></u>			27					ng/L	0	Monthly	Calculation
	Ì	Permit	· · · · ·				20.0				1	s∉∕L		Monthly	Calculation
	20C	Sample					<2.0			<.0		ng/L	o	Monthly	Grab
	ľ	Permit					30.0 (Mo.Avg.)			60.0 (Max.)	π	ig/L		Monthly	Grab
nded		Sample										ng/L	0	Monthly	Calculation
							20.0				1ù	ng/l,		Monthly	Calculation ⁵⁵⁰
		Sample								2.8		ug/L	0	Monthly	Grab
A 01	ľ		<u></u>				30.0 (Mo.Avg.)			60.0		ng/L		Monthly	Grab
	ME: A PESS: P. La TH U: Sti Sti eter) Y -01) 1 -01 is 5 day, 2 Y -01 is 5 day, 2 Y -01 is 5 day, 2 Y -01 is 5 day, 2 N -01 is 5 day, 2 N -01 is 5 day, 2 N -01 -01 -01 -01 -01 -01 -01 -01	ME: Aqua Utili PSS: P.O Box 4 Leesburg, The Wood US Highw St. Cather: Sumter eter) Y -01) 1 -01 is 5 day, 20C 2 Y -01 is 5 day, 20C 2 A 01 is 5 day, 20C 2 A 01 inded) Y -01 -01 -01 -01 -01 -01 -01 -01	1ail this report to. Department of ME: Aqua Utilities Florida, Inc. VES: P.O Box 490310 Leesburg, FL 34749 The Woods WWTF US Highway 301 North and St. Catherine, FL 33597 Sumter etter Sample Measurement PY Permit -01 Requirement 01 Requirement 02 Sample Measurement Measurement 01 Requirement 02 Sample Measurement Measurement PY Permit 01 Requirement 13 5 day, 20C Sample Measurement 14 Permit 15 Gay, 20C Sample Measurement 14 Permit 15 Gay, 20C Sample Measurement Measurement Measurement 16 Requirement 17 Requirement 18 S day, 20C Sample Measur	1ail this report to. Department of Environme ME: Aqua Utilities Florida, Inc. IPSS: P.O Box 490310 Leesburg, FL 34749 The Woods WWTF US Highway 301 North and County St. Catherine, FL 33597 Sumter eter Qu Sample 0.01 Measurement 0.01 Ol Requirement (12MA) Sample 0.01 Neasurement 0.01 Ol Requirement (Mo.A) So 5 day, 20C Sample Measurement 0.01 Permit 01 Requirement 0.01 Permit 0.01 Neasurement 0.01 Permit 0.01 Requirement 0.01 Neasurement 0.01 Neasurement 01 Requirement 01 Requirement 01 Neasurement 01 Neasurement 01 Neasurement 01 Neasurement 01 Neasurement 01 N	1ail this report to. Department of Environmental Protometal Sample Quantity or Loading Merit in the second se	nail this report to. Department of Environmental Protection, Wastewater Compliance 1 ME: Aqua Utilities Florida, Inc. PERMIT N PESS: P.O Box 490310 LIMIT: Leesburg, FL 34749 LIMIT: CLASS SIZ The Woods WWTF MONITOR US Highway 301 North and County Road 674 MONITOR St. Catherine, FL 33597 Sumter NO DISCH Sumter Quantity or Loading Units eter Quantity or Loading Units 01 Requirement 0.011 MGD 01 Requirement 0.010 MGD 01 Requirement (Mo.Avg.) MGD 01 Requirement MGD MGD	nail this report to. Department of Environmental Protection, Wastewster Compliance Evaluation Section ME: Aqua Utilities Florida, Inc. PERMIT NUMBER PERMIT NUMBER LESS: P.O Box 490310 Leesburg, FL 34749 LIMIT: CLASS SIZE: The Woods WWTF US Highway 301 North and County Road 674 St. Catherine, FL 33597 Sumter Sumter NO DISCHARGE FROM S MONITORING GROUP N MONITORING GROUP N MONITORING GROUP D NO DISCHARGE FROM S MONITORING PERIOD eter Quantity or Loading Units Sample Measurement 0.011 MGD NGD NGD NGD NGD NGD NGD NGD N	nail this report to Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS ME: Aqua Utilities Florida, Inc. PERMIT NUMBER LESS: P.O Box 490310 Lessburg, FL 34749 The Woods WWTF US Highway 301 North and County Road 674 St. Catherine, FL 33597 Sumter Requirement 0.011 MGD 0 Y Permit 0.015 MGD 0 Class SiZE: MONITORING GROUP NUMBE MONITORING GROUP NUME MONITORING GROUP NUMBE MONITORING GROUP NUMBE MONITORING GROUP NUME MONITORING GROUP MONITOR	nill this report to. Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3531, 2600 BI ME: Aqua Utilities Florida, Inc. FSS: PO Box 490310 Leesburg, FL 34749 PERMIT NUMBER Florida, Inc. Final CLASS SIZE: N/A The Woods WWTF MONITORING GROUP NUMBER: US Highway 301 North and County Road 674 MONITORING GROUP NUMBER: St. Catherine, FL 33597 Sumter Sumter Quantity or Loading Units Version Measurement 0.011 Measurement 0.013 MGD Massurement 0.010 MOD Massurement 0.010 MOD Measurement 0.010 MGD Massurement 0.010 MGD St 5 day, 20C Sample 2.7 Measurement 2.0 2.0 M	tail this report to. Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, ME: Aqua Utilities Florida, Inc. ESS: P.O Box 490310 Leesburg, FL 34749 The Woods WWTF US Highway 301 North and County Road 674 St. Caberine, FL 33597 Surder Permit 0.011 MGD MGD MGD MGD MGD MGD MGD MGD	DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPO thill this report to. Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahasse ME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA013500 Inc. PERMIT NUMBER FLA013500 Lessburg, FL 34749 LIMIT: Final RE The Woods WWTF US Highway 301 North and County Road 674 MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: REB (R-001), including Influent St. Catherine, FL 33597 Sumicer No DISCHARGE FROM SITE MONITORING OROUP DESC: REB (R-001), including Influent Summer 0.011 MGD	DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - P Aution Discharge Monitoring Protection, Wastewater Compliance Evaluation Section, MS 3511, 2600 Blair Stone Road, Tallahassee, FL 32 ME: Aqua Utilities Florida, Inc. PES: PO Box 90310 Lesiburg, FL 34749 LIMIT: The Woods WWTF US Highway 301 North and County Road 674 St. Caldberine, FL 33597 MONITORING GROUP NUMBER: R-001 Sumter MONITORING GROUP DESC: RIB (R-001), including Influent St. Caldberine, FL 33597 Sumter 0.011 MGD MC Quantity or Loading Units Quality or Concentration MGD MGD Measurement 0.010 MGD MGD MGD mg/L Requirement 2.0 MGD 2.0 A permit 2.0 Measurement 2.0 MGD 30.0 MGD mg/L MGD mg/L Measurement 2.0 A permit 30.0 MGD 2.0	DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART tail this report to. Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3531, 2600 Blair Stone Road, Tallabassee, FL 32399-2 ME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA013500 ESS: PO Box 490310 PERMIT NUMBER FLA013500 Leesburg, FL 34749 LIMIT: Final REPORT: US Highway 301 North and County Road 674 MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: RIB (R-001), including Influent St Catherine, FL 33597 No DISCHARGE FROM SITE [DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A Attil this report to Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400 MEE: Aquu Chilings Florida, Inc. PERMIT NUMBER FLA013500 EXS: PO Box 490310 LIMIT: Final REPORT: Monthly Lesburg, FL 34749 LIMIT: Final REPORT: Monthly The Woods WWTF US thighway 301 North and County Road 674 MONITORING GROUP MUMBER: R-001 NO DISCHARGE FROM SITE	

ĭ

ŧ

I.

1

1

١.

٩.

ł

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE O	F PROICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/M	VDD)
Will Fontaine, Field Coordinator	Ma	FEET.	352-787-0980	07/07	7/27
			<u> </u>	1 million from the	f

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

})	1	\$	ł	3)	l	1	¥	1)	}	ļ	ſ
. 4				DISCH	ARGE N	IONITO	RING REPOR	T - PART	∩ A (Conti	inued)				
FACILITY: Sumter County	The Wo	oods WWTF				MONITO	RING GROUP NUM	IBER: R-00	1				ER: FLA013500	
canner County						MONITO	RING PERIOD	From: <u>6/1/0</u>	<u>17</u>		To <u>6/30/07</u>	2		
Parameter	r		Quantity	or Loadi	ng	Units	Qua	lity or Co	ncentration	n	Units	No. Ex.	Frequency of Analysis	Sample Type
pH		Sample Mcasurement	<u> </u>	<u> </u>				T			su		(Dece Street	Grab
PARM Code 00406 Mon.Site No. EFA-01	A	Permit					7.3 6.0			7.5 8.5		 	5 Days/Week 5 Days/Week	Grab
Coliform, Fecal		Requirement Sample					(Min.)			(Max.)				
	Y	Measurement Permit	······································				<u>1,1</u> 200				#/100mL #/100mL	0	Monthly Monthly	Calculation Calculation
Mon.Site No. EFA-01 Coliform, Fecal		Requirement Sample					(An.Avg.)							
PARM Code 74055	A	Measurement				<u></u>	<1.0 Report	ļ		<1.0 \$00	#/100mL #/100mL	0	Monthly Monthly	<u>Grab</u> Grab
Mon.Site No. EFA-01 Total Residual Chlorine		Requirement					(Mo.Geo.Mean)			800 (Max.)			молицу	
Disinfection)	,	Sample Measurement					2.2				mg/L	o	5 Days/Week	Grab
ARM Code 50060 Mon.Site No. EFA-01		Permit Requirement					0.5 (Min.)				tng/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total	(as N)	Sample Measurement								3.2	mg/L	0	Monthly	Grab
ARM Code 00620 Mon.Site No. EFA-01	A	Permit Requirement				. _ -				12.0 (Max.)	mg/L		Monthly	Grab
······································		Sample Measurement					[·····			((*)42.)				
		Permit Requirement		┥╼───										
low, Total Plant		Sample												· · · · · · · · · · · · · · · · · · ·
	Q	Measurement Permit	0.008	-		MGD MGD						0	Monthly Monthly	Calculation Calculation
don.Site No. FLW-01 ercent Capacity,	·	Requirement Sample	(3MADF)											·
3MADF/Permitted Cap 00	acity) x	Measurement					57%				*	0	Monthly	Calculation
ARM Code 00180 fon.Site No. FUW-01	1	Permit Requirement					Report			<u> </u>	*		Monthly	Calculation
OD, Carbonaccous 5 o	day, 20C	Sample Measurement		1				L					Annually	
	G	Permit					120 Report				mg/L tng/L	0	(February) Annually	Grab Grab
Ion.Site No. INF-01 olids, Total Suspended	1	Requirement Sample	<u> </u>	·				····				-	(February) Annually	·
ARM Code 00530	G	Measurement Permit	· · · · · · · · · · · · · · · · · · ·			<u>_</u> .	46 Report				mg/L mg/L	0	(February) Annually	Grab
Ion.Site No. INF-01	-	Requirement			[_						ug/L		(February)	Grab

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform	pH (SU)	TRC	Nitrogen, Nitrate,	Notes
	R-001			Bacteria (#/100mL)		(For Disinfect.) (mg/L)	Total (as N) (mg/L)	
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Si	ie FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.008				7.4	2.2		
2	.008		·					
3	.016			1	7.5	2.2		
4	.016				7,4	2.2		
5	.013	-			7.4	2.2		
6	.011			1	7.5	2.2		_
7	.011	-			7.4	2,2		
8	.012	-			7.4	2.2		
9	.009				7.4	2.2		
10	.010							
)	.010	-			7.5	2.2		
12	.010				7.5	2.2		
13	.010				7.4	2.2		
14	010	-			7.4	2.2		
15	.010	······································			7.4	2.2		
16	.010				7.3	2.2		
17	.010							
18	.010				7.3	2.2		
19	.009	<2.0	2.8	<1.0	7.3	2.2	3.2	
20	.009				7.4	2.2		
21	.006				7.4	2.2		
22	.011				7.3	2.2		
23	.006				7.3	2.2		
24	.009				7.4	2.2		
25	.009				7.3	2.2		
26	.008				7.5	2.2		
27	.009				7.5	2.2		
28	.008				7.4	2.2		
29	.010				7.4	2.2		
30	.011					2.2		
31								
Tota	3							
Mo. A	vg.							

÷ .

٤

PA File No. FLA013500-004-DW3P
 DEP Form 62-620.910(10), Effective November 29, 1994

Night Shift Operator

Lead Operator

Class.

Class:

С

Certificate No:

Certificate No:

13614

7113

Name:

Name:

Adam Michaelsen

Will Fontaine

)	1	1	1	1 1	1	¥.	1	ł	t	ł	}	1) 1	Ŧ
,			DEPAR	TMENT OF	ENVIRONME	NTAL PRO	TECTION I	DISCI	HARGE M	IONITORI	ING RI	EPORT -	PART	С А	
When Com	ploted mail t	his report t	o: Department of	Environmental Pr	otection, Wastewa	ter Compliance	Evaluation Sect	ion, MS	5 3551, 2600	Blair Stone Ro	ad, Talla	hassee, FL 3	32399-2	400	
PERMITT	TEE NAME: ADDRESS	Aqua Ut	ilities Florida, In 490310	с.		PERMIT !	NUMBER		FLA0135	00					
			3, FL 34749			LIMIT: CLASS SI	ZE:		Fin al N/A			REPORT GROUP:		Monthl Domest	
FACILITY		US High	ods WWTF way 301 North a erine, FL 33597	ind County Road 6	i74		RING GROUP N RING GROUP D	-		01), including	ไรกไบent				
COUNTY	÷	Sumter					HARGE FROM		m: 7/1/07		1	ro 7/31/()7		
	Parameter	· · · · · · · · · · · · · · · · · · ·		Quantity	or Loading	Units	(Quality	у ог Солсе	ntration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RI	В	· · -	Sample Measurement	0.011		MGD							o	Monthly	Calculation
PARM Code Mon.Site Ne		Y	Permit Requirement	0.015 (12MADF)		MGD								Monthly	Calculation
Flow			Sample Measurement	0.012	· · · · · · · · · · · · · · · · · · ·	MGD							0	5 Days/Wock	Elapsed Time Meter
PARM Code Mon.Site No		1	Permit Requirement	Report (Mo.Avg.)		MGD								5 Days/Week	Elapsed Time Meter
BOD, Carbo	praceous 5	day, 20C	Sample Measurement				2.8					mg/L	0	Monthly	Calculation
PARM Code Mon.Site No		Y	Permit Requirement				20.0 (An.Avg.)					mg/L		Monthly	Calculation
BOD, Carbo	onaccous 5	day, 20C	Sample Measurement				3.2	Τ		3.	2	mg/L	0	Monthly	Grab
PARM Code Mon.Site No		A	Permit Requirement				30.0 (Mo.Avg.)			60 (Ma		mg/L		Monthly	Grab
Solids, Tota	I Suspended	1	Sample Measurement				2.4					mg/L	o	Monthly	Calculation
PARM Code Mon.Site No		Y	Permit Requirement				20.0 (An.Avg.)					mø/L		Monthly	Calculation
Solids, Tota	I Suspended	1	Sample Measurement				<1.0			<1	.0	mg/L	0	Monthly	Grab
PARM Code Mon.Site No		A	Pennit Requirement				30.0 (Mo.Avg.)			60 (Ma		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	
	Mat		01108/12

.

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

1	ļ	1	1	1 1)	\$	}	1	t	ſ	3 1		1 1	F
L.					DISCHARG	E MONITO	ORING REP	ORT -	PART A	(Continued)				
FACILI Sumter		he Woods W	WTF				DRING GROUP I DRING PERIOD		t: R-001 1: 7/1/07		PERMI To 7/31.		BER: FLA013500	
	Parameter			Quantity	or Loading	Units		Quality	or Concer	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
əH		Sam Mea	iple isurement				7.3			7.7	su	0	5 Days/Week	Grab
	ode 00406 A No. EFA-01	Perr	nit uirement				6.0 (Min.)			8.5 (Max	SU SU		5 Days/Week	Grab
Coliform,	Fecal	Sam					1.1				#/100mL		Monthly	Calculation
	ode 74055 Y No. EFA-01	Perr	nit uirement		-		200 (An.Avg.)		<u> </u>		#/100mL	-	Monthly	Calculation
oliform,		Sam					<1.0			<1.0	#/100mL	0	Monthly	Grab
	ode 74055 A No. EFA-01	Perri	nit uirement				Report (Mo.Qeo.Me	un)		800 (Max.	#/100mL	1	Monthly	Grab
otal Resi Disinfection	idual Chlorine (Fo on)	√ Saл					2.2		······		mg/L	0	5 Days/Week	Grab
fon.Site	No. EFA-01	Perm	nit virement				0.5 (Min.)				mg/L		5 Days/Week	Grab
litrogen,	Nitrate, Total (as		ple surement				<u>_</u>	-		0.63	mg/L	0	Monthly	Grab
	ode 00620 A No. EFA-01	Perm	nit uirement	·· <u>···································</u>	-					12.0 (Max.	mg/L		Monthly	Grab
		Sam							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1		<u>}</u>
		Perm Requ	nit uirement											
low, Tota	al Plant	Sam Mea	pic surement	0.010		MGD						0	Monthly	Calculation
	de 50050 Q No. FLW-01	Pern Requ	nit uirement	0.015 (3MADF)		MGD						1	Monthly	Calculation
ercent Ca IMADF/I 10	apacity, Permitted Capacity	Sam					67%				*		Monthly	Calculation
ARM Co	de 00180	Perm	nit				Report					+	Monthly	Calculation

1

Sample

Permit

Sample

Permit

Requirement

Measurement

Requirement

Measurement

Requirement

Mon.Site No. FLW-01

PARM Code 80082 G

Solids, Total Suspended

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

Mon Site No. INF-01

BOD, Carbonaceous 5 day, 20C

Report

190

Report

100

Report

*

mg/L

mg/L

mg∕L

mg/L

0

0

Monthly

Annually

(February)

Annually

(February)

Annually

(February)

Annually

(February)

Calculation

Grab

Grab

Grab

Grab

	ring Period	FLA013500 From: 7/1/07	To	SAMPLE RES : 7/31/07	Facil. Coun	ity: The Woods V	/WTF	
	Flow (MGD R-001) CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bactería (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Note
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
)	.011			1	1	1	2///01	· · · · · · · ·
2	.011		······		7.7	2.2		
3	.017				7.4	2.2		
4	.011		<u> </u>	+	7.7	2.2		
5	.019		<u> </u>		7,6	2.2		
6	.014				7.4	2.2		
7	.011					2.2		
8	.012				-			
9	012				7.4	2.2		
10	012				7.4	2.2		
11	.011	_		- <u> </u>	7.5	2.2		
12	.009		ļ		7.5	2.2	· · · · · · · · · · · · · · · · · · ·	<u> </u>
13	.010			+	7.6	2.2		
14	.010			+				
15	.009				7,4	2.2		
16	.009				7.5	2.2		
17	.009	3.2	<1.0	<1.0	7.6	2.2	0.63	
18	.009				7.4	2.2		
19	.008			<u> </u>	7.4	2.2		
20	.009				7.5	2.2		<u></u>
21	.015				7.5	2.2		
22	.015					<u> </u>		
23	.015				7.4	2.2		
24	.011	•		 	7.6	2.2		
25	.017				7.4	2.2		
26	.009				7.4	2.2		
27	.008		· · · · · · · · · · · · · · · · · · ·		7.5	2.2		
28	.011		·····	<u> </u>		<u> </u>	·	
29	.011				7.4	2.2		
30	.011				7.4	2.2		
31	.018				7.3	2.2		
Total								<u></u>
lo Avg	<u> </u>			1			<u> </u>	1

. .

	Day Shift Operator	Class.	<u> </u>	Certificate No	8854	Name:	Howard J. Aldrich
	Evening Shift Operator	Class	В	Certificate No	7243	Name:	John Worrell
	Night Shift Operator	Class:	<u> </u>	Certificate No:	13614	Name:	Adam Michaelsen
	Lead Operator	Class:	В	Certificate No:	7113	Name:	Will Fontaine

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

-

-

1 1 1		1 1	1	}	3 3	3	1	J		1	}	1	I
× ·		DEPAR	TMENT OF E	NVIRONMI	ENTAL PRO	TECTION DI	SCHARG	E MONITOR	NG RE	PORT -	PAR	T A	
When Completed mail this	s report to	Department of	Environmental Pro	stection, Wastew	ater Compliance	Evaluation Section	, MS 3551, 2	600 Blair Stone Ro	ad, Tallal	hassee, FL 3	32399-2	2400	
PERMITTEE NAME: MAILING ADDRESS:	Aqua Util	lities Florida, In			PERMIT			013500					
		, FL 34749			LIMIT: CLASS SI	ZE:	Final N/A			REPORT GROUP:	:	Month) Domest	
LOCATION:	US Highv	ds WWTF way 301 North a rine, FL 33597	nd County Road 6	74		RING GROUP NU RING GROUP DES		1 (R-001), including	Influent				
	Sumter					IARGÉ FROM SIT RING PERIOD	E:	07	То	8/3 1/0)7		
Parameter			Quantity	or Loading	Units	Qu	ality or Cor	ncentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	i	Sample Measurement	0.010		MGD						0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01		Permit Requirement	0.015 (12MADF)		MGD							Monthly	Calculation
Flow		Sample Measurement	0.009		MGD						0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01		Permit Requirement	Report (Mo.Avg.)		MGD							5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day	y, 20C	Sample Measurement				3.7				mg/L.	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01		Permit Requirement				20.0 (An.Avg.)				mg/L		Monthly	Celculation
BOD, Carbonaceous 5 day	y, 20C	Sample Measurement				12.1		12	1	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01		Permit Requirement				30.0 (Mo.Avg.)		60. (Ma		mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.4				mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01		Permit Requirement				20.0 (An.Avg.)			·	mg/L		Monthly	Calculation
Solids, Total Suspended		Sample Measurement				1.13		T.1	3	mg/L	٥	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01		Permit Requirement				30.0 (Mo.Avg.)		60. (Ma	· 1	mg/L		Monthly	Grab

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

	SIGNATURE OF PRINCHAVEXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator	11 Francisco Internet in the second s	352-787-0980	-1.1
	10mg com		0/109/20

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

١	}	1	Υ.	ł	1 1	1	}	1	1 1	1) 1	1	Ĩ	1
1					DISCHAF	RGE MONITO	DRING REPO	ORT - PART /	A (Continued)						
FACILITY Sumter Co		The Woo	ods WWTF				RING GROUP N RING PERIOD	UMBER: R-001 From: 8/1/07	, .	PERMIT To 8/31/0		BER: FLA013500			
	Paramete	r		Quanti	ity or Loading	, Units	Q	uality or Conc	entration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH			Sample Measurement				7.2		7.6	su	o	5 Days/Week	Grab		
PARM Cod Mon.Site No	o. EFA-01	A	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab	4	
Coliform, Fo			Sample Measurement				1.1			#/100mL	0	Monthly	Calculation	1	
PARM Cod Mon.Site No Coliform, Fo	o. EFA-01	Y	Pennit Requirement Sample				200 (An.Avg.)	-		W100mL	 	Monthly	Calculation	4	
PARM Cod		A	Measurement Permit				<1.0 Report		<1.0	#/100mL	0	Monthly Monthly	Grab Grab	-	
Mon.Site No Total Residu	o. EFA-01 val Chlorine		Requirement Sample	· · · · ·			(Mo.Geo.Mea	υ	(Max.)					-	
Disinfection PARM Code	e 50060	A	Measurement Permit				2.2	····		mg/L mg/L	0	5 Days/Week 5 Days/Week	Grab Grab	4	
Mon.Site Ne Nitrogen, N	and the second se	(as N)	Requirement Sample				<u>(Min.)</u>							1	
PARM Code Mon.Site No		٨	Measurement Permit						8.26	mg/L mg/L		Monthly Monthly	Grab Grab		
MOIL SHE NO	<u>). EFA4/1</u>		Requirement Sample Measurement						(Max.)				· ······		
			Permit Requirement												
How, Total			Sample Measurement	0.010		MGD					0	Monthly	Calculation		
PARM Code Mon.Site No	5. FLW-01	Q	Permit Requirement	0.015 (3MADF)		MGD						Monthly	Calculation	Į	
Percent Cap: (3MADF/Pe 100		oacity) x	Sample Measurement				69%			%		Monthly	Calculation		
PARM Code Mon.Site No		1	Permit Requirement				Report			%		Monthly	Calculation		
BOD, Carbo		day, 20C	Sample Measurement	····			231	1		mg/L	0	Annually (February)	Grab		
PARM Code Mon.Site No	-	G	Permit Requirement				Report			mg/L		Annually (February)	Grab		
Solids, Total	Suspendee	d	Sample Measurement				88.9			mg/L	0	Annually (February)	Grab		
PARM Code Mon.Site No		Ġ	Permit Requirement				Report			mg/L		Annually (February)	Grab		

	Flow (MGD) R-001	CBODS (mg/L)	1 700 / 01					
			TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.009				7.3	2.2		
2	.008		******		7.3	2.2		
3	.011				7.4	2.2		
4	.008	-		<u> </u>				
5	.008				7.4	2.2		
6	.009				7.3	2.2	F	
7	.007	· · · · · · · · · · · · · · · · · · · ·			7.3	2.2		
8	.007			†	7.3	2.2		·
9	.008	1			7.4	2.2		
10	.007			<u> </u>	7.4	2.2		
н	.010							
12	.010				7.3	2.2		
13	.009			1	7.3	2.2		
14	.009	12.1	1.131	<1.0	7.2	2.2	8.26	
•	.014	1			7.4	2.2		
	.009				7.5	2.2		
	.009				7.6	2.2		
	.012					2.2		
19	.009				7.4	2.2		
20	.009				7.4	2.2		
	.007				7.5	2.2		
	.008				7.5	2.2		
	.011				7.6	2.2		
	.014				7.5	2.2		
25	.008	<u> </u>						
	.008	1			7.5	2.2		
	.008				7.5	2.2		
	.007				7.6	2.2		
	.013				7.5	2.2		
i	.013	<u> </u>			7.5	2.2		
	.011	<u> </u>			7.4	2.2		
Total No. Avg.								

.

_	PLAN STAFFING: Day Shift Operator	Class:	<u> </u>	Certificate No	8854	Name:	Howard J. Aldrich
	Evening Shift Operator	Class:	В	Certificate No:	7243	Name:	John Worrell
, 	Night Shift Operator	Class:	_ <u>c</u>	Certificate No:	13614	Name:	Adam Michaelsen
	Lead Operator	Class:	В	Certificate No:	7113	Name:	Will Fontaine

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

per-

-

1 1	1		ł	1 1	3	ļ) }	1	1	1	1
•	DEPAR	TMENT OF E	NVIRONME	NTAL PRO	TECTION DIS	CHARGE N	IONITORING	REPORT -	PAR	ТА	
iten Completed mail this repe				•							
PERMITTEE NAME: And	a Utilities Florida, Ind			PERMIT N		FLA013:					
MAILING ADDRESS: P.O.	Box 490310 sburg, FL 34749			LIMIT: CLASS SU	ZE:	Final N/A		REPORT GROUP:		Monthly Domest	
LOCATION: US1	Woods WWTF Highway 301 North at	nd County Road 67	'4		RING GROUP NUM		01), including Influen	t			
COUNTY: Sum		herine, FL 33597 NO DISCHARGE FROM SITE: MONITORING PERIOD From: 9/1/07 To									
Parameter		Quantity	or Loading	Units	Qua	lity or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
low, To RIB	Sample Measurement	0.010		MGD					0	Monthly	Calculation
ARM Code 50050 Y	Permit Requirement	0.015 (12MADF)	+	MGD		<u>†</u>			+	Monthly	Calculation
ow	Sample Measurement	0.010	+	MGD	·				0	5 Days/Week	Elapsed Time Meter
ARM Code 50050 1 Ion.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD		<u> </u>			\uparrow	5 Days/Week	Elapsed Time Meter
OD, Carbonaceous 5 day, 20	C Sample Measurement				5.1			mg/L	0	Monthly	Calculation
ARM Code 80082 Y on.Site No. EFA-01	Permit Requirement				20,0 (Ап.Ауд.)	<u>↓</u>		mg/L		Monthly	Calculation
OD, Carbonaceous 5 day, 200	C Sample Measurement				19.2		19.2	mg/1.	0	Monthly	Grab
RM Code 80082 A on Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	<u> </u>	60.0 (Max.)	mg/L		Moathly	Grab
lids, Total Suspended	Sample Measurement				2.5			mg/L	0	Monthly	Calculation
ARM Code 00530 Y on.Site No. EFA-01	Permit Requirement	-			20.0 (An.Avg.)		·····	m /1.	1	Monthly	Calculation
lids, Total Suspended	Sample Measurement				2.0		2.0	mg/L	0	Monthly	Grab
NRM Code 00530 A on Site No. EFA-01	Permit Requirement	<u>+</u>			30,0 (Mo.Avg.)		60.0 (Max.)	mg/l,	1	Monthly	Grab

¥

E

¥.

T

Ŧ

¥

ŧ

E

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (Y	(/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	
	I for former	0//	10/25

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

۲.

DISCHARGE MONITORING REPORT - PART A (Continued)

ľ

t

Ŧ

ł

¥.

THE CHEET TAKE		
	FACILITY:	
CROBELL.	CROIDILL.	

1

TY: The Woods WWTF

1

ł

Sumter County

ĩ

.

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 9/1/07

1

¥.

ŧ

PERMIT NUMBER: FLA013500 To 9/30/07

ł

I

Ĩ

Į

l

T

Parameter		Quantity o	r Loading	Units	Quality	or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
płł	Sample Measurement				7.5	7.6	SU	0	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement		<u></u>		6.0 (Min.)	8.5 (Max.)	SU	╎	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.1		#/100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			1	200 (An.Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			<u> </u>	Report (Mo.Geo.Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					5.22	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant	Sample Measurement	0.010		MGD				0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.015 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x-100	Sample Measurement	-			67%		*	0	Monthly	Calculation
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement			1	Report		*		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				133		mø/L	0	Annually (February)	Grab
PARM Code 80082 G Mon.Sile No. INF-01	Permit Requirement				Report		mori.		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		· · · · · · · · · · · · · · · · · · ·		95.1		m#/L	0	(February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report		ing/L		Annually (February)	Grab

Monitoria	•	om: 9/1/07	10. 27	30/07	Coun	ty: Sumter		
	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Note
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.008	1			1	1		
2	.009	1			<u> </u>			<u> </u>
3	.007		·		7.5	2.2		
4	.008				7.5	2.2		
5	.010				7.6	2.2		
6	.008		7		7.5	2.2		
7	.010			·	7.5	2.2		
8	.010					1		
9	.010	1			7.6	2.2		
10	.010				7.5	2.2		
11	.009	19.2	2.0	<]	7.5	2.2	5.22	
12	.011				7.6	2.2		
13	.011				7.5	2.2		
14	.013	T				2.2		
15	.013					1		<u> </u>
16	.011				7.5	2.2		
17	.011				7.5	2.2		
18	.012				7.6	2.2		
19	012				7.6	2.2		
20	.013				7.5	2.2		
21	.011				7.5	2.2		
22	.007				··			
23	.007				7.6	2.2		
24	.007				7.6	2.2		
25	.008				7.6	2.2		
26	010				7.5	2.2		
27	010				7.5	2.2		
28 .	007			———— <u>—</u> ———————————————————————————————	7.5	2.2		
29	008					╂────┤		
30 .	008			····	7.5	2.2		
31					·	<u> </u>		
Total						॑ ॖॖॖॖॖॖ		
Mo. Avg.								
	CERI/2	·					I	 _
LANT STAI ay Shift Ope		Class: C	Certificate No:	8854	Name:	Howard J. Aldrich		
vening Shift		Class: B	Certificate No:	7243	Name:	John Worrell		
			_	·				

.....

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

-

- ,	• •		• •	,		, ,	•) 6	Į		r l	ı
- <u>-</u>	2	DEPART	MENT OF E	NVIRONME	NTAL PRO	FECTION DIS	SCHARGE M	ONITORING F	EPORT -	PAR	ТА	
When Completed mail this	report to: Depa	rtment of Er	wironmental Protec	tion, Wastewater (Compliance Eval	uation Section, MS	3551, 2600 Blair	Stone Road, Tallahass	ice, FL 32399	-2400		
PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities I	Florida, Inc.			PERMIT N		FLA01350					
	Leesburg, FL 3				LIMIT: CLASS SIZ	Æ:	Final N/A		REPORT GROUP:	:	Monthly Domesti	
LOCATION	The Woods W US Highway 3(St. Catherine, F	01 North and	d County Road 674			ING GROUP NUN ING GROUP DES		1), including Influent				·
	Sumter	••••				ARGE FROM SIT	E: From: October	1, 2007	To Octob	ær 31,	, 2007	
Parameter			Quantity	or Loading	Units	Qua	ality or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sam Mea	ple surement	0.010		MGD	<u> </u>				0	Monthly	Calculation
PARM Code \$0050 Y Mon.Site No. FLW-01	Perm	nit airement	0.015 (12MADF)		MGD						Monthly	Calculation
Flow	Sam Mca	ple surement	0.009		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01		nit virement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day.		pie surcment				5.1			mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01		uirement				20.0 (An Avg.)			mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day,		ple surement				<2.0		<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01		urement				30.0 (Mo.Avg.)		60.0 (Max.)	myL		Monthly	Grab
Solids, Total Suspended	Sam Mea	ple surement				2.7			mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No, EFA-01		uirement				20.0 (An.Avg.)			mg/L ·	•	Monthly -	Calculation
Solids, Total Suspended	Sam Mea	pie surement				3.8		3.8	mg/L	o	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Perm Requ	uit viremient				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPALEXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator	milles	352-787-0980	07/11/20

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

Ĩ.

1

1

1

Ł

1

¥.

ï

T

1

ï

T

¥

FACILITY: The Woo Sumter County	xds WWTF				RING GROUP NUM RING PERIOD F	BER: R-001 from: Octobe	r 1, 2007		PERMIT NUMBER: FLA013500 To October 31, 2007				
Parameter		Quantity o	r Loading	Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type		
рН	Sample Measurement				7.5		7.6	SU	0	5 Days/Week	Grab		
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Wock	Grab		
Coliform, Fecal	Sample Measurement				5.8		•	#/100mL	0	Monthly	Calculation		
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (Arl.Avg.)			#/100mL		Monthly	Calculation		
Coliform, Fecal	Sample Measurement				59		59	#/100mL	0	Monthly	Grab		
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			1	Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab		
otal Residual Chlorine (For Disinfection)	Samplo Measurement				2.2			mg/L.	0	5 Days/Week	Grab		
ARM Code 50060 A Aon. Site No. EFA-01	Permit Requirement		······		0.5 , (Min.)			mg/L		5 Days/Week	Grab		
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.5	mg/L	0	Monthly	Grab		
ARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			· ·			12.0 (Max.)	mg/L	·	Monthly	Grab		
	Sample Measurement							-					
· · · · · · · · · · · · · · · · · · ·	Permit Requirement		•					•		· · · ·			
low, Total Plant	Sample Measurement	0.009		MGD					0	Monthly	Calculation		
ARM Code 50050 Q fon Site No. FLW-01	Permit Requirement	0.015 (3MADF)		MGD		_				Monthly	Calculation		
ercent Capacity, 3MADF/Permitted Capacity) x 100	Sample Measurement				66%			%	o	Monthly	Calculation		
ARM Code 00180 1 fon Site No. FLW-01	Permit Requirement				Report		•	*	•	Monthly	Calculation		
OD, Carbonaceous 5 day, 20C	Sample Measurement				210	• • • • • • • • • • • • • • • • • • • •		mg/L	a	Annually (February)	Grab		
ARM Code 80082 G Ion.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab		
olids, Total Suspended	Sample Measurement				60			mg/L	0	Annually (February)	Grab		
ARM Code 00530 G Ion.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab		

1

I

1

1

ł

Ţ

1

1

ļ

Ĭ

ł

1

1

1

1

1

.

ł

ł

Permit N Monitoria	ng Period From	n: October 1, 200)7	To: October 31	Facility: 1, 2007 County:		WIF	
	Flow (MGD) R-001	CBODS (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	N
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.008				7.5	2.2		·····.
2	0.008				7.6	2.2		
3	0.011				7.6	2.2		
4					7.5	2.2		
5	0.007				7.5	2.2		
6	0.006							
7	0.006				7.5	2.2		
8	0.009				7.6	2.2		
9	0.011				7.6	2.2		
10	0.010				7.5	2.2		
11	0.008	<2.0	3.8	59	7.5	2.2	3.5	
12	0.008				7.5	2.2		
13	0.009				7.6	2.2		
14	0.009							
15	0.009				7.5	2.2		
16	0.008				7.5	2.2		
17	0.010				7.6	2.2		
18	0.009				7.5	2.2		
19	0.009				7.5	2.2		
20	0.012							
21	0.012				7.5	2.2		
22	0.012				7.6	2.2		
23	0.010				7.5	2.2		
24 25	0.009				7.5	2.2		
	0.010	<u>-</u>			7.6	2.2		
26 27	0.009				7.6	2.2		
	0.011							
28	0.011				7.6	2.2		
29	0.011				7.5	2.2		
30	0.011				7.5	2.2		
31	0.011				7.6	2.2		
Total								
Mo. Avg.			1		T	1		

•_

Day Shift Operator	Class:	<u>_c</u>	Certificate No:	8854	Name:	Howard J. Aldrich
Evening Shift Operator	Class:	B	Certificate No:	7243	Name	John Worrell
Night Shift Operator	Class:	<u> </u>	Certificate No:	13614	Name:	Adam Michaelsen
Lead Operator	Class:	В	Certificate No:	7113	Name:	Will Fontaine

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

-

-

-

-

.....

-

_

	1 1	1	1	1 1	,	Į.	1 1	1	1	Ĩ	E
· ··							MONITORING F				
When Completed mail this repor	t to: Department of	Environmental Pro	otection, Wastew	ater Compliance	Evaluation Section,	MS 3551, 260	00 Blair Stone Road, Tal	lanassee, FL .	32399-2	400	
PERMITTEE NAME: Aqua		c.		PERMIT	WMBER	FLA01	3500				
MAILING ADDRESS P.O.B. Leesbu	ox 490310 urg, FL 34749			LIMIT: CLASS SI	ZE:	Final N/A		REPORT GROUP:		Monthl Domest	
LOCATION: US Hi	oods WWTF ghway 301 North a therine, FL 33597	nd County Road 6	74		RING GROUP NUN RING GROUP DES		t-001), including Influer	t			
COUNTY; Sumte	•				HARGE FROM SIT RING PERIOD	E: From: 11/1/	07	ro 11/30	/07		
Parameter		Quantity	or Loading	Units	Qui	ality or Con	centration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.009		MGD					•	Monthly	Calculation
PARM Code 50050 Y Mon, Site No. FLW-01	Permit Requirement	0.015 (12MADF)		MGD		·		1		Monthly	Calculation
Now	Sample Measurement	0.010		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD		†				5 Days/Week	Elapsed Time Meter
BOD, Carbonaccous 5 day, 20C	Sample Measurement				4.8			mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)	,		mg/l.		Monthly	Calculation
30D, Carbonaccous 5 day, 20C	Sample Measurement				2.5		2.5	mg/L	0	Monthly	Grab
ARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.5			mg/L	a	Monthly	Calculation
ARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			ന്യ/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1.0		<1.0	mg/L	C	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

×.

1

Ł

.

ł

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator	Mu teres	352-787-0980	07/12/13
			, , ,

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

1

1

A,

1

I.

Ŧ

Ŧ

DISCHARGE MONITORING REPORT - PART A (Continued)

I

FACILITY: The Woods WWTF Sumter County

1

Ţ

1

I

1

I

I

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 11/1/07

1

1

ł

I

PERMIT NUMBER: FLA013500 To 11/30/07

ł

Ţ

T

١

١

Parameter		Quantity of	or Loading	Units	Quali	ity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.5		7.6	รบ	0	5 Days/Week	Grab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				5.8			#/100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1.0		<1.0	#/100mL	a	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	-			2.2			mg/L	Q	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement	•			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						15	mg/L	L	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement	<u>.</u>					12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement										
	Permit Requirement										· · ·
Flow, Total Plant	Sample Measurement	0.009		MGD					0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.015 (3MADF)		MGD						Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement				64%			*	σ	Monthly	Calculation
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report	······································		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<u> </u>		160			mg/L	0	Annually (February)	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement				66			mg/L	Ð	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Greb

1	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform	pH (SU)	TRC	Niena Niena I	
	R-001		199 (mkr.)	Bacteria (#/100mL)	pr (30)	(For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Not
Code	50050	80082	00530	74055	00406	50060	00620	<u> </u>
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-0I	
1	.009			·····	7.5	2.2		·····
2	.011				7.6	2.2		
3	.008					2.2		
4	.009							
5	.009				7.6	2.2		· · · ·
6	.008				7.5	2.2	· · · · · · · · · · · · · · · · · · ·	
7	.011			1	7.5	2.2		
8	.009			1	7.6	2.2	<u> </u>	
9	.009				7.6	2.2	<u> </u>	
10	.012	1			7.5	2.2		
11	.012					···		
12	.012				7.6	2.2		
13	.011	2.5 Y	<1.0	<1.0	7.5	2.2	15	
14	.011	+			7.5	2.2		
15	.009	1			7.6	2.2		
16	.009				7.6	2.2		-
17	.009			-	7.6	2.2		
18	.009							
19	.009				7.5	2.2		
20	.008			1	7.6	2.2		
21	.011				7.6	2.2		
22	.012				7.6	2.2		
23	.013				7,5	2.2		
24	.011			1		1		
25	.011				7.6	2.2		
26	.010				7.6	2.2		
27	.009				7.5	2.2		
28	.011	-1			7.6	2.2		
29	.013	1			7.6	2.2		
30	.012				7.5	2.2		
31				t	f	~ {		
Total		1		1			<u> </u>	
Mo. Avg.		- 	<u></u>	÷				

٦

Day Shift Operator	Class: <u>C</u>	_ Certificate No:	8854	Name:	Howard J. Aldrich
Evening Shift Operator	Class: B	_ Certificate No:	7243	Name:	John Worrell
Night Shift Operator	Class: <u>C</u>	Certificate No:	13614	Name:	Adam Michaelsen
Lead Operator	Class: B	Certificate No:	7113	Name:	Will Fontaine

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

___

	}	ł	1	ł	1	1 1	1	1 1	1	1	1	1
\$		DEPAR	TMENT OF	ENVIRONME	INTAL PRO	TECTION DI	SCHARGE N	IONITORING	REPORT -	PAR	T A	
When Completed mail this	s report to	Department of	Environmental P	rotection, Wastewa	ter Compliance	Evaluation Section	, MS 3551, 2600	Blair Stone Road, T	allahassee, FL	32399-2	2400	
PERMITTEE NAME MAILING ADDRESS	Aqua Util	lities Florida, In			PERMIT		FLA0135					
		, FL, 34749			LIMIT: CLASS SI	ZE:	Final N/A		REPORT GROUP:		Monthi Domesi	
LOCATION:	US High	ds WWTF way 301 North a rine, FL 33597	nd County Road 6	574		NING GROUP NUI NING GROUP DES		01), including Influe	nt			
	Sumter					LARGE FROM STI LING PERIOD	E: From: 12/1/07	,	то 12/31	/07		
Parameter			Quantity	or Loading	Units	Qu	ality or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB		Sample Mcasurement	0.009		MGD		Ţ			0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	, 	Permit Requirement	0.015 (12MADF)		MGD						Monthly	Calculation
Flow		Sample Measurement	0.011		MGD					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	· .	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day	y, 20C	Sample Measurement				5.2			tug/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01		Permit Requirement				20,0 (An.Avg.)	1		mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day	7. 20C	Sample Measurement				6.6		8.5	mg/L.	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01		Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.5			mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	1	Permit Requirement				20.0 (An.Avg.)			ing/L		Monthly	Calculation
Solids, Total Suspended		Sample Measurement				1.4		1.4	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	r	Permit Requirement	· · · · · · · · · · · · · · · · · · ·	- 		30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

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

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

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

FACILITY: The We Sumter County	oods WWTF				RING GROUP NUM RING PERIOD	BER: R-001 From: 12/1/07	т		PERMIT NUMBER: FLA013500 12/31/07				
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type		
pH	Sample Measurement	T	<u> </u>		7.6		7.0	SU	0	5 Days/Week	Grab		
PARM Code 00406 A	Permit				6.0		7.8	SU		5.Days/Week	Grab		
Mon.Site No. EFA-01 Coliform, Fecal	Requirement				(Min.)		(Max.)			· · · · · · · · · · · · · · · · · · ·	·		
contonii, recai	Sample Measurement	ľ			5.8	-		#/100mL		Monthly	Calculation		
PARM Code 74055 Y	Permit				200			#/100mL	┼╌╌┤	Monthly	Calculation		
Mon.Site No. EFA-01 Coliform, Fecal	Requirement		<u>.</u>		(An.Avg.)								
Contonit, recat	Sample Measurement			}	<1.0		<1.0	#/100mL		Monthly	Grab		
PARM Code 74055 A	Permit			+	Report	· · · · · · · · · · · · · · · · · · ·	800	#/100mL		Monthly	Grab		
Mon.Site No. EFA-01 Total Residual Chlorine (For	Requirement				(Mo.Geo.Mean)		(Max.)						
Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab		
PARM Code 50060 A	Permit				0.5			mg/L		5 Days/Week	Grab		
Mon.Site No. EFA-01 Nitrogen, Nitrate, Total (as N)	Requirement Sample				(Min.)								
inogen, mane, mai (as it)	Measurement						9.7	mg/L	0	Monthly	Grab		
PARM Code 00620 A	Permit						12.0	mg/L		Monthly	Grab		
Mon.Site No. EFA-01	Requirement Sample						(Max.)						
	Measurement						:		{				
	Permit												
Flow, Total Plant	Requirement Sample	<u> </u>								·			
	Measurement	0.010		MGD					0	Monthly	Calculation		
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.015 (3MADF)		MGD						Monthly	Calculation		
Percent Capacity,	Sample												
3MADF/Permitted Capacity) x 00	Measurement	1						%					
ARM Code 00180 1	Permit				67%				0	Monthly	Calculation		
Mon.Site No. FLW-01	Requirement				Report			%		Monthly	Calculation		
30D, Carbonaccous 5 day, 20C	Sample Measurement							mg/L	0	Annually			
ARM Code 80082 G	Permit				220 Report				v	(February)	Grab		
Mon.Site No. INF-01	Requirement				Repon			mg/L		Annually (February)	Grab		
Solids, Total Suspended	Sample Measurement									Annually	<u>_</u>		
ARM Code 00530 G	Permit	·			75		<u>.</u>	mg/L	0	(February)	Grab		
Agn. Site No. INF-01	Requirement				Report			ng/L		Annually (February)	Grab		

DISCHARGE MONITORING REPORT - PART A (Continued)

1

1

1

1

ł

1

1

1

1

I

J

I

ł

6								
	Flow (MGD) R-001	CBODS (mg/L)	TSS (mg/l.)	Fecal Coliform Bacteria (#/100mL)	р Н (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1					7.6	2.2		
2								
3				· · · · · · · · · · · · · · · · · · ·	7.6	2.2		
4					7.7	2.2		HT
5					7.7	2.2		
6				1	7.6	2.2		
7				1	7.6	2.2		
8					7.8	2.2		
9								
10					7.7	2.2		
11		2.4 Y	1.4	<1.0	7.7		9.7	
12					7.6	2.2		••••••••••••••••••••••••••••••••••••••
13			·	ļ	7.7	2.2		
14		· · · · ·		<u> </u>	7.7	2.2		
15					7.7	2.2	ļ [
16				<u> </u>				
17				ļ	7.8	2.2	· · · · · ·	
				ļ	7.6	2.2		
19					7.7	2.2		
20		8.5		ļ	7.7	2.0	I	
21			·		7.7	2.2		
22				l				
				 	7.6	2.2		
24					7.7	2.2		
25 26					7.7	2.2		
20				<u> </u>	7.6	2.2		
28		<u> </u>		L	7.8	2.2	_	
28			. <u> </u>	<u> </u>		2.2		
30				<u> </u>	7.8	2.2		
31				<u> </u>	7.8	2.2		<u></u>
				<u> </u>	1.6	2.2		
Total								
Mo. Avg.		1		1				

0 L4 3 3 3 MAY 22 8 FPSC-COMMISSION CLERK

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10), Effective November 29, 1994

Class:

Class:

С

B

Certificate No:

Certificate No:

Night Shift Operator

Lead Operator

1

13614

7113

Name:

Name:

Adam Michaelsen

Will Fontaine

1 1, 1, 1, 1 1 DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTA

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749		Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP		IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 1/1/06	To: 1/31/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: 0.0	009 % OF PE	RMITTED CAPACITY 60%

Dens	Sumter	<u> </u>					0		T			DATE: 2/20/06
Parameter		<i>i</i>	Quantity	or Loading	Units	· Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5		Sample Measurement			·	4.6			Mg/L	0	Monthly	Rolling Annual Average
STORET NO 80080	7228	Permit Ar a Requirement		1829		(20:074) (An Avg) Shoj			mg/L/		Monthly	Rolling Annual
CBOD5		Sample Measurement		l			3.8	3.8	Mg/L	0	Monthly	Grab
STORETINO 80080 MON SITE NO EFA-01-1	7228 4	Requirement					T 10:01	-60.0 -(Max)	mg/La		a Monthlyne yw	Graba
TSS		Sample Measurement				1.8		· · ·	Mg/L	0.	Monthly	Rolling Annual Average
STORETINO: 00530 MON SITE NO: EFA-01-1	7228	Permiti	和这 ^{次关注}			2010 TADAVES			ing the second		Monthly	Rolling Annual
TSS		Sample Measurement					4.5	4.5	Mg/L	0	Monthly	Grab
STORETINO 0530 MONISITEINO EFA-01-1	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit Requirement					/30.04 (Mo/Avg)	(Max:)	e mg/Live		Honth Vs	Grab
pH		Sample Measurement				7.4		7.6	S.U.	0	5 days/Week	Grab
STORETNO (00406 MON SITE:NO (EFA-01-1-		Requirement St	10.0	a far		602 (Min)		8-5 (Max)	SUL		5 days/Weck	Grab
Fecal Coliform Bacter	ria	Sample Measurement				1.6			#100mL	0.	Monthly	Rolling Annual Average
TORET NO://4055	Y Y	Requirement	1.12.079		S. A. C.	200-101-01-			*#100mL		Monthly	Rolling Annual

Rolling Annual Average is the average of the current monthly average and the preceding 11 monthly average. I certify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGE	SIGNATU	RE Ø PR	NETRAL E	XECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-Y	//MM/DD
Will Fontaine, Field Coordinator	•		1 he	42		352-787-0980	oble	7/1
			100	- part		1	eeres	44

1

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

ACILITY NAME: The Woods S/D WWTP IONTH/YEAR: 1/2006		PERMIT NUMBER: FLA013500			LA013500	DIS	SCHARGE POI	001 WAF	WAFR SITE No: 34825		
										-	
Parameter		Quantity	or Loading	Units	Qu	ality or Concentrat	Lion	Units	No Ex	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET-NOC2405527737 FIT	Permit Andrews	19 A.		-1, j	aReport T		800 %	S#(100mL)			Grap and the second
TRC for disinfection	Sample Measurement				1.7			Mg/L	0	5 day/Week	Grab
STORFI2NO, 5006022 4 A	Pennit Requirement				05. (Min)			3002/15-5-5 1		C Day Weeks	-Grab W. S. C. K.
nitrate (as N)	Sample Measurement						3.3	Mg/L	0	Monthly	Grab
STORETINO 00620 MON SITE NO ERA 01-1/228	· Permitin Service						-12:007 (-img/Lit.		Rytontally, says in	Grab
Flow	Sample Measurement	0.009	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORETINO/ 50050 MAT + G MONSITENO I INE-UI 24568 St. 44-37	Permit Service Requirement of	10i0)Lises (s) Ts/monthe (s)								STIDE VAV/CEL STAR	Blansed Line Metr.
Flow	Sample Measurement	Tolling Wet	0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Av
STORFTENO S00501925 MONSTERNO INFO 24568 - 2430	Permit Alder State Recurrence		1000000 19300/22(3)								reappliation arcliffre noull Aver
CBOD5	Sample Measurement					210		Mg/L	0	Annually	Grab
STORET-NO 1800822 CC 4	Requirement e					Report 4		1 mg/U mg	100 000 000 000	(Appually as a second	(Critic Constraint)
TSS	Sample Measurement					75		Mg/L	0	Annually	Grab
STORETINO 005301 MONSTENO INF 01-24568	· Permite 41/25	(1) (1) (1) (1)				Report		Simg/174		Annually	Grub - Carlos

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

2

.

DAILY SAMPLE RESULTS - PART B

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009 Daily Flow % Permitted Capacity: 60%

	Elow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD3 (mgr)	TSS (me/L)
Code	Se 50050 S	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF OF THESE	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	008						· ·		29 F 4
2	009			7.4		2.0			6443-34 1
3	90154			7.4		2.0	······································		
4	2008		· · · · · · · · · · · · · · · · · · ·	7.6		2.2			<u>Sector and and a sec</u> tor Sector and a sector a
5	1008 2012:		· ·	7.4		2.2			
6	006			7.4		1.8			
7	009		· · ·	7.4		2.0	· · · · ·		156-7 5-2 -
8	2010								
9	\$010	ŕ		7.6		2.2	<u> </u>		
10	008 4 9			7.6		2.2			
11	2008 25.1			7.4	······································	2.2			a és en decimiento
12	008.	3.8V	4.5	7.4	1.0U	2.2	3.3	210V	75
13	£009.		-	7.6		2.2			
14	007-5-5					2.0			
15	2011								
16	001	i		7.6		2.2		N. IN SEC.	- 1. Co
17	014			7.6		2.2			
18	006			7.6		2.2		A 19 19 19 19 19 19 19 19 19 19 19 19 19	
19	1010			7.6		2.2			
20	009.200			7.6		2.2			
21	007					2.2			N. 85.2
22	7006								
23	1006			7.6		2.0			
24	1009			7.6		2.1			
25	100751			7.5		1.8			
26	1009 2007 1007 2007 2009 2007 2007			7.5		2.0			
27	009			7.4		2.1			
28	£007					2.2			
29	008								STALL PARTY
30	.009			7.4		1.7			
31	008			7.4		2.0			

PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator

Class: B Certificate No: 7243 Class: C Certificate No: 13614 Certificate No: Class: Class: B Certificate No: 7113

Name: John Worrell Name: Adam Michaelsen

Name:

Name: Will Fontaine

Lead Operator Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: 🗋 No: X Not Applicable: If yes, cumulative days of wet weather *Attach additional sheets if necessary to list all certified operators.

Permit Number:

FLA013500 Month/Year: 1/2006

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MUNITURING REPORT - PART A

1

1

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. IIwy 301 North St. Catherine, FL 33513	MONITORING PERIOD THREE MONTH ROLLING ADF: (From: 2/1/06 0.009 % OF PER	To: 2/28/06 MITTED CAPACITY 60%

COUNTY: Sumter									DMR	DATE: 3/17/06
Parameter		Quantity or Loading	Units	0	uality or Concentra	lion	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.6			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 Y	Permit Requirement		2	20.0 (An Avg.)			mg/L	·	Monthly	Rolling Anguai Avg.
CBOD5	Sample Measurement				2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 1 MON SITE NO. EFA-01-17228	Permit Requirement		5 		30:0 (Mo:Avg:)	60.0 -(Max)	mg/L		Monthiy	Grab
TSS	Sample Measurement			1.9			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 90530 Y MON SITE NO. EFA-01-17228	Requirement		9,3	20.0 (An Avg.)	S. Ast	4	mg/L	•.	Monthly.	Rolling Annual Avg.
TSS	Sample Measurement				1.7	1.7	Mg/L	0	Monthly	Grab
STORET NO. 00530 I	Perinit Requirement				30.0 (Mo Avg.)	.60.0 (Max.)	mg/L	•	Monthly	Grab
pH	Sample Measurement			7.4		7.7	S.U.	0_	5 days/Week	Grab
STORET NO. 00406	Requirement			6.0 (Min)		38.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. FFA-01-17228	Permit. Requirement			200 :(An Avg.)		ř. 1971, –	#100miL		Monthly	Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	SIGNATORE	OF TRACIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	Illi	Pa	352-787-0980	06/03/23

1

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

ł

USCHARGE MONITORING REFORM - LANTA (CONTINUE)

t

ł

1

1

F

FACILITY NAME:	The Woods S/D_WWTP	PERMIT NUMBER:	FLA013500	DISCHARGE POINT NUMBER: R001	WAFR SITE No: 34825
MONTH/YEAR:	2/2006				

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL		Monthly	Grab
STORET NO. 74055 MON SHE NO. EFA-01-17228	Requirement				Heport (Mo Geo Stean)		800 (Max) 1	#100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				0.7			Mg/L	0	5 day/Week	Grab
STORET NO. 50060*	Permit Requirement		·		70.5; (Min)			`mg∕L		5 Day/Week	Grab
nitratc (as N)	Sample Measurement					,	1.6	Mg/L	0	Monthly	Grab
STORET NO: 00620	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STOREE NO. 50050	Permit A Sequirement	-0.015	Report (Ma Avg.)							5 Day/Weck	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg
STORET NO. 50050 MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	ingd *						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement		<u></u>			200		Mg/L	0	Annually	Grab
STORET-NO: 80082 G MON SINE NO: INF-01-24568	Permit Requirement			and In		Report annual sample		my/L		Annually	Grab
TSS	Sample Measurement					82		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit- Requitement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

.

ł

1

1

DAILY SAMPLE RESULTS - PART B

. •

Permit Number:

Month/Year: 2/2006

FLA013500

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	DNF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-2456
1				7.5		2.2			
2	008 - 2	2.0U	1.7	7.6	1.0U	2.2	1.7	200	82
3	.009.	· · · · · · · · · · · · · · · · · · ·		7.5		2.2			
4	.01Ô					1			
5	.011			7.5		2.2			
6	.012			7.6		0.7		· · · · · · · · · · · · · · · · · · ·	
7	.012			7.5		2.0			
8	.005			7.4		1.0			
9	.013			7.5		1.3			
10	004			7.7		0.7	<u> </u>		
11	.008					1.5			
12	008:			1		-	· ····································		
13	009			7.7		2.2			* <u> </u>
14	.009		[7.6	[1.5		<u> </u>	
15	.010		1	7.6		2.1			
16	.014		1	7.6	· · · · · · · · · · · · · · · · · · ·	2.2			-
17	.007	1	1	7.6		2.0			[
18	.008			7.6		2.2			
19	.009			1				1	
20	.009			7.6		2.2			
21	.010			7.6		1.7			
22	.013		T .	7.6	1	2.2		Service and	
23	.008	· ·	1	7.6		2.2			18 M
24	1006		1	7.7		2.2			
25	.010		T.			2.2			÷ .
26	.008	T							
27	.008			7.6	1	2.2	1		1
28	.011			7.7	1	2.2			
29			1	1			1		1
30									
31									
Day Sh Iveninj Jight S	F STAFFING ift Operator g Shift Operator hift Operator perator	Class: <u>B</u> Class: <u>C</u> Class: Class: <u>B</u>	Certifica Certifica	tte No: <u>7243</u> tte No: <u>13614</u> tte No: tte No: <u>7113</u>	-	Name: <u>John V</u> Name: <u>Adam</u> Name: Name: Will F	Michaelsen		

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: No: X Not Applicable: If yes, cumulative days of wet weather _____ *Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE:	Minor	GROUP: Domestic
		DISCHARGE POINT NUMBER:	R001 (RIBs)	WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	HID .	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 3/1/06	то: 3/31/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: (0.009 % OF PE	RMITTED CAPACITY 60%

COUNTY: Sumter										DMR	DATE: 4/10/06
Parameter		Quantity	or Loading	Units	Q	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement				2.9			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Permit Requirement				20.0 (An Avg.)			mg/L		Monthly	Rolling Annual
CBOD5	Sample Measurement		·			3.6	3.6	Mg/L	0	Monthly	Grab
STORET NO. 80080. MON SITE NO. EFA-01-17228	Requirement			1	See 1	30.0: (Mo Avg.)	(Max)	mg/L	2 1	Monthly	Grab
TSS	Sample Measurement				2.8			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement				20.0 (An Avg.)	and the second second second second second second second second second second second second second second second		mg/L	34-5 34-5	Monthly	Rolling Annual Avg
TSS	Sample Measurement					2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement			3.4 3.4		30.0 (Mo Ávg.)	60.0 (Max.)	mg/L		Monthly	Grab
рН	Sample Measurement				7.4		7.7	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	Permit, Requirement	Jan Jan			6.0 (Min)		8.5 (Max)	s.u.		5 days/Wcek	Grab
Fecal Coliform Bacteria	Sample Measurement				1.6			#100mL	_	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Requirement			1 49	200 (An Avg.)	1		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/FITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	SIGNATURE OF	PRESIPAL EXECUTIVE OFFICER OR AUTHORIZI	ED AGENT TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	Min	frame.	352-787-0980	0610411

1

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

)

} ١ Ł ł 1 t ł DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP	PERMIT NUMBER:	FLA013500	DISCHARGE POINT NUMBER: R001	WAFR SITE No: 34825
MONTH/YEAR: 3/2006				

Parameter		Quantity	or Loading Units Quality or Concentration				Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Mcasurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 MON SITE NO. EFA-01-17228	Permitr.			Carl Arrit						Monthly	Creby 1
TRC for disinfection	Sample Measurement				0.8			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 MON SITE NO. EFA-01-17228	Permit Requirement *				0.5 (Min)			img/L i	er Storre	5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.37	Mg/L	0	Monthly	Grab
STORET-NO: 00620	Requirement			28.0°C	Maria		(Max)			Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD				•	0	5 day/Week	Elapsed Time Meter
STORET NO 50050 G MON SITE NO INF-01-24568	Permit Requirement P	40.015- -Jimontha	Report (Mo Avg.)=	ingd a						5 Day/Weck	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD				2.met	0	Monthly Calculation	Calculation (Rolling Annual Avg
STORET NO 50050 MONSITE NO INF 01-24568	Permit & Permit Requirement		Report	mgdes						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement		-			160	·····	Mg/L	0	Annually	Grab
STORET NO: 80082 MON SITE NO, INF-01-24568	Permit Requirement					annual sample		mg/L		Annuelly	Grab T 200
TSS	Sample Measurement				NETRIE - Y JEEN -	64	<u></u>	Mg/L	0	Annually	Grab
STORETINO 00530 MON SITE NO. INF-01-24568	Permit Requirement					-Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B Facility Name: The Woods S/D WWTP

Permit Number: Month/Year: 3/2006

FLA013500

Three month Average Daily Flow: 0.009 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TOOL
Code	50050	80082	00530	00400	74055	50060	00620	- 80082	00530
Mon Site	DNF-01-24564	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.008			7.6		2.2			
2	-009 2 4		2.8	7.7	1.0U	2.2	0.37	160V	64
3	.010	· .		7.7		2.2		APRIL STATE	A
4	.007.		······	7.7		2.2			
5	.009							1. S. S. S.	
6	.009			7.7		2.2			
7	.011			7.7		2.2			
8	.007			7.6		1.1			
9	.008		·····	7.7		1.5	· · · · · · · · · · · · · · · · · · ·		
10	.009			7.6		0.8			
11	014					2.2			1 2
12	008								
13	.0083,			7.7	,	2.2			
14	.01'I S			7.6		0.9			
15	.009			7.6		2.1			
16	.008			7.6		2.2			
17	.007			7.6	*	1.0			
18	.009				-	2.0	10		
19	.009								
20	.010			7.7		2.2			And Antonio -
21	.008			7.5		2.2			
22	-009			7.6		0.9			Y2.4
23	009			7.4		1.9			
24	009			7.4		1.6			it states
25	008								
26	.008					1.1			
27	.008			7.5		1.8			
28	.010			7.5	· · · · · · · · · · · · · · · · · · ·	2.0			
29	.008			7.6		1.6			an an an an an an an an an an an an an a
30	.008			7.6	····	1.9			
31	.007			7.6		1.4			

PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator Lcad Operator

Certificate No: 7243 Class: C Certificate No: 13614 Class: B

Class: B

Class:

Certificate No: Certificate No: 7113 Name: John Worrell Name: Adam Michaelsen

Name:

Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: 🔲 No: X Not Applicable: If yes, cumulative days of wet weather ____ *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME:	Aqua Utilitics Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE:	Minor	GROUP: Domestic
		DISCHARGE POINT NUMBER:	R001 (RIBs)	WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 4/1/06	To: 4/30/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: (0.009 % OF PER	MITTED CAPACITY 60%

Parameter			Ountit	or Londing	Units				1. 77. 14	Y	· · · · · · · · · · · · · · · · · · ·	L DATE: 5/9/06
			Quantity	or Loading	Units	V V	uality or Concentra	tion	Units	No Ex	Frequency/ Analysis	Sample Type
CBODS		Sample Mcasurement				3.0			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228		Permit Requi rement				20.0 (An Avg.)			mg/L	÷. •	Monthly	Rolling Annual Avg.
CBOD5		Sample Measurement	•			,	4.9	4.9	Mg/L	0	Monthly	Grab
TORET NO. 80080 10N SITE NO. EFA-01-17228		Permit Requirement:					30.0 (Mo Avg.)	-60.0 - (Max)	mg/L		Monthly,	Grab
°SS		Sample Measurement				2.0			Mg/L	00	Monthly	Rolling Annual Average
TORET NO. 00530 ¥ 10N SITE NO. EFA-01-17228	<u> </u>	Permit Requirement	101 E			20.0 (An Avg.)	1997 - 1 997 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	? * *	mg/L		Monthly	Rolling Annual Avg.
SS	1	Sample Measurement					2.1	2.1	Mg/L	0	Monthly	Grab
TORET NO. 00530 I ION SITE NO. EFA-01-17228		Permit ** Requirement				÷.	30.0 (Mo Avg.)	-60.0 (Max.)	mg/L	-	Monthly	Grab
H	1	Sample Measurement				7.4		7.6	S.U.	0	5 days/Week	Grab
TORET NO. 00406 I ION SITE NO. EFA-01-17228		Permit Requirement	4.) 2			6.0 (Min)		8.5 (Max)	ş,ü.	<	-5 days/Week	Grab
ecal Coliform Bacteria		Sample Mcasurement				1.6			#100mL	0	Monthly	Rolling Annual Average
TORET NO. 74055 Y 40N SITE NO. EFA-01-17228		ermit Requirement	-			200 (An Avg.)			#100mL		Monthly	Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	SIGNATURPOE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE YY/MM/DD
Will Fontaine, Field Coordinator	Mater	352-787-0980	Of lockon
			4010407
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachme	mic harab		

1

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

)

ł

}	ľ	3	1	Į.	ļ.)	}	1)	}	Į.	1	Ţ	ł	¢.	y	1
					DISC	наксе	MONITO	KING RI	PORT	- PART A	A (CONTI	NUED)					

ŧ

FACILITY NAME: The Woods S/D WWTP	PERMIT NUMBER:	FLA013500	DISCHARGE POINT NUMBER: ROOI	WAFR SITE No: 34825
MONTH/YEAR: <u>4/2006</u>				

Parameter		Quantity or Loading		Units	. Qu	Units	No Ex.	Frequency/ Analysis	Sample Type		
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO: 74055 MON SITE NO: EFA-01-17228	Permit Requirement			1205	Report (Mo Geo Mean)		800 5 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.6			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.78	Mg/L	0	Monthly	Grab
STORET NO. 00620 MON SITE NO. EFA-01-17228	Permit Requirement		ne (0.42) 7∰- 1,0	يغه الدر او ^م ويا يؤينې		ang Palakan pang	12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET:NO. 30050 G MON SITE NO. INF-01-24568	Permit 2005 Requirementer	0 015 3 month rolling ave	Report (Mo Avg.)	.mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Mcasurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 18 Y MONSITE NO. INF-01-24568	Permit Kasaka Requirementers		(Ann Avg)	mgd				5 in 18 18	•	Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					210		Mg/L	0	Annually	Grab
STORET NO: 80082 G MON SITE NO: INF-01-24568	Permit Requirement					Report annual sample .		-mg∕l⊋		Annually	2 Grab (1999) Sa Chaine Martin
TSS	Sample Measurement					98		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO INE-01-24568	Permit Requirement					Report annual sample		mg/L		Annualiy	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

2

.

DAILY SAMPLE RESULTS - PART B

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	DVF-01-24568
1	.009			7.6		2.0			
2	.009							. A Constant	
3	. 009			7.6	•	2.0	•		
4	.010			7.6		2.0		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
5	.007			7.6		0.6			
6 ·	.006	4.9	2.1	7.6	1.0U .	0.7	0.78	210	98
7 .	.009			7.5		0.8			
8	.008					1.5			
9	.009								
10	.009			7.5		1.4			
11	007	_		7.5		1.4			
12	.010			7.5		1.1		1.1.1.1.1.1.	
13	.007			7.5		1.4			
14	.010			7.5		1.7			
15	.007			7.5		1.6			
16	.012						······································	4 A	
17	.012			7.6	· · · · · · · · · · · · · · · · · · ·	0.9			
18	.008		,	7.5		1.4			
19	.008			7.4	-	1.0			
20	.010			7.4		0.9			
21	.009 *			7.5		0.7			
22	.01 î				· .	1.8			
23	.011			· · ·					
24	.011			7.6		1.2			
25	.012		···	7.4		0.8	·····	,	
26	.009			7.4	,,,,,,,,	0.7		-	
27	.010			7.5		1.2			······································
28	.009			7.4		0.7			
29	.007			7.4		1.0		· · · · · · · · · · · · · · · · · · ·	
30	.010								
31						<u> </u>		<u> </u>	

PLANT STAFFING:

Day Shift Operator	Class: B	Certificate No: 7243
Evening Shift Operator	Class: C	Certificate No: 13614
Night Shift Operator	Class:	Certificate No:
Lcad Operator	Class: B	Certificate No: 7113
10 CE CO - EL	• • • • • • • • • • • • • • • • • • •	

Name: John Worrell Name: Adam Michaelsen Name:

13

Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: No: X Not Applicable: If yes, cumulative days of wet weather *Attach additional sheets if necessary to list all certified operators.

Permit Number: Month/Year: 4/2006

FLA013500

ł ł ł 1 ļ

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTA

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/IREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 5/1/06	To: 5/31/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: (0.010 % OF PER	MITTED CAPACITY 66%

COUNTY: Sumter				·	·····				N		DATE: 6/5/06 Sample Type
Parameter		Quantity	or Loading	Units	Q.	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	
CBOD5	Sample Measurement		[3.1			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 Y MON SITE NO. EFA-01-17238	Permit Requirement				20.0 (An Avg.)		. :	mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement					2.1	2.1	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	Permit Requirement					30.0 (NIO AVE.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement				2.1			Mg/I.	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement				20.0 (An Avg.)			mg/L		Monthly	Rolling Annual
TSS	Sample Measurement					2.3	2.3	Mg/L	0	Monthly	Grab
SFORET NO. 00530	Pennit					30.0. (Ma Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.3		7.6	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		: 5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement	······			1.6			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 Y MON SITE NO. EFA-01-17228	Permit Requirement				200 (An Avg.)			#100mL	•	Monthly	Rolling Annual Avg

Rolling Annual Average of the current monthly average and the preceding 11 month's monthly average. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	Mita	352-787-0980	del del o 7

1

.

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

ł

1 ł ł ţ ł DISCHARGE MONITURING REPORT - PARTA (CUNTERVED)

ť

ľ

1

and the second s

. .

1

1

1

FACILITY NAME: The Woods S/D WWTP	PERMIT NUMBER:	FLA013500	DISCHARGE POINT NUMBER: R001	WAFR SITE No: 34825
MONTH/YEAR: 5/2006				

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			·····	1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 MON SITE NO. EFA-01-17228	Permit Requirement				Ma Geo Mean		800 (Man)	#100mL		Monthly	Orab
TRC for disinfection	Sample Measurement				0.7			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement		ан 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Min)			. mgA.		5 Dny/Week	Norabi (
nitrate (as N)	Sample Measurement						0.93	Mg/L	0	Monthly	Grab
STORET NO. 00620 1 MON 5116 NO. EFA-01-17228	Permit Requirement						1220 (Max)	mg/L	-	Monthly	Grate
Flow	Sample Measurement	0.010	0.012	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO: 50050 MON STEENO, INF-01-24368	Permit . Requirement	0.915 3 month rolling avg.	Report (Mo Avg)							3 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD		· · · · · · · · · · · · · · · · · · ·			0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORETINO, 50050 MONSTEINO, INF-01-24568	Perinit Requirement		(Ann Avg)	angd - j					а Т	Monfilly Calculation	Celculation " (Relfing Annual Avg).
CBOD5	Sample Measurement		······································			200		Mg/L	0	Annually	Grab
STOREFINO-8008Z G MON STIE NO INF-01-24568	Requirement					Report annual sample		mg/lo		Annually	Ginh 1
TSS	Sample Measurement					72		Mg/L	0	Annually	Grab
STORET NO. 00530 G, MON SITE NO. INE-01-24568	Permit Réquirement	. 1				Report annual sample		mg/L	1	Annually	Cirab X

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

l

ł

1

1

ł

DAILY SAMPLE RESULTS - PART B

Permit Number. FLA013500 Month/Year: 5/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.010 Daily Flow % Permitted Capacity: 66%

	Fjow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	ĊBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.021	······································		7.5		1.9			
2	3011			7.5		2.2			
3	1010			7.3		1.5			·(
4	5016			7.3		2.2			
5	008			7.3		2.2			
6	.007			7.3		2.2			
7	.012				h				
8	.01Ž			7.4		1.4			
9	.011			7,4		1.0	Í		
10	-010			7.4	ļ	2.2			·····
11	.011	2.1	2.3	7.4	1.0U	2.2	0.93 Q	200	72
12	.010			7.4		2.2			
13	.020					2.2			
14	.013								Ι.
15	014			7.4		1.8			
16	.013			7.4		1.5			
17	.010			7.5		2.2		1.1.1	
18	.013			7.4		0.7			
19	.009			7.4		2.2	1		
20	011	1			1	2.2			
21	.011-			_					
22	0 1			7.5		2.2			
23	008			7.4		2.2		***	
24	.017			7.4		2.2			
25	,009	*		7.5		2.2]	· · · ·	
26	014			7.4	1	2.2			
27	.013			1		2.2		P	
28	.010								
29	.010			7.4		2.2			1
30	.011	1		7.4	1	2.2			
31	.012		1	7.6		2.2	- 		1

PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator

Lead Operator

Class: B Class: <u>C</u>____ Class: Class: B

Certificate No: 13614 Certificate No:

Certificate No: 7243

Name: John Worrell

Name: Adam Michaelsen Name:

Certificate No: 7113

Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Not Applicable: If yes, cumulative days of wet weather Limited Wet Weather Discharge Activated Yes: No: X *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

1

¥

I

file

ł

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

1

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER: FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT: Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: Minor	GROUP: Domestic
		DISCHARGE POINT NUMBER: R001 (RIE	s) WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE: IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD From: 6/1.	06 To: 6/30/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: 0.011 % 0	F PERMITTED CAPACITY 73%

Parameter			Quantity or Londing	Units	T	Juslity or Concent	ration	Units	No Ex,	Frequency/ Analysis	Sample Type
CBOD5		Sample Mcasurement		1	3.1			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. FFA-01-17228	Y	Permit Requirement			20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
CBOD5		Sample Measurement				2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	Ĭ.	Permit Requirement				30,0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS		Sample Mcasurement			2.3			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement			20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
TSS		Sample Measurement				2.4	2.4	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
рН		Sample Measurement			7.4		7.8	S.U.	0	5 days/Wcek	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	1	Permit Requirement			6.0 (Min)		8.5 (Max)	s.u.		5 days/Weck	Grab
Fecal Coliform Bacteria		Sample Measurement			1.0			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement			200 (An Avg.)		1	#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFIC	FROR AUTHORIZED AGEN SIGN	NATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTH	DRIZED AGENT TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	The l	Muit	352-787-0980	07/07/25

1 .

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

Revised Three Month Rolling ADF and Percent Permitted Capacity

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FLA013500

ł

F

1

FACILITY NAME: The Woods S/D WWTP MONTH/YEAR: <u>6/2006</u>

Ĩ

Ŧ

١

}

PERMIT NUMBER:

ł

F

DISCHARGE POINT NUMBER: R001

I

ł

١

1

WAFR SITE No: 34825

1

Ĭ

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	G	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.6			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Mín)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						5.0	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.011	0.012	MGD			}		0	5 day/Week	Elapsed Time Meter
STORET NO, 50050 G MON SITE NO. INF-01-24568	Pennit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement	······································	Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					100		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					79		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement	· · ·		 		Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.



DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500 Month/Year: 6/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.011 Daily Flow % Permitted Capacity: 73%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.012	2.0U	2.4	7.5	1.0U	2.2	5.0	100	79
2	.011			7.5		2.2			•
3	.010					2.2			
4	.014								
5	.015			7.4		2.2			
6	.016			7.7		2.2			
7	.015			7.5		2.2			
8	.017			7.5		2.2			
9	.012			7.5		2.2			
10	.012			7.5	••••••••••••••••••••••••••••••••••••••	2.2			
11	.014								
12	.014			7.4		2.2			
13	.012			7.5		1.8	· · · · · · · · · · · · · · · · · · ·		
14	.012		· · · · · · · · · · · · · · · · · · ·	7.6		2.2			
15	.012			7.6		1.6			
16	.015			7.6		2.2			
17	.014			7.6		2.2			
18	.011		·····				· · · · ·		,
19	.011		••••••••••••••••••••••••••••••••••••••	7.7		2.2			
20	.011			7.6	· · · · · · · · · · · · · · · · · · ·	2.2			
21	.009			7.6		2.2			· · · · · ·
22	.009			7.6		2.2			
23	.011			7.6		2.2			
24	.009			7.6		2.2			······································
25	.011								·····
26	.012			7.8		2.2		·	
27	.012			7.6		2.2		·	
28	.009			7.6		2.2			
29	.008		····	7.6		2.2	• • • • • • • • • • • • • • • • • • • •		<u>.</u>
30	.010			7.6		2.2	· · · · · ·		
31				/.0		<i>4</i>			

PLANT STAFFING:

£

Day Shift Operator Evening Shift Operator Night Shift Operator

Class: B Class: C Class: Class: B

Certificate No: 13614 Certificate No: Certificate No: 7113

Certificate No: 7243

Name: John Worrell Name: Adam Michaelsen

Name:

Lead Operator Name: Will Fontaine Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

Limited Wet Weather Discharge Activated: Yes: No: X *Attach additional sheets if necessary to list all certified operators. Not Applicable: If yes, cumulative days of wet weather

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

UEFAR INENT OF ENVIRONMENTAL INCLUSION MACHINE

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 7/1/06	To: 7/31/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: (0.012 % OF PER	MITTED CAPACITY 80%

I.

ï

OUNTY: Sun	nter									and the second second second second second second second second second second second second second second second	DATE: 8/11/06
Parameter		Quantity or	Loading	Units	Qu	ality or Concentr	ation	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement				3.0	[Mg/L	0	Monthly	Rolling Annual Average
STORET NO: 80080 Y: MON SETE NO: EFA-01-17228	Permile Requirement		E I		20.0 (An Avg.)			mg/L.		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement					2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 F. MON SHE NO. EFA-01-17228	Requirement		्र प्रत्य के प्र हे जिंद	1.	ي د د مورد ماري	10.0 (Mo Avg.)	60.0 (Max)	mg/L _{T y} r		Monthly	Grab
TSS	Sample Measurement	· · · · · · · · · · · · · · · · · · ·			2.3			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 Y MON SITE NO. EFA-01-17228	Pennit Requirement				20.0 (Án Avg.)			mg/D	، ا م 1	. Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1	1.0	1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530	Permit Requirement	-	÷,			300 (Ma Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
рН	Sample Measurement				7.5		7.8	S.U.	0	5 days/Week	Grab
STORET NO. 00406 I. MON SITE NO. EFA-01-17228	Permit Regultement				6.0 (Min)		8.5 (Max)	S.V.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				1.0			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 Y	Permit			с. т <u>.</u>	200 (An Avg.)		-	#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	352-787-0980	O6/02/16
White Condition I was a second and a second se		co-polite

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

ł

I J	F 1	ľ	Ť	ł	ţ.	1	1 1		1	1	T	I	Ŧ	E	Ŧ
			DISCHAI	CGE MOP	11000	ING INDE V		* •• (~•		,			•	•	•
FACILITY NAME: MONTH/YEAR:	The Woods S/D WV <u>7/2006</u>	VTP	PERMI	T NUMBER	: 1	FLA013500		DISCH	ARGE POR	IT NUME	BER: RO	ю1 г	WAFR SITI	E No: 34825	
Parameter	·····		Quantity	or Loading	Units	<u> </u>	Quality or Cond	centration		Units	No	Frequency/		Sample Type	

ł

				i					Ex.	Analysis	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO 74055	Permit Requirement						800 (Max)	#100mL	4	Wonthly	Grab
TRC for disinfection	Sample Measurement				0.7			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A. MON SFLE NO. EFA-01-17228	Permit		1 1		0.5 (Min)			ng/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						4.8	Mg/L	0	Monthly	Grab
STORE NO 00620	Permit. Requirement.						12.0 (Max)	mg/L	1	Monthly	Grab
Flow	Sample Measurement	0.012	0.012	MGD					0	5 day/Week	Elapsed Time Meter
STORET, NO. 50050 MON SITE NO. INF-01-24568	Permit Réquirement	.0.015 .3 month rolling avg.	(Mo Avg.)	mg di a						5 Duy/Week	Elapsod Time Meter
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg
STORET NO 50050 MONSITENO INF-01-24568*	Pornhit Requirement		Report (Anni Axe)	mga a		and the second sec				Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					150	•	Mg/L	0	Annually	Grab
STORET NO 80082 G MON SLIE NO INF-01-24568	Permit Requirement	8.				Report		mg/L		Annually	Grab
TSS	Sample Measurement					69		Mg/L	0	Annually	Grab
STORET NO 005305 G MON SETE NO INF-01-24568	Permit Requirement		्म द निर्द		1. 	Report annualisample		rng∕L ∕		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.012 Daily Flow % Permitted Capacity: 80 %

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	Ċ₿Ċ₽≸(měſĹ)	ŤŠS (my/L)
Code	50050	80082	00530	00400	74055	50060	00620	\$0082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	DNF-01-24568	INF-01-24568
1	.011		<u> </u>	7.5		2.2			
2	.010				_				
3	.011			7.6		2.1			
4	.011			7.6		2.2			
5	.012			7.6		1.1			
6	.011	2.0U	1.0U	7.6	1. 0U	2.2	4.8	150	69
7	.010			7.5		0.9			
8	.011			1		2.2			
9	.011								
10	.012			7.8	· · · · · · · · · · · · · · · · · · ·	2.2			· · · · · · · · · · · · · · · · · · ·
11	.011			7.6		2.2		1	
12	.010			7.7		2.2		· · · · ·	
13	.013			7.6		2.2			
14	.008			7.5		1.6			
15	.010			7.6		2.2			-heen start
16	:012		· · · · · · · · · · · · · · · · · · ·						an gangana Marina ang ang ang ang ang ang ang ang ang a
17	:013			7.5		1.1			
18	,015			7.5		1.9			м. <u>1</u> 41.
19	.014			7.5		2.2	†	1	· · ·
20	.016			7.6		2.2			
21	.014			7.6	1	2.2			
22	.013			-	<u>↓</u>	2.2			
23	.012		f		1				
24	.012		+	7.5		2.2			
25	.014		1	7.6	<u>†</u>	2.2			
26	.012			7.6		2.2			
27	:012	·	+	7.6	<u> </u>	1.7	<u> </u>		*
28	.013		<u> </u>	7.5		0.7	•		1
29	.018			7.5		1.4	<u> </u>		1
30	.015	1	-∔						1
31	.015	+	1	7.6		2.2	∔		

PLANT STAFFING:

Permit Number:

Month/Year: 7/2006

FLA013500

Day Shift Operator Evening Shift Operator Night Shift Operator

Class: B_ Certificate No: 7243 Certificate No: 13614 Class: C Certificate No: _____ Certificate No: 7113

Name: John Worrell

Name: Adam Michaelsen Name:

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

 Type of Effluent Disposal or Reclaimed Water Reuse:
 (2) Cell Rapid restricted access Part IV infiltration Basins
 Limited Wet Weather Discharge Activated: Yes: 🗌 No: X

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

Class:

Not Applicable: If yes, cumulative days of wet weather ____

1	1	1	E	E E	T	1	1		τ	,			-	-	_		
•		1 110-1-49	Г С РЭС ЭС ГУРИ ПРИ	1 1 1 1 / 1 - 1			· · · · · · · · · ·]))	- - -	1	1	ł	1	I	1

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

PERMITÉE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	llid	
LOCATION:	U.S. Hwy 301 North St. Catherine, FL 33513	MONITORING PERIOD THREE MONTH ROLLING ADF: (From: 8/1/06 0.013 % OF PEI	To: 8/31/06 RMITTED CAPACITY 86%

COUNTY:	Sumter					· · · · · · · · · · · · · · · · · · ·						DATE: 9/19/06
Parameter			Quantity	or Loading	Units		Quality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5		Sample Measurement				2.6			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Ŷ	Permit Requirement			14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(An Avg.)		ы 1 1	mg/L		Monthly	Rolling Annual Avg.
CBOD5		Sample Measurement					2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	T.	Permit A			1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		. 30.0 (Mo Avg.)	60:0 (Max)	mg/L		Monthly	Grab
TSS		Sample Measurement				2.3			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement				(An Avg.)			mg/L		Menthly	Rolling Annual Avg.
TSS		Sample Measurement					1.0	1.0	Mg/L	0	Monthly	Grab
STORET NO. 80530 MON SITE NO. 8FA-01-17228	1	Permit Requirement					. 30.0 (Mo Avg.)	, 60.0 (Max,)	mg/L	•	Monthly	Grab
pH	· · · · · · · · · · · · · · · · · · ·	Sample Measurement	<u></u>			7.5		7.7	S.U.	0	5 days/Week	Grab
STORET NO, 00406 MON SITE NO: EFA-01-17228	1	Permit Requirement				6.0 (Min)		8.5 (Max)	S.U.		5 days/Week	Grab
Fecal Coliform Bacteria		Sample Measurement				1.0			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement				200 (An Avg.)			#100mE		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEI	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	Mr. Fer	352-787-0980	06/09/22

1

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

: 1

. .

PERMIT NUMBER:

I

ł

MONTH/YEAR:

1

ł

<u>8/2006</u>

FACILITY NAME: The Woods S/D WWTP

I

1

DISCHARGE POINT NUMBER: R001

1

F

I

]

WAFR SITE No: 34825

ł

1

ł

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	lion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 1 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.6			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement			· · · · · · ·	0.5			mg/l_		5 Day/Week	Grab
nitrate (as N)	Sample Measurement	· · · · ·		·····			6.5	Mg/L	0	Monthly	Grab
STORET NO. 00620 T MON SITE NO. EFA-01-17228	Permit						12.0 (Max)	, mg/L		Monthly	Grab
Flow	Sample Measurement	0.013	0.015	MGD		· · · · · · · · · · · · · · · · · · ·			0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	Di015	Report (Mo-Avg.)	mgd					•	5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement	TOTING AVE	0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg);	'mgə'						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					110		Mg/L	0	Annually	Grab
STORET NO: 80082 G MON SETE NO. INF-01-24568	Përmit Requirement					Report annual sample		mg/L		Annually:	Grab
TSS	Sample Measurement					66		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report "annual sample		πıg/L	-	Annually	Grab

1

F

1

FLA013500

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.013 Daily Flow % Permitted Capacity: 86%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	ÇBOD5 (mg/L)	T\$\$ (thg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.015			7.6		2.2			د بنداد می اور اور اور اور اور اور اور اور اور اور
2 ·	.014			7.7		2.2			
3	• 013	2.0U	1.0U	7.7	1.0U	2.2	6.5	110	66
4	.013			7.7		2.2		1. 1. 1.	
5	.014					2.2			
6	013					<u> </u>			
7	.012			7.5	······	0.6			
8	.013			7.6		0.9			
9	.010			7.6		2.2			
10	.011			7.6		2.2			
11	.013			7.6		2.2			and the second sec
12	.011 :					2.2		1	Ver Bart
13	.011,			·					
14	.012			7.6		2.2			
15	.013			7.6		2.2			
16	.019		1	7.6		0.8			
17	022	· · · · ·		7.6		2.2			
18	.018		<u> </u>	7.8		2.2			
19	.014					2.2			
20	013								
21	.013			7.7		2.2			
22	.027	· · · · · · · · · · · · · · · · · · ·	1	7.6		1.7	<u></u>		
23	.019	·	1	7.6		2.2			
24	.019	ļ	1	7.6		1.3			
25	.014	1	1	7.6		2.1	<u>}</u>		- 1 - 11 - 2 - 2
26	.015		1	1	1	2.2	∤		
27	.015		· · · · · · · · · · · · · · · · · · ·					<u> </u>	-
28	.016		<u> </u>	7.6		2.2	<u> </u>		
29	.016			7.6		2.2		<u> </u>	
30	.014		1	7.6	<u>}</u>	2.2	<u>+</u>		
31	.019	1	<u> </u>	7.6	1	2.2	1	1	<u> </u>

PLANT STAFFING:

Lead Operator

·. .

Permit Number:

Month/Year: 8/2006

FLA013500

Day Shift Operator Evening Shift Operator Night Shift Operator Class: <u>B</u> Class: <u>C</u> Class: ____ Class: <u>B</u>____

Certificate No: <u>13614</u> Certificate No: <u>____</u> Certificate No: <u>7113</u>

Certificate No: 7243

Name: John Worrell Name: Adam Michaelsen

Name:

Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: (1) No: X Not Applicable: If yes, cumulative days of wet weather ______ *Attach additional sheets if necessary to list all certified operators.

 DEPART INTERNAL OF EINVERSION INTERNETAL PROTECTION DESCRIPTION DESCRIP

FACILITY: The Woods S/D WWTP LOCATION: U.S. Hwy 301 North St. Catherine, FL 33513

PERMIT NUMBER:	FLA0I.	3200		
LIMIT:	Final			REPORT: Monthly
CLASŚ SIZE:	Minor	•		GROUP: Domestic
DISCHARGE POINT NUMBER:	R001 ((RIBs)		WAFR SITE NO: 34
CATEGORY/TREATMENT TYPE:	111D			
MONITORING PERIOD	From:	9/1/06	To:	9/30/06
THREE MONTH ROLLING ADF: 0	0.013	% OF PERM	(111)	ED CAPACITY 89%

1

Parameter Sumter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
CBODS	Sample Measurement	·····			2.6			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. HEA-01-17228	Permit Requirement				20.0 (An Ayg)			mg/L		Monthly 4	Rolling Annual Avg
CBOD5	Sample Measurement					2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	Requirement		All of the last			-30.0 	60.0 (Max)	mg/L	್ಷ ಭಾರತ್	Monthly	: Grab
TSS	Sample Measurement				2.3			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530	Pennit Requirement			and the second	20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement					1.0	1.0	Mg/L	0	Monthly	Grab
SIORET NO. 00530 MON SPIE NO. EFA-01- 17228	Permit Requirement			े क र्न देखें हैं। हे		(Me Avg	60:0 (Max.)	mg/L		Monthly	Grab
рН	Sample Measurement				7.4		7.6	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	Pormits	R	-		-6.0 (Win)		855 (Max)	SAI In		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				1.0			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 Y	Requirement				200 (An Ave.) -	Want-		#190m1		Monthly	Rolling Annual

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

I certify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE! SI	NATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	mit	352-787-0980	06/10/25

1

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

MONTH/YEAR: <u>9/2006</u>											
Parameter	·····	Quantity	or Loading	Units	Q	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL		Monthly	Grab
STORET:NO: 74055 ***** 1 MON SITE NO: EFA-61-17228	Permit je r. e	3850	a de la composition de la comp		Report Wile Geo Methin		800 Max)	#10Qnill		Monthly	Grab
TRC for disinfection	Sample Measurement				0.5			Mg/L	0	5 day/Week	Grab
STORET-NO-50060 A MON STIE NO. EHA-01-17228	Requirement				r.0.5 Advin)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						4.6	Mg/L	0	Monthly	Grab
STORET NO: 00620	Permit	S.S.		Server L			(Max)	mg/E .	: تۇرىلە. ئەربىيە:	Monthly	Grab
Flow	Sample	0.013	0.013	MGD	<u> </u>				0	5 day/Weck	Elapsed Time Meter
STORET NO: 50050 MON STIE NO: INE-01-24568	Permit Requirement	0.015.98	Report	-ragd ² 2 Ma			100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100			5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement	- toungang.	0.011	MGD			(<u>, , , , , , , , , , , , , , , , , , , </u>		0	Monthly Calculation	Calculation (Rolling Annual A
STORETINO230050 Y MONSTIE NG (TNF:01-24568	Requirement		Report //	ringd 12						Monthly- Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					170		Mg/L	0	Annually	Grab
STORET-NO-80082	Requirement.					Report ; annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					92		Mg/L	0	Annually	Grab
STORET NOLOOS30 G	Permit	9				Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

ł

1

1

1

1

Ł

1

I

ł

DAILY SAMPLE RESULTS - PART B Facility Name: The Woods S/D WWTP

Permit Number:

Month/Year: 9/2006

FLA013500

Three month Average Daily Flow: 0.013 Daily Flow % Permitted Capacity: 89%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	-TS\$-(my/L) 51
Code	\$ 50050	80082	00530	00400	74055	50060	00620	80082.1	5 00530
Mon Site	THF-01-24566	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	
1	.012			7.5		2.2			
2	024					2.2			i kat
3	.011. 0								
4	013			7.5		2.2			
5	.013 5 -			7.4		2.2			
6	.009			7.4		2.2			
7	012			7.4		2.2			
8	013			7.4		2.2			
9	011 - R					2.2			
10	2014								E I
11	013			7.5	-	1.2			
12	013	2.0U	1.0U	7.6	1. 0U	1.3	4.6	170	2
13	.010 011			7.6		0.7		医	影的病毒
14	<u>.01</u> 1			7.6		1.6			
15	018			7.6		0.5			242
16	018 011 2011					2.2			14. H. C
17	民间自己注意								
18	1010 · · ·			7.6		2.1		$t \sim 10 t_{10}$	
19	01			7.6		0.9			
20	012 013			7.6		1.6		1. 33	33 E
21	013.4			7.6		0.8			
22	.011			7.6		1.3			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	1		t	1.4	1

PLANT STAFFING:

5

23

24

25

26

27

28

29

30

3 I

.010

.014

.013

.013

011

<u>.</u>012

:012

:013

. . 1

Day Shift Operator Evening Shift Operator Night Shift Operator

Class: C Class: ___ Class: B

Class: B_

Certificate No: 13614 Certificate No: Certificate No: 7113

Name: John Worrell

Name: Adam Michaelsen

Name: Name: Will Fontaine

2.0

1.0

0.8

1.5

2.2

2.2

2.2

ş.

1

:

Lead Operator Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: D No: X Not Applicable: If yes, cumulative days of wet weather _____ *Attach additional sheets if necessary to list all certified operators.

Certificate No: 7243

7.6

7.6

7.6

7.6

7.6

I

ł

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RJBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 10/1/06	To: 10/31/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF:	0.014 % OF PER	MITTED CAPACITY 95%

COUNTY: Sumter										DMR	DATE: 11/15/06
Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement				2.5			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 Y MON SITE NO. EFA-01-17228	Permit Requirement		的名称	1. 2. 2.	20.0 (An Avg.)			mg/L 6		Monthly	Rolling Annual
CBOD5	Sample Measurement					2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. FFA-01-17228	2Permit Requirement	ی مدانلون می اور انداز از می			a a si si si si si si si si si si si si si	30.0 (Mo Avg.)	60.0. (Max)	nig/L		Monthly.	, Grab
TSS	Sample Measurement				2.0			Mg/L	0	Monthly	Rolling Annual Average
STORET NO 00530 MON SITE NO: EFA-01-17228	Pennit Markent				20.0 (An Λvg.)			mg/L		Monthly	Rolling Annual
TSS	Sample Measurement					1.6	1,6	Mg/L	Ð	Monthly	Grab
STORET/NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement				N.	(Mo'Avg)	(Max.)	mg/L		Monthly	Grab - Yes
рН	Sample Measurement				7.5		7.8	S.U.	0	5 days/Week	Grab
STORET.NO. 00406 MON SITE NO: EFA-01-17228	Requirement			an an t San an t	. 6.0 (Min)	A Contraction	(8.5 (Max)	S.U. 14	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				17.6			#100mL	0	Monthly	Rolling Annual Average
STORETINO 74055 MON SITE NO. EFA-01-17228	Permit Requirement				200 .(An Avg.) 5			#100mL		Monthly	Rolling Annual

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

submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Will Fontaine, Field Coordinator 352-787-0980 06/	6/11/16

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

1

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

l

ł

ł

1

1

FACILITY NAME: The Woods S/D WWTP	PERMIT NUMBER:	FLA013500	DISCHARGE POINT NUMBER: R001	WAFR SITE No: 34825
MONTH/YEAR: 10/2006				

Parameter		Quantity of	or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				20		400	#100mL	0	Monthly	Grab
STORET-NO. 74055 MON SITE NO. EFA-01-17228	Requirement				(Mo Geo Mean)		(Max)	.#100mL		Monthly	South All and a set
TRC for disinfection	Sample Measurement				0.7			Mg/L:	0	5 day/Week	Grab
STORETINO 50060 A MON SITE NO EFA-01-17228	Requirement			的建立	(Min)			mg/L		5 Day/Week	Grab View of States
nitrate (as N)	Sample Measurement						5.6	Mg/L	0	Monthly	Grab
STORETNO. 00620 MON SITE NO EFA-01-17228	Pennit Requirement						(Max)	img∕Li≊		Monthly	Graber (Service)
Flow	Sample Measurement	0.014	0.015	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO 50050 MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg	Report # 24. /(Mo Avg/)	Sec. 34						S Dav/Week	Elapsed Time Meter
Flow	Sample Mcasurement		0.011	MGD	And the state of the second second second second second second second second second second second second second	teres includes the second party			0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET.NOS50050 MONSITENO: INF-01-24568	Permit's Sec.		Report (Ann Ayg))	mgd ^{e e}	74					Monthly Calculation	Calculation States (Rolling Annual Ave.)
CBOD5	Sample Measurement					53		Mg/L	0	Annually	Grab
STORET NO. 80082 MON SITE NO. INF-01-24568	Permit:					Report annual sample		mg/Las		Annually	Gradule and the second
TSS	Sample Measurement					28		Mg/L	0	Annually	Grab
STORET'NO. 00530 G MON STEB NO INF-01-24568	Requirement St					Report annual sample?		mg/L		Annually -	Grabit 1995 and 1997

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

.

1

1

1

.

DAILY SAMPLE RESULTS - PART B

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.014 Daily Flow % Permitted Capacity: 95%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L) LTSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082 21 1.12005301
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	-DNF-01-24568 2 DNF-01-24568
1	.009					1		
2	.010			7.6		0.7		
3	.015			7.5		0.7		
4	: 011 :?;>```			7.5		2.2		
5	.019	2.0U	1.6	7.5	400B	1.3	5.6	53 %
6	.024			7.5		0.7		
7	.020					1.2		
8	.024							
9	.024			7.6		0.8		
10	.023			7.6	<u> </u>	1.2		
11	.021	· · · · · · · · · · · · · · · · · · ·		7.6		2.2		
12	.021		······································	7.6		2.2		
13	.013			7.5		1.5		
14	016					1.8		
15	.011							
16	.012			7.6		1.2		
17	.017 Save			7.6	1.0U	2.2		
18	.012			7.8		2.2		
19	.012			7.7		2.2		
20	.016.			7.8		2.2		
21	.013			7.7		2.2		
22	.009		-		·			and the second second second second second second second second second second second second second second second
23	.009			7.5		2.2		
24	.011`			7.6		2.2	· · · · · · · · · · · · · · · · · · ·	
25	:013			7.6		2.2	·····	
26	.017			7.7		2.2		
27	.011			7.6		2.2	·	
28	.010			7.6		0.8	<u> </u>	
29	.011							
30	.011			7.7		2.2		
31	.012			7.7		2.2		

PLANT STAFFING:

Class: <u>B</u> Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator

Class: C Class: Class: B

Certificate No: 7243 Certificate No: 13614 Certificate No: Certificate No: 7113

Name: John Worrell Name: Adam Michaelsen Name: Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: No: X Not Applicable: If yes, cumulative days of wet weather _____ *Attach additional sheets if necessary to list all certified operators.

Permit Number:

Month/Year: 10/2006

FLA013500

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONIFORING REPORT - PART A

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

1

PERMITĘE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RlBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD		To: 11/.30/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: (0.013 % OF PER	MITTED CAPACITY 89%

COUNTY: Sur	nter									DMR	DATE: 12/18/06
Parameter		Quantity or Loading Units			Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
CBODS	Sample Measurement				2.9			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 Y MON SITE NO. EFA-01-17228	Permit Requirement				20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement					5.8	5.8	Mg/L	0	Monthly	Grab
STORET NO. 80080 I MON SITE NO. EFA-01-17228	Permit Requirement				1997 - C	30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement				2.1			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 Y MON SITE NO. EFA-01-17228	Requirement				20.0 (An Avg.)			mg/L	1	Monthly	Rolling Annual Avg.
TSS	Sample Measurement					2.8	2.8	Mg/L	0	Monthly	Grab
STORET NO. 00530 I MON SITE NO. EFA-01-17228	Permit Requirement					30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement				7.7		7.8	S.U.	0	5 days/Week	Grab
STORET NO. 00406 I MON SITE NO. FFA-01-17228	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Mcasurement				17.6			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 Y MON SITE NO. EFA-01-17228	Permit Requirement				200 (An Avg.)			#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): An operator was hired and missed taking the sample for Nitrate. The operator has been instructed of the sampling requirements for this plant and it will be taken as required in the future.

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

t

FACILITY NAME:	The Woods S/D WWTP	PERMIT NUMBER:	FLA013500	DISCHARGE POINT NUMBER: R001	WAFR SITE No: 34825
MONTH/YEAR:	11/2006				

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 1 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mcan)	3	(Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		an an an an an an an an an an an an an a	mg/I.		-5 Day/Week	Grab
nitrate (as N)	Sampic Measurement						ANC	Mg/L	0	Monthly	Grab
STORET NO. 00620 1 MON SITE NO. EFA-01-17228	Permit Requirement	• • •					12.0 (Mex)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013	0.012	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	-0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Wcck	Elapsed Time Meter
Flow	Sample Measurement	· · · · · · · · · · · · · · · · · · ·	0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	`mgd			م الجور المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع			Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					180		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit. Requirement					Report		mg/L		Annually	Grab
TSS	Sample Measurement					110		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report - annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

.

DAILY SAMPLE RESULTS - PART B Facility Name: The Woods S/D WWTP

Permit Number: FLA013500 Month/Year: 11/2006

Three month Average Daily Flow: 0.013 Daily Flow % Permitted Capacity: 89 %

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01+17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.010			7.7	[2.2+			
2	.013			7.7		2.2			
3	.010			7.8		2.2			1
4	.015			7.8		2.2			
5	.013								
6	.013			7.8		2.2			
7	.012			7.7		2.2			
8	.018			7,8		2.2			
9	.015			7.7		2.2			
10	.015			7.7		2.2		, · · ·	
11	.009								
12	.013							·	
13	.013			7.8		2.2			
14	.010			7.8		2.2			
15	.014			7.7		2.2			
16	.011	5.8	2.8	7.8	1.0 U	2.2		180	110
17	.013			7.7		2.2		· · · · · · · · · · · · · · · · · · ·	
18	.013			7.8		2.2			
19	.013								
20	.013			7.7		2.2			, <u>,</u>
21	.009			7.8		2.2+			
22	.008			7.8		2.2+			
23	.005			7.8		2.2+			
24	.005			7.7		2.2+			
25	.017			7.8		2.2+			
26	.009			7.8		2.2+			
27	.009			7.8		2.2+			
28	.009	}		7.7		2.2			
29	.015			7.7		2.2			
30	.011			7.8		2.2		· ·	
31									-

PLANT STAFFING:

Day Shift Operator

Evening Shift Operator Night Shift Operator

Class: B Class: C Class: Class: B____

Certificate No: 13614 Certificate No: Certificate No: 7113

Certificate No: 7243

Name: John Worrell Name: Adam Michaelsen

Name:

Name: Will Fontaine Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins Limited Wet Weather Discharge Activated: Yes: 🗌 No: X Not Applicable: If yes, cumulative days of wet weather _____ *Attach additional sheets if necessary to list all certified operators.

Lead Operator

1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749	CLASS SIZE: DISCHARGE POINT NUMBER:	Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/IREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North St. Catherine, FL 33513	MONITORING PERIOD THREE MONTH ROLLING ADF: (To: 12/31/06 MITTED CAPACITY 82%

COUNTY: Sumter										DMR	DATE: 1/19/07
Parameter		Quantity (or Loading	Units	Qu	ality or Concentral	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement				2.9			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 Y. MON SITE NO. EFA-01-17228	Permit Requirement				20.0 (An Avg.)			mg/L	Ċ,	Monthly	Rolling Annual Avg.
CBOD5	Sample Measurcment					2.6	2.6	Mg/L	0	Monthly	Grab
STORET NO. 80080 [MON SITE NO. EFA-01-17228	Permit Requirement		an an an an an an an an an an an an an a			30.0 (Mo Avg.)	60.0 (Max)	mg/L	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Monthly	Ģisb
TSS	Sample Measurement				2.1			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 Y MON SITE NO. FFA-01-17228	Permit Requirement				20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement					1.9	1.9	Mg/L	0	Monthly	Grab
STORET NO. 00530. 1. MON SITE NO. EFA-01-17228	Permit Requirement					30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pН	Sample Measurement				7.6		7.8	S.U.	0	5 days/Week	Grab
STORET NO. 00406 I MON SITE NO. EFA-01-17228	Permit Requirement				6.0 (Min)	•	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				17.6			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 Y MON SITE NO. EFA-01-17228	Permit Requirement				200 (An Avg.)			#100ml		Monthly	Rolling Annual

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGET SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	352-787-0980	01/01/22
		77

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

ł

4 1 1 ţ 1 ł 1 ł 1 ł ۱ ł ł 1 1 •

ł

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME:	The Woods S/D WWTP	PERMIT NUMBER:	FLA013500	DISCHARGE POINT NUMBER: R001	WAFR SITE No: 34825
MONTH/YEAR:	<u>12/2006</u>				

Parameter		Quantity or Loading			Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 1 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800. (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Pennit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						5.7	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit - Requirement						12.0 (Max)	-mg/L		Monthly	Grab
Flow	Sample Measurement	0.012	0.010	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirements	-0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5-Day/Wcck	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					160		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568 -	Permit Requirement					Report		mg/L		Annually.	Grab
TSS	Sample Measurement					170		Mg/L	0	Annually	Grab
STORET.NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Réport annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500 Month/Year: 12/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.012 Daily Flow % Permitted Capacity: 82%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.8		2.2+	<u> </u>		
2	.010			7.8		2.2+			
3	.008			7.7		2.2+			
4	.008			7.7		2.2+			
5	.008			7.7		2.2÷			
6	.008			7.7	· · · · · · · · · · · · · · · · · · ·	2.2+			·
7	.010	2.6	1.9	7.7	1.0U	2.2+		160	170
8	.009		· · · · · · · · · · · · · · · · · · ·	7.6		2.2+			
9	.009		• 	7.7		2.2+			
10	.010								<u> </u>
11	.010			7.7	· · · · · · · · · · · · · · · · · · ·	2.2+			
12	.010			7.8		2.2+			
13	.009		······································	7.7		2.2+			
14	.009			7.8		2.2+			
15	.010			7.7		2.2+			
16	.010		· · · · · · · · · · · · · · · · · · ·	7.7		2.2+			
17	.010					2.2			
18	010			7.6		2.2+			
19	.010			7.7		2.2+	5.7		
20	.011		······	7.8		2.2+			
21	.009			7.8		2,2+			
22	.009			7.8		2.2+			
23	.011		······································	7.8		2.2+			ат. х
24	.010			7.7		2.2+			
25	.010					2.2		and a second second second second second second second second second second second second second second second	· · · · ·
26	.009			7.7		2.2+			
27	.010			7.7		2.2+			
28	.010			7.8		2.2	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
29	.010		· · · · · · · · · · · · · · · · · · ·	7.7		2.2			
30	.010		 	7.7	↓ ,,,,,_,_,,,,.	2.2			
31	.009			7.8	·	+	<u> </u>		

PLANT STAFFING:

	Day Shift Operator	Class: <u>B</u>	Certificate No: 7243
	Evening Shift Operator	Class; C	Certificate No: 13614
	Night Shift Operator	Class:	Certificate No:
•	Lead Operator	Class: <u>B</u>	Certificate No: 7113

Name: <u>John Worrell</u> Name: <u>Adam Michaelsen</u> Name: <u>——</u> Name: <u>Will Fontaine</u>

.

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

 Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins
 Limited Wet Weather Discharge Activated: Yes: No: X
 Not Applicable: If yes, cumulative days of wet weather ______

 *Attach additional sheets if necessary to list all certified operators.
 Not Applicable: If yes, cumulative days of wet weather ______



Jeb Bush Governor

Department of Environmental Protection

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

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

PA FILE NUMBER:

ISSUANCE DATE: EXPIRATION DATE: FLA013500

FLA013500-004-DW3P

June 19, 2006

June 18, 2011

PERMITTEE:

Aqua Utilities Florida, Inc.

RESPONSIBLE AUTHORITY:

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

(352) 552-8532

FACILITY:

The Woods US Highway 301 North and County Road 674 St. Catherine, FL 33597 Sumter County Latitude: 28° 35' 22" N Longitude: 82° 09' 43" W

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

TREATMENT FACILITIES:

Operation of an existing 0.015 MGD 3 Month Average Daily Flow (3MADF), Type III, extended aeration domestic wastewater treatment plant consisting of: three aeration basins of 15,000 total gallons, one clarifier of 3,000 total gallons and 73 total square feet of surface area, one chlorine contact chamber of 1,500 gallons, and one digester of 2,000 gallons. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.015 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin (RJB) system (R-001). R-001 consists of two RIBs of 27,700 square feet of total bottom surface area. R-001 is located approximately at latitude 28° 35' 22" N, longitude 82° 09' 43" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 15 of this permit.

"More Protection, Less Process"

Printed on recycled paper.

80

3

MAY

333

<u>.</u>_

 \bigcirc

ź

}	ł)	\$	}	ŀ	Ţ	ļ	1	}	1	Ţ	1	Ŧ	١	\$ I	١
	CILIT RMITTEE:		oods WWT Itilities Flor					Pl	IT NUM	BER:	FLA0135	00				

I

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

	R	eclaimed Wat	ter Limitation	ls 🛛		<u> </u>				
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, to R-00 1	MGD	Maximum	0.015	Report	-	•	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.LA.3
BOD, Carbonaccous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-01	1
рН	ទប	Range		-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100M L	Maximum	200	-		800	Monthly	Grab	EFA-01	Sce Cond.I.A.4
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	*	-	12.0	Monthly	Grab	EFA-01	

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-01	Effluent sampling point after disinfection and prior to discharge to the RIBs.
FLW-01	Flow measured at the master lift station.

- 3. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
- 4. The arithmetic mean of the monthly fccal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. [62-610.510 and 62-600.440(4)(c)]
- 5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]

I I	r i	;	ł	1	3	Ţ	3	3	1)	3	4	ŗ	ł	I
FACILITY PERMITTEE:	The Woods WWTF Aqua Utilities Florida					PE	T NUMBE	ER:	FLA013500			•			

B. Other Limitations and Monitoring and Reporting Requirements

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

				Limits						
Parameter	Units	Max/Min	Annue) Aversge	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, Total Plant	MGD	Maximum	0.015 3MADF	Report	-	·	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.B.3, 5
Percent Capacity. (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	•	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	·	Report	-		Annually (February)	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report		Ŧ	Annually (February)	Grab	INF-01	See Cond.I.B.4

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

Monitoring Location Site Number	Description of Monitoring Location
FLW-01	Flow measured at the master lift station.
INF-01	Influent sampling point prior to treatment and ahead of the return activated sludge line.

- 3. The three-month average daily flow to the treatment plant shall not exceed 0.015 MGD.
- 4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-60].500(4)]
- 5. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
- 6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

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

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

PA File No. FLA013500-004-DW3P

> Copies to: Florida Department of Environmental Protection Domestic Wastewater Program Southwest District Office 13051 N. Telccom Parkway Temple Terrace, FL 33637-0926

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

9. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Southwest District Office 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600 FAX Number - 813-632-7662

Email - DWSWD@dep.state.fl.us

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

II. RESIDUALS MANAGEMENT REQUIREMENTS

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

PA File No. FLA013500-004-DW3P

Source Facility

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

Residuals Management Facility or Treatment Facility

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

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid-Rate Land Application System (R-001)

- 1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- 2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 3. The annual average hydraulic loading rate to the rapid infiltration basins shall be limited to a maximum of 0.87 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 4. Rapid infiltration basins normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
- 5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
- 6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
- Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

 During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

-

A Class D or higher operator for 3 non-consecutive visits/week for 1^{1/2} hours/week. The lead operator must be a Class C operator, or higher.

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

- 2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that Flow, pH, Total Chlorine Residual (For Disinfection) are monitored in accordance with Part I of this permit. [62-699.311(1)]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
- 5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The permittee shall adhere to the following schedule:

	Implementation Step	Completion Date
1.	Permanently cap the 18-inch open pipe leading to and	Within 180 days of permit issuance.
	from the lift station wet well.	

PA File No. FLA013500-004-DW3P

FACILITY: PERMITTEE:

2

The Woods WWTF E: Aqua Utilities Florida, Inc.

Provide lighting and either guardrails around the open treatment process tanks or grating to cover the open deck areas over the tanks.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX.
 20. [62-604.550] [62-620.610(20)]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

PA File No. FLA013500-004-DW3P

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
- Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a
 Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and
 grit. [62-701.300(1)(a)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]

PA File No. FLA013500-004-DW3P

- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]

FACILITY: The Woods WWTF

PERMITTEE: Aqua Utilities Florida, Inc.

- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance

The Woods WWTF Aqua Utilities Florida, Inc.

including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
 - For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 - 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

FACILITY: PÉRMITTEE: The Woods WWTF Aqua Utilities Florida, Inc.

- 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
- 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
- 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

- 23. Upset Provisions
 - a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition 1X. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
 - b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
 - c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

PA File No. FLA013500-004-DW3P

PERMIT NUMBER: FLA013500

FACILITY: The Woods WWTF PERMITTEE: Aqua Utilities Florida, Inc.

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION Λ

00

Jeffity S Greenwell, P.E. Water Facthties Administrator Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Flori P O Box 490310	da, Inc.			PERMIT	UMBER	FLA013	FLA013500				
	Leesburg, FL 3474)			LIMIT: CLASS SI	ZE:	Final N/A			Γ: :	Monthly Domestic	
FACILITY: LOCATION: COUNTY:	4	MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: RIB (R-001), including influent NO DISCHARGE FROM SITE: To To										
Parameter		Qı	antity o	or Loading	Units	Qu	ality or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurer	lant					<u></u>					
PARM Code 50050 Y Mon.Site No. FLW-01		0.0	-	······	MGD				+		Monthly	Calculation
Flow	Sample Measurer								+			
PARM Code 50050 1 Mon.Site No. FLW-01	Requirem	ent (Mo.A			MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 da	y, 20C Sample Measuren	tent										
PARM Code 80082 Y Mon.Site No. EFA-01	Requirem	ent				20.0 (An,Avg.)	1		mg/L,		Monthly	Calculation
BOD, Carbonaceous 5 da	Measuren	ent									····· · · · · · · · · · · · · · · · ·	·····
PARM Code 80082 A Mon.Site No. EFA-01	Requirem	ent				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measuren	ent							1			
PARM Code 00530 Y Mon.Site No. BFA-01	Permit Requirem	ent				20.0 (An Avg.)			mg/L	╋╼╼┈╋	Monthly	Calculation
Solids, Total Suspended	Sample Measuren								1			
PARM Code 00530 A Mon.Site No. EFA-01						30.0 (Mo Ave.)		60,0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
			1
			l

1

ł

1

t

I

ſ

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

1

ſ

1

.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF Sumter County

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: _____ To

PERMIT NUMBER: FLA013500

t

ł

1

1

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentra	tion	Units	No.	Frequency of Analysis	Sample Type
pН	Sample				·····				Ex.		
	Measurement]
PARM Code 00406 A	Permit				6.0		8.5	SU SU		5 Days/Week	Grab
Mon.Site No. EFA-01	Requirement				(Min.)		(Max.)		1	5 54,5	0.20
Coliform, Fecal	Sample								<u> </u>		
	Measurement										
PARM Code 74055 Y	Permit				200		<u></u>	#/100mL		Monthly	Calculation
Mon.Site No. EFA-01	Requirement				(Ал.Avg.)						
Coliform, Fecal	Sample										
DADLE C. J. MARCO	Measurement										
PARM Code 74055 A	Permit				Report		800	#/100mL	<u> </u>	Monthly	Grab
Mon.Site No. EFA-01	Requirement				(Mo.Geo.Mean)		(Max.)				
Total Residual Chlorine (For Disinfection)	Sample										
•	Measurement										
PARM Code 50060 A Mon.Site No. EFA-01	Permit				0.5			mg/L		5 Days/Week	Grab
	Requirement				(Min.)	·		-			
Nitrogen, Nitrate, Total (as N)	Sample					ļ		4	ĮĮ	I	
PARM Code 00620 A	Measurement Permit			- <u> </u>	<u> </u>				i		
Mon.Site No. EFA-01	Requirement						12.0	mg/L		Monthly	Grab
Montolic Ind. 21 APOT	Sample	•····	<u> </u>				(Max.)				
	Measurement								1		
	Permit				·····				f		
	Requirement										
Flow, Total Plant	Sample			· · · · · · · · · · · · · · · · · · ·			······				
	Measurement										
PARM Code 50050 O	Permit	0.015		MGD	-					Monthly	Calculation
Mon.Site No. FLW-01	Requirement	(3MADF)		1						wommy	Carculation
Percent Capacity,	Sample					<u> </u>	·····				
(3MADF/Permitted Capacity) x	Measurement	-									
00											
PARM Code 00180 1	Permit				Report			%		Monthly	Calculation
Mon.Site No. FLW-01	Requirement									(including)	Calcolation
30D, Carbonaceous 5 day, 20C	Sample						······································		†		
	Measurement										
PARM Code 80082 G	Permit				Report		<u></u>	mg/1,		Annually	Grab
Mon.Site No. INF-01	Requirement							1		(February)	
Solids, Total Suspended	Sample						·····	1		— <u> </u>	·····
	Measurement										
PARM Code 00530 G	Permit				Report			mg/L		Annually	Grab
Mon.Site No, INF-01	Requirement									(February)	

1

ł

Monitoring		om:	To:		y: The Woods W y: Sumter	···		
	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L.)	Nitrogen, Nitrate, Total (as N) (mg/L)	No
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1							i	anna an Air
2	·····	11						
3		1						
4	<u></u>	1						
5								
6								
7						<u> </u>	 	
8			_					••••••
9								
10								
- 11								
12								
13								
14								
15			-					
16								
17								
18								
19								
20								
21								
22								
23						I		
24								
25								
26								
27								
28								
29								
30								
.31]]						
Tota)								
Mo. Avg.								
PLANT STAF Day Shift Oper		Class:	Certificate No	· ·	Name:			
Evening Shift (Class.	Certificate No		Name:	<u> </u>		
Night Shift Op		Class:	Certificate No.		1.011A.			

PA File No. F1.A013500-004-DW3P DEP Form 62-620.910(10). Effective November 29, 1994

1

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

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

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

CODE	DESCRIPTION/INSTRUCTIONS	CODE	DESCRIPTION/INSTRUCTIONS
ANC DRY FLD IFS	Analysis not conducted. Dry Well Flood disaster. Insufficient flow for sampling.	NOD OPS OTH SEF	No discharge from/to site. Operations were shutdown so no sample could be taken. Other. Please enter an explanation of why monitoring data were not available. Sampling equipment failure.
LS MNR	Lost sample. Monitoring not required this period.		

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

- 3. Results greater than or equal to the PQU shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B • DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of ail the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

<u>juanner c</u>	ices should be used and an explanatoli provided where appropriate.
CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
<u>Q</u>	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

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

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratin: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an """ and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD,: Enter the average CBOD, of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in mohes, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

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



Jeb Bush Governor

Department of Environmental Protection

Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

David B. Strubs Secretary

November 14, 2000

NOTICE OF PERMIT ISSUANCE

In the Matter of an Application for Permit by:

Sumter County FDEP File No. FLA013500-002-DW3P

Aquasource Utility, Inc. Mr. Frank A. Hoffman, President 200 Corporate Center Dr. Coraopolis, PA 15108

The Woods S/D WWTP

Enclosed is Permit Number FLA013500 to operate an existing 0.015 mgd, Type III extended aeration domestic wastewater treatment plant issued under Section 403.087(1), the Florida Statutes and Chapters 62-4, 62-600, 62-610, 62-620 and 62-640, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsei of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The Woods S/D WWTP Page 2

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department permit identification number and the county in which the subject matter or activity is located;

(b) A statement of how and when each petitioner received notice of the Department action;

(c) A statement of how each petitioner's substantial interests are affected by the Department action;

(d) A statement of the material facts disputed by the petitioner, if any;

(e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;

(f) A statement of which rules or statutes the petitioner contends require reversal or modification of the Department action; and

(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a

Permit No. FLA013500

The Woods S/D WWTP Page 3

copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Timothy J. Parker, P.E. Water Facilities Administrator Southwest District 3804 Coconut Palm Drive Tampa, FL 33619-1352

(813)744-6100 (813)744-8198 Fax

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies (by certified mail, i.a.) were mailed before the close of business on $\gamma_{0\nu}$. 14, do so to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Sindam. Butler_ 11/14/00 [Clerk] [Date]

cc:

Gerald L. Chancellor, P.E., Utilities & Investments, Inc., 1227 W. Colonial Dr., Orlando, FL 32804



Department of Environmental Protection

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

David B. Struhs Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aquasource Utility, Inc. Mr. Frank A. Hoffman, President 200 Corporate Center Drive Suite 300 Coraopolis, PA 15108 PERMIT NUMBER:FLA013500ISSUANCE DATE:November 14, 2000EXPIRATION DATE:November 13, 2005COUNTY:Sumter

FACILITY:

The Woods S/D WWTP U.S. Highway 301 North St. Catherine, FL 33513

Latitude: 28° 35' 22" N Longitude: 82° 09' 43" W

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

TREATMENT FACILITIES:

An existing 0.015 mgd Three Month Average Daily Flow (TMADF) Type III extended aeration domestic wastewater treatment plant consisting of three (3) aeration basins of 15,000 gallons total volume, one (1) clarifier of 73 ft² total surface area and 3,000 gallons total volume, one (1) chlorine contact chamber of 1,500 gallons total volume, and one (1) aerobic sludge digester of 2,000 gallons total volume. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application:

An existing 0.015 mgd Annual Average Daily Flow (AADF) permitted capacity rapid rate infiltration basin (R001) consisting of two (2) percolation/evaporation ponds of 27,720 ft² total bottom area. Land application system R001 is located approximately at latitude 28° 35' 22" N, longitude 82° 09' 43" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions as set forth in Pages 1 through 15 of this permit and accompanying Discharge Monitoring Report (DMR).

PERMITTEE:	Aquasource Utility, Inc. 200 Corporate Center Dr. Coraopolis, PA 15108		PERMIT NUMBER: EXPIRATION DATE:	FLA013500 See Page 1	
------------	--	--	------------------------------------	-------------------------	--

1

ł

ł

1

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

ς

Ł

۱.

ļ

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System(s) R001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

1

l

ł

2

ł

			Recisimed Water Limitations				I			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01-17228	
Total Suspended Solids	mg/L	Maximum	20.0	30.0	-	60.0 ·	Monthly	Grab	EFA-01-17228	
pH	std. units	Range	•	-	•	6.0 to 8.5	5 Days/Week	Grab	EFA-01-17228	
Fecal Coliform Bacteria			See Permit Co	mdition I.A.3.			Monthly	Grab	EFA-01-17228	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	·		•	0.5	5 Days/Week	Grab	- EFA-01-17228	See Cond.I.A.4
Nitrate (as N)	mg/L	Maximum		-	-	12.0	Monthly	Grab	EFA-01-17228	

. .

¢.

ţ,

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location	Description of Monitoring Location
Site Number	
EFA-01-17228	After disinfection, and prior to discharge to dual percolation/evaporation
	ponds.

- 3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percent the corresponding fecal coliform number for the 27th value of ascending order. [62-600.440(4)(c), 12-24-96]
- 4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact . time of 15 minutes based on peak hourly flow. [62-600.440(4)(b), 12-24-96]
- 5. The following is provided for informational purposes:

Location Site Number	Description of Location
34825	R001 - Two (2) percolation/evaporation ponds - 27,720 ft ² total
	bottom area,

PERMITTEE:	Aquasource Utility, Inc.	PERMIT NUMBER:	FLA013500	
	200 Corporate Center Dr.	EXPIRATION DATE:	See Page 1	
	Coraopolis, PA 15108		-	

ł

B. Other Limitations and Monitoring and Reporting Requirements

l

1

ł

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

}

1

1

1

1

1

Ł

2

	Limitations				Monitoring Requirements					
Porameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	•	TMADF ¹ 0.015	•	-	5 Days/Week	Elapsed Time Meters on Pumps	INF-01-24568	Sec Cond.I.B.
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L,	Report	•	-	•		Annually (February)	Grab	INF-01-24568	See Cond.I.B
Total Suspended Solids	mg/L,	Report	•	•	-	•	Annually (February)	Grab	INF-01-24568	See Cond.I.B

4

\$

ł

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

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

Monitoring Location Site Number	Description of Monitoring Location
INF-01-24568	At headworks, prior to treatment, and ahead of RAS line.

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 12-24-96]
- 4. Elapsed time meters on pumps shall be utilized to measure flow and calibrated at least annually. [62-60].200(17) and .500(6), 12-24-96]
- 5. The three month average daily flow to the treatment plant shall not exceed 0.015 mgd.
- 6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18), 03-02-00]
- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 12-24-96]
- During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as included with this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the FDEP, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400, by the twenty-eighth (28th) of the month following the month of operation. [62-620.610(18), 03-02-00][62-601.300(1), (2), and (3), 12-24-96]
- 9. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection Southwest District Office 3804 Coconut Palm Drive Tampa, FL. Tampa, Florida 33619-8318

Phone Number - (813) 744-6100 FAX Number - (813) 744-8198 All FAX copies shall be followed by original copies.

5

PERMITTEE:

.

Aquasource Utility, Inc. 200 Corporate Center Dr. Coraopolis, PA 15108

PERMIT NUMBER: FL. EXPIRATION DATE: See

FLA013500 See Page 1

II. Residuals Management Requirements

Basic Management Regulrements

- 1. The method of residuals use or disposal by this facility is transport by Ferrell's Septic Service, Inc., 1115 Midiron Point, Crystal River, Citrus County, Florida, Facility ID No. FLA011889, for further treatment and disposal, or disposal in a Class I or II solid waste landfill.
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5), 3-30-98]
- 3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5), 3-30-98]
- 4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4, 3-30-98]
- 5. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4), 3-30-98]
- 6. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8., 3-30-98 and 62-701.300(1)(a),4-23-97].
- 7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

	Restdants Management & alfuy on the diment. Fighting
Date and Time Shipped	Date and Time Received
Amount of Residuals Shipped	Amount of Residuals Received
Degree of Treatment (if applicable)	Name and ID Number of Source Facility
Name and ID Number of Residuals	Signature of Hauler
Management Facility or Treatment Facility	Signature of Responsible Party at Residuals Management Facility or Treatment Facility
Signature of Responsible Party at Source Facility	Signature of Responsible Party at Residuals Management Facility
Signature of Hauler and Name of Hauling Firm	

PERMITTEE:

Aquasource Utility, Inc. 200 Corporate Center Dr. Coraopolis, PA 15108 PERMIT NUMBER: EXPIRATION DATE: FLA013500 See Page 1

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the RMF or receiving facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the RMF or receiving facility.

III. GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins

- 1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23), 12-09-96] [62-522.400 and 62-522.410, 12-09-96]
- 2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518, 8-8-99]
- 3. Rapid infiltration basins, percolation ponds, or trenches, and storage ponds shall be enclosed with a fence or otherwise designed with appropriate features to discourage the entry of animals and unauthorized persons. [62-610.518(1), 8-8-99]
- Rapid infiltration basins, or trenches normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4), 8-8-99]
- 5. The annual average hydraulic loading rate shall be limited to a maximum of 0.87 inches per day (as applied to the entire bottom area). [62-610.523(3), 8-8-99]
- Rapid infiltration basin shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottom shall be maintained to be level. [62-610.523(6) and (7), 8-8-99]
- 7. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414, 8-8-99]
- Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Southwest District within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9), 8-8-99]

7

PERMIT NUMBER: **EXPIRATION DATE:**

FLA013500 See Page 1

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of an operator(s) certified in accordance with Chapter 61E12-41 & 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is (at time of permit issuance) a Category III, Class D facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class D or higher operator for 3 non-consecutive visits/week for 11/2 hour/week. The lead operator must be a Class D operator, or higher. [62-620.630(3), 03-02-00] [62-699.310, 5-20-92] [62-602, 12-30-99]

- A certified operator shall be on call during periods the plant is unattended. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that flow, pH, and Total Residual Chlorine (For Disinfection) are monitored in 2010 accordance with Part I of this permit. [62-699.311(1), 5-20-92]
- 3. The application to renew this permit shall include an updated Capacity Analysis Report. prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(4), 12-24-96]
- 4. The application to renew this permit shall include a detailed Operation and Maintenance Performance Report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1), 12-24-96]*
- 5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - c. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - A copy of the facility record drawings; g٠
 - h. Copies of the licenses of the current certified operators; and



PERMIT NUMBER: EXPIRATION DATE:

FLA013500 See Page 1

i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. [62-620.350,03-02-00][61E12-41.010(1)(e), 11-02-93]

A Reduced Pressure Zone (RPZ) backflow preventer(s) shall be installed on all potable water lines to the treatment plant and tested annually. [62-555, 12-19-94]

SCHEDULES

1.

VI.

The permittee shall abide by the following schedule [62-600.410, 12-24-96]:

	Implementation Step	Scheduled Completion Date
1	Secure lift station control panel with a padlock to guard against intrusion.	Within thirty (30) days of permit issuance.
2	Secure access gate to the land application system with a padlock to guard against intrusion.	Within thirty (30) days of permit issuance.

VIL INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500, 12-24-96]

VIII. OTHER SPECIFIC CONDITIONS

- 1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5), 03-02-00]
- Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a),08-08-99]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8),12-24-96 and 62-640.400(6), 3-30-98]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or

FLA013500 See Page 1

the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, [62-604,130(3), 12-26-96]

- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550, 12-26-96] [62-620.610(20), 03-02-00]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - Which may cause fire or explosion hazards; or a.
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4), 12-26-96]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.514(20), 08-08-99] [and 62-600.410, 12-24-96]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-7.540, 04-23-97]
- 9. The permittee shall provide adequate notice to the Department of the following:
 - Any new introduction of pollutants into the facility from an industrial discharger which **a**. would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2), 03-02-00]

IX. GENERAL CONDITIONS

The terms, conditions, requirements, limitations and restrictions set forth in this permit are 1. binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1), 03-02-00]

PERMIT NUMBER: EXPIRATION DATE: FLA013500 See Page 1

- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2), 03-02-00]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3), 03-02-00]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4), 03-02-00]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5), 03-02-00]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6), 03-02-00]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7), 03-02-00]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8), 03-02-00]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

PERMIT NUMBER: FLA013500 EXPIRATION DATE: See Page 1

- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules. [62-620.610(9), 03-02-00]
- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10), 03-02-00]
- 11. When requested by the Department, the permittee shall within a reasonable time provide anyinformation required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11), 03-02-00]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12), 03-02-00]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13), 03-02-00]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14), 03-02-00]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15), 03-02-00]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16), 03-02-00]

FLA013500 See Page 1

- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17), 03-02-00]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health and Rehabilitative Services (DHRS) under Chapter 10D41, F.A.C., to perform the test. Onsite tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41 & 62-602, F.A.C.
 - c. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 03-02-00]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19), 03-02-00]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
- b. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20), 03-02-00]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21), 03-02-00]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
 - b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition 1X. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition 1X. 22. a. 1. through 3. of this permit.
 - d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient

. . .

PERMIT NUMBER: FLA013500 EXPIRATION DATE:

Sce Page 1

operation. These bypasses are not subject to the provisions of Permit Condition IX, 22. a. through c. of this permit. [62-620.610(22), 03-02-00]

- 23. Upset Provisions
 - a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through property signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX, 20, of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
 - b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
 - c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review. [62-620.610(23), 03-02-00]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

I

ł

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

1

Ŧ

PERMITTEE NAME: Aquasource Utility, Inc. MAILING ADDRESS: 200 Corporate Center Drive Corraopolis, PA 15108 FACILITY: The Woods S/D WWTP			PERMIT NUMBER: LIMIT: CLASS SIZE: DISCHARGE POINT NUMBER: CATEGORY/TREATMENT TYPE:			FLA013500 Finai Minor R001 (RIBs) IIID		REPORT: GROUP: WAFR SITE NO:		Monthly Domestic 34825		
LOCATION:	US Hwy 301					TORING PERIOD	NI IIF5.	From:	т	o:		
	St. Catherine	, FL 33513										
COUNTY:	Sumter				THRE	E MONTH ROLL	ING ADF;	% OF PERM	ITTED C.	APACIT	Y 1	DMR Date: 8/00
Paramete	ir		Quantity	or Loading	Units	Qua	lity or Con	centration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBODS		Sample Measurement							1			
STORET No. 80082 Mon.Site No. EFA-01-1	Y 7228	Permit Measurement				TELE 20.0 24 F					G. G. Gulation	Rolling Annual
CBOD5		Sample Measurement										
STORET No. 80082 Mon.Site No. EFA-01-1	1: 7228	Permit Measurement	100 w 2				1911-12-30-09 0-10-00				(e) Monthly (Graber State
TSS		Sample Measurement										
STORET No. 00530 Mon.Site No. EFA-01-1	Y 7228	Permit Measurement					同時認識				Galculation	a tRolling Annual
TSS		Sample Measurement					_					
STORET No. 00530 Mon Site No. EFA-01-1		Permit Measurement							- PAUL 11C		live Monthly St	Contraction of the second second second second second second second second second second second second second s
pH		Sample Measurement										
STORET No. 00406 Mon Site No. EFA-01-11	1 7228	Permit Measurement									SISSID SYSAWCER	(1) Internet Grabit Server
Fecal Coliform Bacteria		Sample Measurement										
STORET No. 74055 Mon.Sile No. EFA-01-1	Y 7228	Permit Meisurement							14//100m14		Calculation	Rolling/Annual-

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

[certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO: DATE: YY/MM/DD
		1
	,	
	Å	1 1
	ويستعدن والمتخذين ويستعدد ومنابع والمحجوب فتحد فتهتج والمتقار وبستان فالمحجو والمتعاد المحجو والمتقال ومحجد	
and the second		

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

DISCHARGE MONITORING REPORT - PART A (Continued)

1

Ĩ

1

I

ł

١

1

1

Parameter		Ouantity	or Loading	Units		ality of Consect		1	1		
		Anmier's	or Examine	Units	Qua	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				·	1	T		Ex.		
TORET No. 74055	Permit .	13.1. 22 - 3-1. Aug. 20.2 - 3-4 - 40		e riche Pris Cristiante							
Mon.Site No. EFA-01-17228	Measurement				THE KLOOTS		8000 	1#/100mL		Monthly	Free Grabar
RC for disinfection	Sample	2 0000000-00			s (maccoconvient)	Harris Month			的过去		
and an and a second second second second second second second second second second second second second second	Measurement							1			
TORET No. 50060 A	Permit		行行。行政部分的	She se	SARE OIS TRACK	INTER CONTRACTOR	ANG TRANSFER INCOME	MERCENTIST	Control of Taxabase		
Ion.Site No. EFA-01-17228	Measurement		14世纪中国 福田	建物运动	Enter (Mint) Second						Grab to
litrate (as N)	Sample										新学校的创建的
TORET No. 00620 1	Mensurement	The second statements and second]			
Ion Site No. EFA-01-17228	Permit Measurement					NESSER.		Barroy/Unsel		Gire Monthly Mars	Crabina
low	Sample										
	Measurement					i i					
TORET No. 50050 G	Permit		Report 114	Shingdon;	THE SECTION OF THE		THE STREET	i sani danggar ini dan singgi kasa	No. of Street, or		
Ion.Site No INF-01-24568	Measurement	(MADE)	Mo Ays.								Elepsed Time
low	Sample	Carlon Charlest Charlest		学校 468	提出进行问题	1111年1月4日		3 wax #1 - 1955			
	Measurement										
TORET No. 50050	Permit		Renortie tes	3".Smith intri	an-M. Farris 127. Saturda Jonan	an airt fhair ann ann ann a sur a bas '					
lon.Site No INF-01-24568	Measurement		Reporti -(Ann Avg.)#							Nonthly are	Calculation,
	1994) 				新教教授学会		N SAC IN SUS			is a Monthly are a productive former a productive former a	Hit (Rolling)
BODS	Sample										Annual Avg
IORET No. 80082 G	Measurement										
on Site No. INF-01-24568	Permit Measurement		新生产的管理管理	的說明		State Report Trans	STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	Song/Use	1731	Annual versa.	State of the second
S	Sample				12-13-22 算符合	新利用的放弃者	大学学校	题记到2021		Annually as a control of the second s	
	Measurement	1							T		A DESCRIPTION OF THE R. P. LEWIS CO., LEWIS
TORET No. 00530 G	Permit	State Landada, H	e	Hofficen Test	STREET AND A CONTRACT OF A	finition Designation	-				
lon.Site No: INF-01-24568	Measurement							波克影响	132 新日	k Annually a sa	Graba

Mon Site No. 1NF-01-24568 [Measurement -] [Additional and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

Į

i

ł

I

Ì

1

I

ł

t

1

• •

÷

(

2

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500

Facility Name: The Woods S/D WWTP

Three-month Average Daily Flow:

Month/Year:

						Daily Flow %	of Permitted Capa	icity;
·Flów (MGD)	CBODS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100mf)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBODS (mp/L)	155 (mg/L)
²¹ *50050; 2 ²	80082	00530	00400	74055	50060	00620	80082	00530En
INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	HNE-01-24568
治防								
过多在 为东				· ·				
出版》 北北							4	A
- Trans				·			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

Code	50050	80082	00530	00400	74055	50060	00620	80082	3 13 -005
Mon. Site	INE-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	NF-01-24568	PINE OI
1	湯放小								
2		· · · · · · · · · · · · · · · · · · ·			- - .			No. Realized	States 1
3					·				
4	社 · 注 注 注 注								<u>新作品社</u>
5					· ·		· · · · · · · · · · · · · · · · · · ·		
6		·····=							
7									
g									
9									
10									
11									
12					· · · · · · · · · · · · · · · · · · ·			الا المربية المراجع المربية <u>المربية المربية المربية المربية المربية المربية</u> مربية المربية المربية	
13	之。 1993年1993年1月1日 1993年1月1日日								
14	<u>读的</u> 。由							<u>eneria ing</u>	1314-003
15	37.								
16	ا وفريد المتعقوم								
17									
18									
19	produktion and a state konstation and a state								
20									
21									
22									
23									
24									
25									
26								*	4
27									
28									
29								· · ·	
30 									

Day Shift Operator	Class:	Certificate No:	Name:	
Evening Shift Operator	Class:	Certificate No:	Name:	
light Shift Operator	Class	Certificate No.	Name	
Lead Operator	Class.	Certificate No:	Name	·····
Type of Effluent Disposal	of Reclaimed Water	Reuse		
Limited Was Wanths - Di-				

Entitied wet weather Discharge Activated:	105:	NO:	NOT Applicable:	If yes, sumulative days of wet weather
discharge:			•• ·· ·	

"Attach additional sheets if necessary to fist all certified operators.

PLANT STAFFING

- . in

Jeb Bush Governor	Depart ronment Southwe 3804 Coconi Tampa, Fic	Post-H* Fax Note T= E.J. Co.Depl. Phone # Fax # 3.52-722-	Phone 4	Ol month 1
Mr. Frank A. Hoffman AquaSource, Inc. 6960 Professional Parkway East Suite 400 Sarasota, FL 34240	RECEIVE	D Ti Pe	The wood S rmit No: FLA013500	
Dear Mr. Hoffman:	AQUASOUR		: Minor Revision to 1	Permit

The Department is in receipt of your request, application #FLA013500-003-DW3, for a revision to the above referenced permit, issued on 11/14/00 and expiring on 11/13/05, to change the receiving facility for wastewater residuals management. The noted sections of the existing permit are bereby changed as follows:

Condition	From	To
I .1.	Delete Current	Add
		See Below*

*II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is by transportation to Central Process Residuals Management Facility (Permit No. FLA010776) for further treatment or disposal in a Class I or II solid waste landfill. (Ch. 62-640.300(5). 03-30-98, F.A.C.]

This permit revision, authorizing the above changes must be attached to your existing permit and, together with any other preceding revision(s), becomes part of your permit.

Sincercly.

Timothy J. Parker, P.E. Water Facilities Administrator Southwest District

TJP/sob

Cc: George Conomos, Central Process, 4411 SE 43rd Ave, Ocala, FL 34480

Side bar indicates change

. .

"More Protection, Less Process"

Printed on recycled paper.



Florida Department of Environmental Protection

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

June 20, 2007

Mr. Jack Lihvarcik, Vice President Aqua Utilities Florida, Inc. P.O. Box 4900310 Leesburg, FL 34749-0310

Re: Compliance Evaluation Inspection The Woods S/D WWTF Facility ID No. FLA013500 Sumter County

Dear Mr. Lihvarcik:

The Woods Subdivision Wastewater Treatment Facility was inspected on June 14, 2007. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

<u>PERMIT</u>

Domestic Wastewater Permit No. FLA0135000 (permit) was issued June 19, 2006. This permit expires June 18, 2011.

COMPLIANCE SCHEDULE

- 1. The 18-inch open pipe in the lift station wet well was capped as specified under Section VI of the permit.
- 2. *Section VI of the permit also requires the installation of lighting and either guardrails or grating over tank openings to be installed by December 16, 2006. These items were not completed. Please provide a schedule for completion of these items.

SAMPLING

*A review of Discharge Monitoring Reports (DMRs) for the period of October 2005 through April 2007 revealed that the monthly effluent nitrate sample analysis was not performed for November 2006.

RECORDS AND REPORTS

*A review of DMRs received by the Department for October 2005 through April 2007 revealed:

DOCUMENT NUMBER-DAT

Mr. Jack Lihvarcik The Woods S/D WWTF Facility ID No. FLA013500 - Sumter County Page 2 of 3

- 1. *For October and November 2005, January through June, and August 2006, laboratory analysis reports and chain of custody records were not provided with the DMRs. Please include these with your response to this letter.
- 2. *Since August 2006, DMRs were not submitted on the form issued with the June 19, 2006 permit. A copy is attached for your use.
- 3. *For June 2006, the three month average daily flow value reported on Part A of the DMR was not supported by the data.

FACILITY SITE REVIEW

*The Reduced Pressure Zone (RPZ) backflow preventer must be serviced and tested annually and a copy of the test report maintained with the facility on-site records. No copy was on file with the facility on-site records. Please submit to the Department a copy of the current RPZ certification. It is recommended that a certified backflow prevention technician perform this work.

FLOW MEASUREMENT

*Elapsed time meters on the lift station pumps measure flow. The elapsed time meters and the lift station pumps must be calibrated at least annually. On-site records indicated the last calibrations were performed January 30, 2007 and were, therefore, current. Please note, in the case of using a secondary standardized meter to perform the calibration, a copy of the current calibration records of the standardized meter must also accompany the calibration report. This was not available with the on-site records. Please submit.

OPERATION AND MAINTENANCE

- 1. The lift station's visible alarm was manual-canceling. The audible and visible alarms were functioning as required.
- 2. The facility appeared to be properly operated and maintained.

EFFLUENT QUALITY

- 1. The facility effluent was sampled for total chlorine residual (TCR) during this inspection. The TCR sample result was >2.2 mg/L. A minimum TCR of 0.5 mg/L is required. The effluent TCR was in compliance with the permit requirement.
- 2. A review of DMRs received by the Department for October 2005 through April 2007 revealed no permit limit exceedances.

EFFLUENT DISPOSAL

1. *The bottom surface area of the two effluent disposal ponds sloped downward from east to west, resulting in effluent ponding along the western end of both ponds. The effluent pond

Mr. Jack Lihvarcik The Woods S/D WWTF Facility ID No. FLA013500 - Sumter County Page 3 of 3

bottoms should be graded to ensure uniform distribution of effluent across the entire bottom area of both ponds. This item was previously cited.

2. *The western ends of both of the effluent disposal ponds were overgrown. After clearing the vegetation, routine maintenance cycles should be established to prevent the ponds from becoming overgrown.

RESIDUALS

Facility records indicate that residuals are transported to Central Process RMF, Facility ID No. FLA010776, for treatment.

The type of inspection conducted was a Compliance Evaluation Inspection (CEI), and overall, the facility was out of compliance. A CEI is a non-sampling inspection designed to verify facility and permittee compliance with Department rules. This inspection is intended to review the majority of applicable inspection evaluation areas of a facility. A copy of the inspection report is attached for your review.

Items annotated with an asterisk (*) require a response. Please respond to this letter with the plans you have made to correct these items. This response should be in writing and sent to the Department within 30 days from your receipt of this letter. Please include a schedule, with a time frame for compliance, along with the specifically requested material.

If you have any questions, please contact me at (813) 632-7600, extension 311, or via e-mail: pete.burghardt@dep.state.fl.us.

Sincerely

Pete Burghardt Environmental Specialist II Domestic Wastewater Section

Attachment

cc: Brian Heath, Aqua Utilities Florida, Inc.

1 1 1		1		ļ	1	1 1		1	1	1	1	ļ	1	1	
		DEPAR	IMENT OF E	NVIRONMI	ENTAL PRO	DTECTION	DISCH	ARGE	MONITOR	RING RI	EPORT -	PART	A		
When Completed mail this	report to:	Department of	Environmental Pro	tection, Wastew	ater Compliance	e Evaluation Sect	tion, MS	3551, 2600) Blair Stone H	toad, Taila	hassee, FL 3	2399-24	400		
PERMITTEE NAME. A MAILING ADDRESS - F			1.	PERMIT NUMBER			FLA013500								
Leesburg, FL 34749					LIMIT: CLASS S	LIMIT: CLASS SIZE:			Final N/A			:		Monthly Domestic	
FACILITY: The Woods WWTF LOCATION US Highway 301 North and County Road 674 St. Catherine, FL 33597						MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: RIB (R-001), including Influent									
	sumter	me, PL 33397				HARGE FROM	SITE:	ı:	·	To					
Parameter			Quantity	or Loading	Units		Quality	or Conc	entration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow, To R1B		Sample Measurement													
PARM Code 50050 Y Mon.Site No. FEW-01	ſ	Permit Requirement	0.015 (12MADF)		MGD								Monthly	Calculation	
Flow	1	Sample Measurement													
PARM Code 50050 1 Mon.Site No. FLW-01		Permit Requirement	Report (Mo.Avg.)	<u> </u>	MGD	<u> </u>				, . <u></u>		ļ	5 Days/Week	Elapsed Time Meter	
BOD. Carbonaceous 5 day		Sample Measurement		<u> </u>										Coloriation	
PARM Code 80082 Y Mon.Site No. EFA-01		Permit Requirement		ļ		20.0 (An.Avg.)					mg/L		Monthly	Calculation	
BOD, Carbonaccous 5 day		Sample Measurement	· · · · · · · · · · · · · · · · · · ·							50.0	mg/L		Monthly	Grab	
PARM Code 80082 A Mon.Site No. EFA-01		Permit Requirement				30.0 (Mo.Avg.	<u>}</u>			10.0 Max.)	- mgrc	 	Monutry		
Solids, Total Suspended	ļ	Sample Measurement		<u> </u>		20.0					mg/L		Monthly	Calculation	
PARM Code 00530 Y Mon.Site No. EFA-01		Permit Requirement		<u> </u>		20.0 (An.Avg.)	>						Monunty		
Solids, Total Suspended		Sample Measurement		ļ						50.0	mg/L	-	Monthly	Grab	
PARM Code 00530 A Mon.Site No. EFA-01		Permit Requirement				30.0 (Mo.Avg.)			0.0 /lax.)			Monuny		

1

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

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

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

1 1		! 1	1	1	1 1	t	1	i	1	1	1	Ĩ	1 1
FACILITY Sumter County	The Wood	s WWTF		DISCHAR	MONITO	ORING REPOR RING GROUP NUM RING PERIOD	ABER: R-	001	tinued)	PERMIT	NUMB	ER: FLA013500	
Parameter			Quantity	or Loading	Units	Qua	ality or C	Concentratio	 nc	Units	No. Ex.	Frequency of Analysis	Sample Type
рH		Sample Measurement											
PARM Code 00406 A Mon.Site No. EFA-01		Permit Requirement				6.0 (Min.)			8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal		Sample Measurement								#/100mL	ļ	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01		Permit Requirement				200 (An.Avg.)				*/roomL	_	MORUNY	Calculation
Coliform, Fecal PARM Code 74055 A		Sample Measurement Permit				Report			800	#/100mL		Monthly	Grab
Mon.Site No. EFA-01 Total Residual Chlorine (h		Requirement Sample				(Mo.Geo.Mean)			(Max.)		+		
Disinfection) PARM Code 50060 A		Measurement Permit				0.5	+			mg/L		5 Days/Week	Grab
Mon.Site No. EPA-01 Nitrogen, Nitrate, Total (as	s N)	Requirement Sample				<u>(Min.)</u>	+						1
PARM Code 00620 A Mon.Site No. EFA-01		Measurement Permit Requirement							12.0 (Max.)	mg/L		Monthly	Grub
		Sample Measurement											
	<u> </u>	Permit Requirement					<u> </u>						
Flow, Total Plant		Sample Measurement	0.016		MGD					- 	<u> </u>	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	› 	Permit Requirement	0.015 (3MADF)						<u></u>	_	+		
Percent Capacity, (3MADF/Permitted Capacity) 100	city) x	Sample Measurement										_	
PARM Code 00180 1 Mon.Site No. FLW-01		Permit Requirement				Report				%		Monthly	Calculation
BOD, Carbonaceous 5 da	y, 20C	Sample Measurement											<u> </u>
PARM Code 80082 G Mon.Site No. INP-01)	Permit Requirement				Report				mg/L		Annually (February)	Grab
		Comula	1	1		1	1	1		1	1	1	1

Annualiy (February)

Grab

mg/L

1

Sample

Permit

Measurement

Requirement

Mon.Site No. (NP-01)

Solids, Total Suspended

PARM Code 00530 G

1

Report

Monitoring	Penoo Pro	on:		·				
	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml.)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	No
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1			- <u></u>					
2			<u>_</u>					
3								
4								
5								<u> </u>
6								<u> </u>
7				<u> </u>		<u> </u>	<u> </u>	<u> </u>
8				l			<u> </u>	
9							↓	
10								
11							╄────┼	
12	·						+	
13		_			·		<u>+</u>	
15				<u> </u>		+	++	
16					······································		<u> </u>	
17							1+	
18							<u>†</u> †	
19	<u></u>						<u> </u>	
20	.					1	1	
21								
22								
23				_				
24								
25						· · · · · · · · · · · · · · · · · · ·	.⊢↓	
26	<u> </u>						ļ	
27			ļ			<u> </u>		
28			ļ	_		-┫─────	<u> </u>	
29	<u></u>		 				+	
30 31							<u> </u>	
	·····		 	<u></u>	<u> </u>	<u> </u>	<u> </u>	
Total Mo. Avg.					 			
WIO. AVg.	<u></u>	<u> </u>	l		1	<u></u>	<u> </u>	<u></u>
PLANT STA Day Shift Op		Class	Certificate 1	No:	Name:			_
Evening Shift	r Operator	Class	Certificate	40°	Name		·····	
Night Shift O		Class	Certificate 2	1-	Name			

PA File No. FLA013500-004-DW3P DEP Form 62-620.910(10). Effective November 29, 1994

						,
 1 1	1 1 1	1 I	1 1			
			1 1	1	1 1	
• •	1 1 1	1 I		• •	• • •	

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

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

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

CODE	DESCRIPTION/INSTRUCTIONS	CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.	NOD	No discharge from/to site.
DRY	Dry Well	OPS	Operations were shutdown so no sample could be taken.
FLD	Flood disaster.	OTH	Other. Please enter an explanation of why monitoring data were not available.
IFS	Insufficient flow for sampling.	SEF	Sampling equipment failure.
1.5	Lost sample.		
MNR	Monitoring not required this period.		

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

- 1. Results greater than or equal to the PQL shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area. Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are

questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.



PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data outlifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are ouestions concerning this report. Enter the date when the report is signed.

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

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBODs: Enter the average CBODs of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

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

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

. . ..

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION ~

1494016	and Physical Location of F	acility	WAFR D:		4	County	E	atry Date/Time
Thje '	Woods S/D WWIF		FLA013500		1	Sumter	6	/14/07
					1	Phone	Ģ	Exit Date/Time
Nam	(s) of Field Representatives	(s)	Title				J	Phone
Brian	Heath		Area Manager - A	que Utilities			(352) 435-4021
				Title		Phone		Operator Certification #
	and Address of Permittee (ock Libvarcik	or Designation Ko	presentative	Vice President	1	1 DAR		
	Ublides Florida, Inc.							
•	Box 490310							
	nurg, FL 34749-0310							
	ction Type C E	I Sample	es Taken(Y/N): No	@ Sa	ample 1D#:		Sa	mples Split (Y/N):
\boxtimes	Domestic	Industria	Were Photos Taken((Y/N): Yes	@	Log book Volume		@ Page
_	1. + Permit	vier NC	SELF MONIFORING PROGRAM 3. Laboratory	NC	6. Facility S		IC NC	9. • Effluent Quality
	1. • Permit 2. • Compliance Schedu	ules NC	PROGRAM CAL PROFILE	NC K	6. Facility S 7. Flow Mc	ite Review	IC NC IC	<u> </u>
			PROGRAM 3. Laboratory 4. Sampling	NC K	6. Facility S 7. Flow Mc	ite Review asurement	NC	9. • Effluent Quality 10. • Effluent Disposal
NC	2. • Compliance Schedu		PROGRAM 3. Laboratory 4. Sampling 5. + Records & Reports	NC K	 Facility S Flow Mc Operation 	ite Review asurement	NC IC	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater
NC Facil	2. • Compliance Schedu 13. Other:		PROGRAM 3. Laboratory 4. Sampling 5. + Records & Reports	NC IC IC	 Facility S Flow Mc Operation 	ite Review asurement n & Maintenance	NC IC	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater
NC Facil Reco	2. • Compliance Schedu 13. Other: ity and/or Order Compliance	NC	PROGRAM 3. Laboratory 4. Sampling 5. + Records & Reports	NC IC IC	6. Facility S 7. Flow Me: 8. e Operation	ite Review asurement n & Maintenance	NC IC at-Of-Co	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater
Reco	2. • Compliance Schedn 13. Other: ity and/or Order Compliance mraended Actions:	NC	PROGRAM 3. Laboratory 4. Sampling 5. + Records & Reports	NC IC IC	6. Facility S 7. Flow Me: 8. • Operation ance	ite Review asurement a & Maintenance	NC IC at-Of-Co	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance Date
NC Facil Reco	2. • Compliance Schedu 13. Other: ity and/or Order Compliance mraended Actions: e(s) and Signature(s) of Insp	NC	PROGRAM 3. Laboratory 4. Sampling 5. + Records & Reports	NC IC IC	6. Facility S 7. Flow Me: 8. • Operation ance	ite Review asurement n & Maintenance Significant-Oc strict Office/Phone h	NC IC at-Of-Co	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance Date
NC Facil Reco Nam	2. • Compliance Schedu 13. Other: ity and/or Order Compliance mraended Actions: e(s) and Signature(s) of Insp : Burghardt	NC	PROGRAM 3. Laboratory 4. Sampling 5. + Records & Reports	NC IC IC	6. Facility S 7. Flow Me 8. • Operation ance	ite Review asurement n & Maintenance Significant-Or strict Office/Phone N 313) 632-7600,	NC IC at-Of-Co tumber Ext. 3	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance Date 6/18/07
NC Facil Reco Nam Pete	2. • Compliance Schedh 13. Other: ity and/or Order Compliance mraended Actions: e(s) and Signature(s) of Insp : Burghardt	re Status:	PROGRAM 3. Laboratory 4. Sampling 5. + Records & Reports	NC IC IC	6. Facility S 7. Flow Me 8. • Operation ance	ite Review asurement n & Maintenance Significant-Oc strict Office/Phone h	NC IC at-Of-Co tumber Ext. 3	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance Date 11 6/18/07 Date
NC Facil Reco Nam Pete	2. • Compliance Schedu 13. Other: ity and/or Order Compliance maraended Actions: e(s) and Signature(s) of Insp e Burghardt Signature of Reviewer thele Duggan	NC e Status:	PROCRAM 3. Laboratory 4. Sampling 5. + Records & Reports In-Compliance X	NC IC IC	6. Facility S 7. Flow Mc 8. • Operation ance	ite Review asurement a & Maintenance Significant-O Istrict Office/Phone N 313) 632-7600, Istrict Office/Phone N 313) 632-7600,	NC IC at-Of-Co tumber Ext. 3	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliaace 11 Date 6/18/07 Bate 06/19/07.
NC Facil Recco Nam Peto Mic	2. • Compliance Schedu 13. Other: ity and/or Order Compliance maraended Actions: e(s) and Signature(s) of Insp e Burghardt Signature of Reviewer thele Duggan	NC e Status:	PROCRAM 3. Laboratory 4. Sampling 5. * Records & Reports In-Compliance Sampling Duppad	NC IC IC	6. Facility S 7. Flow Mc 8. • Operation ance	ite Review asurement a & Maintenance Significant-Oc Istrict Office/Phone N 813) 632-7600, Istrict Office/Phone f 813) 632-7600, CEI, CSI, CBI,	NC IC at-Of-Co tumber Ext. 3	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance Date 11 6/18/07 35 Date 35 Date 06/19/07. XSI, R1, ASI, ANI)
NC Facil Recco Nam Peto Mic	2. • Compliance Schedu 13. Other: ity and/or Order Compliance manaended Actions: e(s) and Signature(s) of Insp : Burghardt ignature of Reviewer thele Duggan Fill Out This Sect	NC e Status:	PROGRAM 3. Laboratory 4. Sampling 5. • Records & Reports In-Compliance Surface Value Surface Value Surface Value Surface	NC IC IC Out-Of-Compli	6. Facility S 7. Flow Mc 8. • Operation ance D(() () () () () () () () () () () () ()	ite Review asurement a & Maintenance Significant-Or istrict Office/Phone P 813) 632-7600, istrict Office/Phone P 813) 632-7600, CEI, CSI, CBI, OA Insp	NC IC at-Of-Co lumber Ext. 3 fumber Ext. 3	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance Date 11 6/18/07 35 Date 35 Date 06/19/07. XSI, R1, ASI, ANI)
NC Facil Reco Name Pete Mic	2. • Compliance Schedu 13. Other: ity and/or Order Compliance manaended Actions: et(s) and Signature(s) of Insp e Burghardt Signature of Reviewer thele Duggan Fill Out This Sect ansaction Code N 5	NC P Status:	PROCRAM 3. Laboratory 4. Sampling 5. * Records & Reports In-Compliance In-Compliance Duccan Surface Value Surface Value ADDITIONA	NC IC IC Out-Of-Compli	6. Facility S 7. Flow Mc 8. • Operation ance D ({ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ite Review asurement a & Maintenance Significant-Or istrict Office/Phone P 813) 632-7600, istrict Office/Phone P 813) 632-7600, CEI, CSI, CBI, OA Insp	NC IC at-Of-Co lumber Ext. 3 fumber Ext. 3	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance Date 11 6/18/07 35 Date 35 Date 06/19/07. XSI, R1, ASI, ANI)
Reco Name Pete Mic	2. • Compliance Schedu 13. Other: ity and/or Order Compliance manaended Actions: ets) and Signature(s) of Insp e Burghardt Signature of Reviewer thele Duggan Fill Out This Sect ansaction Code N 5 exection Type (Field 1)	NC e Status:	PROCRAM 3. Laboratory 4. Sampling 5. * Records & Reports In-Compliance In-Compliance Surface Value Surface Value ADDITIONA I. C:CEL, S:CSL, X:XSL, R	NC IC IC Out-Of-Compli	6. Facility S 7. Flow Mc 8. • Operation ance D(() () () () () () () () () () () () ()	iite Review asurement a & Maintenance Significant-OA istrict Office/Phone N 813) 632-7600, istrict Office/Phone N 813) 632-7600, CEI, CSI, CBI, OA Insp 1	NC IC at-Of-Co tumber Ext. 3 tomber Ext. 3 type	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliaace 11 6/18/07 35 Date 35 O6/19/07. XSI, RI, ASI, ANI) Inspector Fac 7 2 3
NC Facil Reco Nam Peta Mic Tr Insp Insp	2. • Compliance Schedu 13. Other: ity and/or Order Compliance museended Actions: e(s) and Signature(s) of Insp e Burghardt ingnature of ReviPrier thele Duggan Fill Out This Sect ansaction Code N Section Type (Field 1) section Code (Field 2):	NC e Status:	PROCRAM 3. Laboratory 4. Sampling 5. * Records & Reports In-Compliance In-Compliance Duccan Surface Value Surface Value ADDITIONA	NC IC IC Out-Of-Compli	6. Facility S 7. Flow Mc 8. • Operation ance D ({ ({ COMMENTS COMMENTS COMMENTS	ite Review asurement a & Maintenance Significant-On Istrict Office/Phone P 313) 632-7600, ISTRIC Office/Phone P 313) 632-7600, CEI, CSI, CBI, DA Insp I I S ite Lead, L: Local	NC IC at-Of-Co lumber Ext. 3 Vomber Ext. 3 VA1, Type	9. • Effluent Quality 10. • Effluent Disposal 11. Residuals/Shudge 12. Groundwater mpliance 11 6/18/07 35 06/19/07 XSI, RI, ASI, ANI) Inspector 2 3

Revised: August 11, 2006

A UA Utilities Florida

Aqua Utilitios Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautiititesflorida.com ļ.i.

July 30, 2007

Pete Burghardt Environmental Specialist II FDEP Southwest District Office Domestic Wastewater Section 13051 North Telecom Parkway Temple Terrace, FL 33637

RE: Reply to Compliance Evaluation Inspection The Woods S/D WWTF Facility ID No. FLA013500 Sumter County

Dear Mr. Burghardt:

Thank you for your inspection on June 14, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

- 1. A street light is installed on the power pole at the WWTF which illuminates the entire area. Guardrails are currently being installed and should be completed no later than July 27, 2007.
- 2. During the month of November 2007, Aqua hired a new operator to operate both the water and wastewater plants at The Woods. The nitrate sample was not taken with the rest of the samples and this was not realized until the first week in December 2007. The sampling requirements of this and other facilities were reviewed and the operator has been taking the required samples since.
- 3. The laboratory analysis reports and chains of custody records are enclosed with this letter. (Attachment 1)
- 4. The new DMR will be used on all future submittals.
- 5. Enclosed is the revised June 2006 DMR. (Attachment 2)
- 6. Enclosed is the most recent RPZ test report. (Attachment 3)
- 7. The secondary standardized meter's calibration record is enclosed. (Attachment 4)
- 8. The bottoms of both ponds are now level and scarified.

An Aqua America Company

9. The vegetation has been cleaned and is done so on a quarterly basis.

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

Sincerely,

Patrick Jarris

Patrick A. Farris Environmental Compliance Specialist Aqua Utilities Florida, Inc.

Enclosures

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

An Aqua America Company

Attachment # 1.

dab reports à COC's m file

							_	-	-			•		
1 1			•	1 1	l l	6	1	1	1	•	1	1)	1
1 1	1 1	1	1	1 1				3	7	1	•	ſ	,	-
I I		•	•	•	•	-	-	-						

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013500	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	REPORT: Monthly
	Leesburg, FL 34749		Minor R001 (RIBs)	GROUP: Domestic WAFR SITE NO: 34825
FACILITY:	The Woods S/D WWTP	CATEGORY/TREATMENT TYPE:	IIID	
LOCATION:	U.S. Hwy 301 North	MONITORING PERIOD	From: 6/1/06	To: 6/30/06
	St. Catherine, FL 33513	THREE MONTH ROLLING ADF: 0.	.011 % OF PEI	RMITTED CAPACITY 73%

Parameter	Sumter		Quantity or Loading	Units		uality or Concent	ration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5		Sample Measurement			3.1	1		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. FFA-01+17228	Y	Permit Requirement			20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
CBOD5		Sample Measurement				2.0	2.0	Mg/L	Q	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	ſ	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS		Sample Measurement			2.3			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. FFA-01-17228	Ý	Permit Requirement			20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
TSS		Sample Measurement				2.4	2.4	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	Ĩ	Permit Requirement				30.0 (Mo Avg.)	60,0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement			7.4		7.8	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	1	Permit Requirement			6.0 (Min)		8.5 (Max)	5.U.		5 days/Week	Gnab
Fecal Coliform Bacteria		Sample Measurement			1.0			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Ŷ	Permit Requirement		†	200 (An Avg.)			#100mL		Monthly	Rolling Annual Avg.

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

~

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate an complete. I am aware that there are significant penalties for submitting faise information including the possibility of fine and imprisonment.

NAMETITLE OF PRINCIPAL EXECUTIVE OFFIC	A OR AUTHORIZED AGEN SIGN	NATURE OF PRINCIPAL EXECUTIVE OFF	ICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	The second	Musta		352-787-0980	07/07/25

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

Revised Three Month Rolling ADF and Percent Permitted Capacity

.

ł ١ ١ ł 1 1 l. 1 1 ì 1 ł 1 ł l ŧ Ŧ Ł

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FLA013500

FACILITY NAME: The Woods S/D WWTP MONTH/YEAR: <u>6/2006</u>

PERMIT NUMBER:

DISCHARO

DISCHARGE POINT NUMBER: R001 WA

1

WAFR SITE No: 34825

۱

Parameter		Quantity or Loading		Units	Qu	Quality or Concentration			No Ex.	Frequency/ Analysis	Sample Type
Feeal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 1 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.6			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurcinent						5.0	Mg/L	0	Monthly	Grab
STORET NO. 00620 1 MON SITE NO EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.011	0.012	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgđ						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO INF-01-24568	Permit Requirement		Report (AnıLAvg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					100		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample]	mg/L		Annually	Grab
TSS	Sample Measurement					79		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

)

DAILY SAMPLE RESULTS - PART B

Facility Name: The Woods S/D WWTP

FLA013500

Permit Number:

Month/Year: 6/2006

Three month Average Daily Flow: 0.011 Daily Flow % Permitted Capacity: 73%

	Flow (MGD)	CBODS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.012	2.0U	2.4	7.5	1.0U	2.2	5.0	100	79
2	.011			7.5		2.2			
3	.010					2.2			
4	.014					Γ			
5	.015			7.4		2.2			
6	.016			7.7		2.2			
7	.015			7.5		2.2			
8	.017			7.5	······································	2.2			
9	.012			7.5		2.2			
10	.012			7.5		2.2			
11	.014								
12	.014			7.4		2.2			·
13	.012			7.5		1.8			
14	.012			7.6		2.2			
15	.012			7.6		1.6	· · · · · · · · · · · · · · · · · · ·		
16	.015			7.6		2.2			
17	.014			7.6		2.2			
18	.011								
19	.011			7.7		2.2			
20	.011			7.6		2.2	· · · · · · · · · · · · · · · · · · ·		
21	.009			7.6	<u> </u>	2.2			
22	.009			7.6		2.2			
23	.011			7.6		2.2			
24	.009			7.6		2.2			<u>-</u>
25	.011				<u> </u>				
26	.012			7.8		2.2	······································		
27	.012			7.6		2.2			
28	.009			7.6		2.2			
29	.008			7.6		2.2			
30	.010	······		7.6		2.2	· · · · · · · · · · · · · · · · · · ·		
31						<u> </u>			

- PLANT STAFFING:

 Day Shift Operator
 Class: B

 Evening Shift Operator
 Class: C

 Night Shift Operator
 Class: C

 Lead Operator
 Class: B

Certificate No: <u>13614</u> Certificate No: Certificate No: <u>7113</u> Name: John Worrell Name: Adam Michaelsen Name:

Name: Will Fontaine

Certificate No: 7243

Attachment # 3.

<u>, </u>					TENANCE REP	ORT								
	CUSTOMER: 1-1	qui (<u>a (Itili</u>	11	25									
	STREET ADDRESS:	0												
	MAILING ADDRESS:													
	LOCATION OF ASSEMBLY WOODS WWTD													
	TYPE OF ASSEMBLY: RP D DC D PVB D SVB D SIZE: (''													
	MANUFACTURER: WILKINS MODEL 975XL SERIAL NO. 11224657													
	TEST GAUGE MANUE	<u> М.</u>	dwest 830	.	GAUGE SERIAL	NO: <u>()</u>	5063032	•						
	Check Valve #	1	Relief Valve		Check Valve	¥2	Pressure Vacuum	Breaker						
	C leaked or		opened at <u>2.4</u>	psi	Ieaked or		Air Inlet: did not	open 🗋						
	Q. closed tight		or did not open		Closed tight		or opened at	psi						
	gauge pressure acros	55	Outlet shut-off valve): :	gauge pressure acro	55	Check Valve: le	aked 🛛						
	check valve \underline{Q}	psi	🗆 leaked 🗳 close	d tight	check valve J. J.	psi	or held at	psi						
	C cleaned only		Cleaned only		C cleaned only		C cleaned on	ły						
	Replaced:	'n	Replaced:	-	Replaced:		Replaced:							
•	nubber kit	0	rubber kit		rubber kit		rubber kit							
	CV assembly	U	RV assembly	ם	CV assembly		CV assembly							
i	or disc	۵	or disc	0	or disc	r-1	disc, alr inlet							
	O-rings	Ū.	diaphragm (s)		O-rings		disk, CV							
	Seat	Ū	seat		seat	0	seat, CV							
	spring	ō	spring		spring	0	spring, air inlet							
	stem/guide	Ō	guide		stem/guide		spring, CV							
	retainer	D	O-rings		retainer	ō	retainer . guide							
	lock nuts		Other		lock nuts	D	O-rings							
	Other	0			Other		Qther	ő						
	Gauge pressure across Relief valve opened at Gauge pressure across air inlet psi													
	check valvepsipsi check valvepsi check valvepsi													

NOTE: All repairs shall be completed within five (5) working days.

Ì

REMARKS:

I hereby certify that this data is eccurate and reflects the proper operation and maintenance of the assembly.								
TESTER: <u>La vie Allan</u>	CERT. N	0: <u>TOS-06-6-201</u> D	DATE:	3-24.07				
This Assembly: 🛛 PA	SSED [] FAILED						

Attachment # 4.

]]	1	1	1	1 1		1	1	1	1)	١	1	1
GE Sensing Flowtest Certificate #7471 Page 1 of 1													
			GER	ション・アラマ 一般化	E OF CA	VIBRATIO		VA.	Y				
	Certificate: 007471 IIO0 Technology Park Drive Billerica, MA 01821 USA Certificate: 007471 Tel: 978-437-1000 Fax: 978-437-1023 ISO 9001:2000 Reg. No. 06-1015								i-1015				
and the cost of	Sales Order: 503010022187	Flow	Flowmeter: PT878 Transdu		ucer: CPT-10-NT Serial Number		mber I: I	I: DEMO			43 11		
	Customer: CENTRAL FLOI CONTROLS	RIDA Seria	l Number: 729		Chann	cl: 1		Serial Nu					
ارا المسلم المنابي . المراجع المراجع الماري .	GE Sensing certifies that the equipment listed on this certificate was tested, calibrated, Calibration Standard: 4" Magnetic Flowmeter S/N A/961305/1/26										I .		jili o
	and meets its published special stondard used against the liste	Dute Calibrated:					/11/06		in 14 A				
A COLORING CONTRACTOR	GPM traceable to the Nationa	against the listed equipment was calibrated in the range of 72 GPM to 436 to the National Institute of Standards and Technology.				Re-calibration due:					/11/07		Ц слу
	Procedure ID:	Calibration uncertainty:					0.25%	MARY A					
Souther Street in the second s	TCD-001-7.5-006 Rev A (Liq TCD-001-7.5-012 Rev A (Por	Annual standards at flow calibration facility:				N.L.S.T. R	ef. No.		竹				
	Quality Program:					Weigh Tank Scale 1000#					01028		944 [24
	Quality Manual QM-001 Rev	Quality Manual QM-001 Rev B				Weigh Tank Scale 10000#					01018	1	Ś
						Mercury In Glas	s Thermometer			2	51837	111 and	
	Test Configuration: 2 Traver:	-	6" CS pipe sche			Date Certified:						11	الولغة <u>المرا</u>
	-	ied By: Michael Steingard Title: Service Engineer Signature: Ma						1		6			
	Calibration: 03/01/07	K-Fa	ctor: 1.0000								;	W AN	
	Reference Flow (GPM)		Measured (GPM			Reference Flow (GPM)			Measured Flow (GPM)		1		鼎
	79.604		79.1	83		401.696			397.433				掘
	158.883		158.5	92								ζ	
	236.604		233.4										10
	319.271		320.1	71						•			
			*refer to the US	ER'S MANUAL	for product s	pecifications and a	ecuracies.						

http://flowtest/reports/certificate.php?recordID=7471

 $[j_{jj}]$

. .

3/2/2007

1