

PUTNAM COUNTY

**Park Manor WWTF
Pomona Park
River Grove**

Docket No. 100330-WS

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

Florida

**Volume 5
Book 2
Set 13 of 17**

Part 3 of 5

Containing:

Permits
Monthly Operating Reports
Discharge Monitoring Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE

07302 SEP-19

FPSC-COMMISSION ORDER



Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 29, 2008

In the Matter of an
Application for Permit by:

Mr. John M. Lihvarcik
President
Aqua Utilities Florida, Inc.
1100 Thomas Road
Leesburg, Florida 34748

PA File No. FLA011706-007-DW3P
Putnam County
Park Manor WWTF

NOTICE OF PERMIT REVISION ISSUANCE

Enclosed is a revision to Domestic Wastewater Facility Permit, FLA011706. The revision includes a change of the expiration date of the permit from **February 04, 2013** to **February 04, 2018** pursuant with Section 403.087(3) of Florida Statutes. The permit is also revised to include a reopener clause (Condition VIII), which provides reasonable assurance for issuing the permit for a term exceeding five years. There are no changes in the effluent limits or monitoring frequency requirements. The permit revision is issued under Chapter 403 of the Florida Statutes.

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.

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, Florida Statutes, within fourteen days of receipt of notice. 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, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons 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), 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), 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 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 or request for enlargement of time within

fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, 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, 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 name, address, and telephone number of the petitioner's representative, if any; 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 all disputed issues of material fact. If there are none, the petition must so indicate;

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

(f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and

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

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.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (i.e., the applicant, the Department, and any person who has filed a timely and sufficient petition for a hearing). The agreement must contain all the information required by Rule 28-106.404, Florida Administrative Code. The agreement must be received by the clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57, Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further order of the Department.

Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit is filed with the clerk of the Department.

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Melissa M. Long

Melissa M. Long, P.E.
Water Facilities Administrator

By _____, pursuant to Section 228.22,
with the Designated Representative Clerk,
a copy of which is being furnished to _____

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on **April 29, 2008** to the listed persons.

Sonya Brown

Clerk

JE:DV:JM:ML:je

Enclosed:

Revised Permit
Amendment Statement of Basis

Copies furnished to:

Tricia Williams, Aqua Utilities
Putnam County H.D.



Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist
Governor

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Lt. Governor

Michael W. Sole
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida

RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarcik
President, Aqua Utilities Florida, Inc.
1100 Thomas Road
Leesburg, Florida 34748
(352) 435-4028

PERMIT NUMBER:

FLA011706

PA FILE NUMBER:

FLA011706-007-DWP

ISSUANCE DATE:

February 5, 2008

EXPIRATION DATE:

February 4, 2018

REVISION DATE:

April 29, 2008

FACILITY:

Park Manor WWTF
Park Road
Interlachen, Florida 32148
Putnam County
Latitude: 29° 37' 35" N Longitude: 81° 50' 35" W

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

TREATMENT FACILITIES:

An existing 0.015 MGD annual average daily flow (AADF) permitted capacity extended aeration secondary domestic wastewater treatment plant consisting of three aeration tanks (5,000 gallons each), one clarification tank (4,400 gallons with surface area of 78 sq ft), and one chlorination chamber (805 gallons), and one anaerobic digester (2,270 gallons). The final effluent is reused via infiltration in two evaporation/percolation ponds (total bottom surface area of 6.336 sq ft). The residuals to Wmerican Tanks and Pipe RMF, or DEP-permitted WWTF, or a DEP-permitted RMF for further treatment and final disposal.

REUSE:

Land Application: An existing 0.015 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). The system R-001 consists of two percolation pond located approximately at latitude 29° 37' 35" N, longitude 81° 50' 35" W.

FACILITY: Park Manor WWTF
PERMITTEE: Aqua Utilities Florida
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PERMIT NUMBER: FLA011706
EXPIRATION DATE: February 4, 2018

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

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

- 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.7:

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

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Effluent immediately after disinfection and prior to discharge to the percolation 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 percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]

ILITY: Park Manor WWTF
 PERMITTEE: Aqua Utilities Florida
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ERMIT NUMBER: FLA011706
 EXPIRATION DATE: February 4, 2018

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.7:

Limitations							Monitoring Requirements			Notes
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Flow	MGD	Maximum	0.015	Report	-	-	5 Days/Week	Meter	INF-1	See Cond.I.B.3, 4
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	See Cond.I.B.3
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	See Cond.I.B.3
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	-	-	Monthly	Calculated	CAL-1	

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

Monitoring Location Number	Site	Description of Monitoring Location
CAL-1		Calculated Value
INF-1		Prior to biological, physical, or chemical treatment or dilution

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. Elapse time meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. 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)]
6. 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)]
7. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Northeast District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Northeast District Office at the address specified in Permit Condition I.B. 8 by the twenty-eighth (28th) of the month following the month of operation.

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

8. 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 Northeast District Office at the address specified below:

Northeast District Office
Wastewater Section
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Phone Number - 904-807-3300
FAX Number - 904-448-4366

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

II. RESIDUALS MANAGEMENT REQUIREMENTS

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

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

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

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The annual average hydraulic loading rate to the percolation pond shall be limited to a maximum of 3.8 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. The Percolation Pond normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Northeast District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

A Class D or higher operator for 3 nonconsecutive visits/week for 1 1/2 hours/week. The lead operator must be a Class D operator, or higher.

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

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

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

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VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. REOPENER CLAUSE

1. The permit shall be revised, or alternatively, revoked and reissued in accordance with the provisions contained in Rules 62-620.325 and 62-620.345 F.A.C., if applicable, or to comply with any applicable effluent standard or limitation issued or approved under Sections 301(b)(2)(C) and (D), 304(b)(2) and 307(a)(2) of the Clean Water Act (the Act), as amended, if the effluent standards, limitations, or water quality standards so issued or approved:
 - a. Contains different conditions or is otherwise more stringent than any condition in the permit/or;
 - b. Controls any pollutant not addressed in the permit.
2. The permit shall be reopened to reevaluate, revise, or revoke the 10- year permit term if the facility is ranked *minor* out of compliance for two consecutive inspections and/or the facility is ranked significantly out of compliance for a single inspection.

IX. OTHER SPECIFIC CONDITIONS

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

necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

- a. Which may cause fire or explosion hazards; or
- b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
- c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
- d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

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

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

[62-620.625(2)]

X. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes

- a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

- a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

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

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within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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

- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 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;

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FACILITY: Park Manor WWTF
PERMITTEE: Aqua Utilities Florida
Page 17 of 17

PERMIT NUMBER: - FLA011706
EXPIRATION DATE: February 4, 2018

2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Melissa M. Long

Melissa M. Long, P.E.
Water Facilities Administrator

"I, _____, on this date, pursuant to Section 120.52,
F.S., with the designated Department Clerk,
receipt of which is hereby acknowledged."

[Signature]
Clerk Date

**AMENDMENT OF STATEMENT OF BASIS
FOR
STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT
(1st PERMIT REVISION)**

I. GENERAL INFORMATION:

PERMIT NUMBER: FLA011706 (Not Applicable)
FACILITY NAME: Park Manor WWTF
FACILITY LOCATION: Interlachen
Putnam County
NAME OF PERMITTEE: Aqua Utilities Florida
PERMIT WRITER: Joseph Emery

II. CHANGES TO THE PERMIT

- Change the expiration date of the permit to February 04, 2018.
- A "reopener clause" (Permit Condition VIII) was added to the permit which provides reasonable assurance for issuing the permit for term exceeding five years.

III. BASIS FOR PERMIT REVISION

1. The permittee requests that a permit for a term exceeding five years be issued.
2. The facility is not a NPDES facility, which is not regulated under the NPDES program under Section 403.0885, F.S.
3. The effluent from the treatment facility is not discharged to an injection well which is required to comply with federal standards under the Underground Injection Control Program under Chapter 62-528 of the Florida Administrative Code (F.A.C.)
4. The treatment facility is not operating under a temporary operation permit or a permit with an accompanying administrative order.
5. The treatment facility does not have any enforcement action pending against it by the EPA or the Department.
6. The treatment facility has "generally operated in conformance with the limits of permitted flows and other conditions specified in the permit."
7. The Department has reviewed the self monitoring reports required under Department rule and is satisfied that the reports are accurate.
8. The treatment facility has "generally met all water quality standards in the preceding two years.
9. The Department has conducted an inspection of the facility and has verified in writing to the permittee that it is not exceeding the permitted capacity and is in substantial compliance.

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA011706 (Not Applicable)

FACILITY NAME: Park Manor WWTF

FACILITY LOCATION: Interlachen
Putnam County

NAME OF PERMITTEE: Aqua Utilities Florida

PERMIT WRITER: Joseph Emery

1. **BASIS FOR EFFLUENT AND RECLAIMED WATER LIMITS AND MONITORING REQUIREMENTS (INCLUDING EFFLUENT MONITORING REQUIREMENTS)**

The following table provides the basis for Part I. A. provisions.

Land Application System R-001 (rapid infiltration basin):

Parameter	Limit	Basis	Rationale
BOD, Carbonaceous 5 day, 20C (MG/L)	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
	60.0	Single Sample Max.	62-600.740(1)(b)1.d. FAC
Solids, Total Suspended (MG/L)	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
	60.0	Single Sample Max.	62-600.740(1)(b)1.d. FAC
pH (SU)	6.0 to 8.5	Minimum and Maximum	62-600.445 FAC
Total Residual Chlorine (For Disinfection) (MG/L)	0.5	Minimum	62-610.510 & 62-600.440(4)(b) FAC
Nitrogen, Nitrate, Total (as N) (MG/L)	12.0	Single Sample Max.	62-610.510(1) FAC

The following table provides the basis for Part I. B. provisions.

Other Limitations and Monitoring Requirements:

Parameter	Limit	Basis	Rationale
Flow (MGD)	0.015	Annual Average	62-600.400(3)(b)FAC
BOD, Carbonaceous 5 day, 20C (MG/L)	Report	Monthly Average	62-601.300(1)FAC
Solids, Total Suspended (MG/L)	Report	Monthly Average	62-601.300(1)FAC
Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Report	Monthly Average	62-600.405(4) FAC
Monitoring Frequency and Sample Type	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Location	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62- 610.568, 62-610.613 FAC and/or BPJ of permit writer

2. RESIDUALS MANAGEMENT

The method of residuals use or disposal by this facility shall be transport to a DEP-permitted WWTF, or a DEP-permitted RMF or disposal in a Class I or II solid waste landfill. If the facility changes the RMF, a written agreement between the facility and the new residual treatment facility shall be submitted to the Department at least 30 days prior to the transport of residuals.

3. GROUND WATER MONITORING REQUIREMENTS

Ground water monitoring requirements have been established in accordance with Rules 62-601 and 62-522, F.A.C.

4. SCHEDULES FOR IMPROVEMENT ACTIONS, CONSTRUCTION, AND ENGINEERING STUDIES

This section is not applicable to this facility

5. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

6. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO, and there are no unresolved compliance issues for this facility.

7. EFFECTS OF SURFACE WATER DISCHARGE ON THREATENED OR ENDANGERED SPECIES

The Department does not anticipate adverse impacts on threatened or endangered species as a result of permit issuance.

8. APPLICABLE RULES

The following were used as the basis of the permit limitations/conditions:

- a. FAC refers to various portions of the Florida Administrative Code.

The effective dates of FAC Rule Chapters cited in the table are as follows:

<u>Chapter</u>	<u>Effective Date</u>
62-4	05-01-03
62-160	04-09-02
62-302	05-15-02
62-520	12-09-96
62-522	08-27-01
62-550	05-28-03
62-600	12-24-96
62-601	12-24-96
62-602	02-06-02
62-610	08-08-99
62-620	08-25-03
62-625	01-08-97
62-640	03-30-98
62-650	12-26-96
62-699	07-05-01

- b. FS refers to various portions of the Florida Statutes

- c. CFR refers to various portions of the Code of Federal Regulations, Title 40

- d. BPJ refers to Best Professional Judgment

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 05/01/2008 To: 05/31/08

Parameter	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		1.0	1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	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
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement	6.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		4.04		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Paul Thompson, Lead Operator

386-937-1143

08/06/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 05/01/2008

To: 05/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			7.5	1600.0	#/100mL	21	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.GeoMean)	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-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.75	0.75	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			160		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			79		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				33.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 05/01/2008

To: 05/31/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code Mon.Site	80082 INF-I	80082 EFA-I	50050 INF-I	00530 INF-I	00530 EFA-I	00400 EFA-I	74055 EFA-I	50060 EFA-I	00620 EFA-I
1			0.003			7.4		2.2	
2			0.005			7.6		2.2	
3			0.004						
4			0.004						
5			0.004			7.6		2.2	
6			0.004			7.6		2.2	
7			0.007			7.5		2.2	
8			0.005			7.6		2.2	
9			0.004			7.7		2.2	
10			0.005						
11			0.005						
12			0.005			7.4		2.2	
13			0.003			7.4		2.2	
14			0.005			7.4		2.2	
15			0.003			7.6		2.2	
16			0.006			7.6		2.2	
17			0.002						
18			0.002						
19			0.003			7.5		2.2	
20	160	<2.0	0.003	79	1.01	7.5	1600.00	2.2	0.75
21			0.003			7.8		2.2	
22			0.003			7.7	15.00	2.2	
23			0.003			7.5		2.2	
24			0.002						
25			0.003						
26			0.003			7.6		2.2	
27			0.004			7.5	2.00	4.2	
28			0.003			7.6	1.00	5.0	
29			0.003			7.6	1U	5.0	
30			0.003			7.5		2.2	
31			0.003			7.5		2.8	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 06/01/2008 To: 06/30/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.3		7.6	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.71		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Paul Thompson, Lead Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO

386-937-1143

DATE (YY/MM/DD)

08/07/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 06/01/2008

To: 06/30/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.32	0.32	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.004	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			110		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				28.9%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART R

PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 06/01/2008

To: 06/30/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003						
2			0.004			7.5		2.5	
3			0.003			7.5		3.0	
4	230	2U	0.003	110	1.2	7.5	1U	4.0	0.3
5			0.002			7.5		3.2	
6			0.003			7.5		2.8	
7			0.003						
8			0.003						
9			0.004			7.3		2.2	
10			0.003			7.4		2.2	
11			0.006			7.4		2.2	
12			0.003			7.5		4.0	
13			0.004			7.5		2.2	
14			0.004						
15			0.003						
16			0.003			7.6		2.2	
17			0.004			7.5		2.2	
18			0.005			7.5		2.2	
19			0.003			7.6		2.2	
20			0.003			7.4		2.2	
21			0.003						
22			0.003						
23			0.004			7.5		2.2	
24			0.007			7.3		2.2	
25			0.003			7.3		2.2	
26			0.003			7.4		2.2	
27			0.004			7.5		2.2	
28			0.004						
29			0.005						
30			0.005			7.3		1.5	
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD--From: 07/01/2008 To: 07/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.2		7.8	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.63		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Paul Thompson, Lead Operator

386-937-1143

08/08/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 07/01/2008

To: 07/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.10	1.10	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.004	mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An.Avg.)	mgd						5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.007	mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				122		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				100		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					33.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 07/01/2008

To: 07/31/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003			7.8		2.2	
2			0.006			7.5		2.2	
3			0.005			7.3		2.2	
4			0.004			7.4		2.2	
5			0.005						
6			0.005						
7			0.006			7.3		0.8	
8			0.006			7.3		2.2	
9	122	<2.0	0.003	100	2.01	7.5	<1.0	2.2	1.1
10			0.006			7.4		2.2	
11			0.007			7.4		2.2	
12			0.005						
13			0.005						
14			0.006			7.4		2.2	
15			0.011			7.4		2.2	
16			0.011			7.4		2.2	
17			0.008			7.4		2.2	
18			0.011			7.4		2.2	
19			0.009						
20			0.009						
21			0.009			7.4		2.2	
22			0.008			7.5		2.2	
23			0.006			7.5		2.2	
24			0.008			7.5		2.2	
25			0.009			7.2		2.2	
26			0.007						
27			0.007						
28			0.007			7.5		2.2	
29			0.008			7.5		2.2	
30			0.006			7.4		2.2	
31			0.009			7.5		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD--From: 08/01/2008 To: 08/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			6.9	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.79		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO

DATE (YY/MM/DD)

Paul Thompson, Lead Operator

386-937-1143

08/09/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 08/01/2008

To: 08/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.40	0.40	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.007	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			259		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			94		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				40.0%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART 2

PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 08/01/2008

To: 08/31/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.006			7.4		2.2	
2			0.007						
3			0.007						
4			0.006			7.4		2.2	
5			0.009			7.4		2.2	
6			0.007			7.5		2.2	
7			0.008			7.4		2.2	
8			0.010			7.5		2.2	
9			0.007						
10			0.007						
11			0.007			7.3		2.2	
12			0.008			7.2		2.2	
13			0.008			7.3		2.2	
14			0.007			7.3		2.2	
15			0.007			7.4		2.2	
16			0.006						
17			0.007						
18			0.007			7.4		2.2	
19			0.006			7.4		2.2	
20			0.004			7.4		2.2	
21	259	<2.0	0.004	94	3.01	7.4	3.00	2.2	0.41
22			0.009			7.3		2.2	
23			0.008						
24			0.008						
25			0.008			7.2		1.6	
26			0.006			6.9		1.3	
27			0.005			7.1		2.0	
28			0.006			7.2		2.2	
29			0.006			7.2		2.2	
30			0.009						
31			0.009						

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 09/01/2008 To: 09/30/2008

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.0	7.2	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.79		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO

DATE (YY/MM/DD)

Paul Thompson, Lead Operator

386-937-1143

08/10/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 09/01/2008

To: 09/30/2008

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.28	0.28	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.005	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			38		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			14		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				42.2%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

AILY SAMPLE RESULTS - PART F

PermitNumber: FLA011706

FACILITY: Park Manor WWTF
COUNTY: Putnam

MONITORING PERIOD--Fr 09/01/2008

To: 09/30/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.005			7.1		2.2	
2			0.005			7.0		2.0	
3			0.008			7.1		2.2	
4			0.010			7.1		2.2	
5			0.006			7.1		2.2	
6			0.003						
7			0.004						
8			0.004			7.2		2.2	
9			0.005			7.2		2.2	
10			0.004			7.1		2.2	
11			0.005			7.1		2.2	
12			0.004			7.1		1.5	
13			0.004						
14			0.004						
15			0.004			7.2		1.5	
16			0.008			7.2		2.2	
17			0.009			7.2		2.2	
18			0.007			7.2		2.2	
19			0.005			7.1		2.2+	
20			0.004						
21			0.004						
22			0.004			7.2		2.2	
23	38	<2.0	0.006	14	2.0	7.2	<1.0	2.2	0.28
24			0.005			7.2		2.2	
25			0.005			7.2		2.2	
26			0.006			7.2		2.2	
27			0.006						
28			0.006						
29			0.006			7.2		2.2	
30			0.006			7.2		2.2	
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD--From: 10/01/2008 To: 10/31/2008

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	2.7	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.2	7.8	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.88		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 10/01/2008

To: 10/31/2008

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				<2.0	<2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.GeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.47	0.47	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.006		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				101		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				82		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					40.0%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART 1

PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 10/01/2008

To: 10/31/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.007			7.2		2.2	
2			0.006			7.2		2.2	
3			0.007			7.2		2.2	
4			0.004						
5			0.004						
6			0.003			7.3		2.2	
7			0.007			7.3		2.2	
8			0.007			7.3		2.2	
9			0.006			7.3		2.2	
10			0.007			7.3		2.2	
11			0.005						
12			0.005						
13			0.006			7.3		2.2	
14			0.007			7.3		2.2	
15			0.007			7.3		2.2	
16			0.007			7.3		2.0	
17			0.007			7.3		2.2	
18			0.006						
19			0.006						
20			0.007			7.2		2.2	
21			0.007			7.2		2.2	
22			0.007			7.3		2.2	
23			0.007			7.4		2.2	
24			0.006			7.4		2.2	
25			0.006						
26			0.006						
27			0.007			7.4		2.2	
28	101	2.70	0.007	82	3.01	7.8	<2.0	2.2	0.5
29			0.005			7.5		2.2	
30			0.005			7.6		2.2	
31			0.008			7.5		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

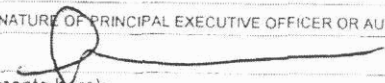
FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 11/01/2008 To: 11/30/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.0	4.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.3		8.0	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		5.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.88		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/12/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 11/01/2008

To: 11/30/08

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.74	0.74	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.006		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				164		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				96		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					37.8%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 11/01/2008

To: 11/30/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.005						
2			0.005						
3			0.006			7.4		2.2	
4			0.008			7.4		2.2	
5			0.007			7.3		2.2	
6			0.007			7.4		2.2	
7			0.007			7.5		2.2	
8			0.006						
9			0.006						
10			0.006			7.6		2.2	
11			0.007			7.7		2.2	
12	164	<2.0	0.006	96	4.0	7.4	<1.0	2.2	0.74
13			0.005			7.6		2.2	
14			0.007			7.6		2.2	
15			0.006						
16			0.006						
17			0.006			7.6		2.2	
18			0.006			7.4		0.7	
19			0.007			7.8		2.2	
20			0.007			7.4		0.6	
21			0.006			7.7		2.2	
22			0.006						
23			0.006						
24			0.006			7.7		2.0	
25			0.006			8.0		2.2	
26			0.007			7.5		2.2	
27			0.006			7.5		2.2	
28			0.005			7.4		2.2	
29			0.005						
30			0.006						
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

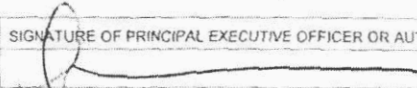
FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 12/01/2008 To: 12/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	2.9	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.0	5.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.1	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.88		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 12/01/2008

To: 12/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.4		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			1.79	1.79	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.007	mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			191		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			98		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				42.2%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--From 12/01/2008

To: 12/31/2008

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.017			7.3		2.2	
2			0.005			7.3		2.2	
3			0.007			7.3		2.2	
4	191	2.90	0.006	98	5.0	7.4	1.00	2.2	1.8
5			0.004			7.3		1.4	
6			0.006						
7			0.006						
8			0.006			7.3		2.2	
9			0.006			7.3		2.2	
10			0.007			7.5		2.2	
11			0.005			7.4		2.2	
12			0.005			7.1		2.2	
13			0.005						
14			0.006						
15			0.006			7.1		2.2	
16			0.014			7.1		2.2	
17			0.005			7.3		2.2	
18			0.006			7.3		2.2	
19			0.005			7.3		2.2	
20			0.005						
21			0.006						
22			0.006			7.3		2.2	
23			0.006			7.3		2.2	
24			0.005			7.3		2.2	
25			0.004			7.2		2.2	
26			0.008			7.1		2.2	
27			0.007						
28			0.008						
29			0.008			7.2		2.2	
30			0.007			7.2		2.2	
31			0.006			7.3		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

COUNTY: Putnam

MONITORING PERIOD--From: 01/01/2009 To: 01/31/09

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.1		7.3	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min		8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.96		#/100mL	0	Monthly	Grab
PARM Code 74056 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/02/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 01/01/2009

To: 01/31/09

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.6		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.92	0.92	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				130		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				124		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					40.0%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 01/01/2009

To: 01/31/2009

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon. Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.005			7.3		2.2	
2			0.006			7.3		2.2	
3			0.006						
4			0.006						
5			0.006			7.3		2.2	
6			0.006			7.3		2.2	
7			0.006			7.3		2.2	
8	130	<2.0	0.006	124	4.0	7.3	2.00	2.2	0.9
9			0.007			7.3		2.2	
10			0.004						
11			0.004						
12			0.005			7.3		2.2	
13			0.004			7.3		2.2	
14			0.005			7.2		2.2	
15			0.005			7.2		2.2	
16			0.003			7.2		2.2	
17			0.005						
18			0.006						
19			0.006			7.2		2.2	
20			0.006			7.1		1.6	
21			0.004			7.3		2.2	
22			0.003			7.3		2.2	
23			0.007			7.1		1.7	
24			0.004						
25			0.005						
26			0.005			7.1		1.8	
27			0.005			7.3		2.2	
28			0.005			7.1		2.2	
29			0.005			7.1		2.2	
30			0.004			7.2		2.2	
31			0.004						

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

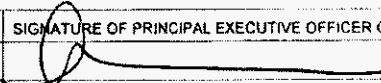
FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

MONITORING PERIOD-From: 02/01/2009 To: 02/28/09

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	2.2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.0	5.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.0	7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.96		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/03/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD--From: 02/01/2009

To: 02/28/09

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.91	0.91	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.006		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		mgd					5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.005		mgd				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				82		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					37.8%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART F

PermitNumber: FLA011706

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 02/01/2009

To: 02/28/2009

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.004						
2			0.005			7.1		2.2	
3			0.004			7.1		2.2	
4			0.005			7.2		2.2	
5			0.005			7.2		2.2	
6			0.005			7.2		2.2	
7			0.004						
8			0.005						
9			0.005			7.2		2.2	
10			0.005			7.2		2.2	
11			0.005			7.1		2.2	
12	120	2.20	0.006	82	5.0	7.0	<1.0	2.2	0.91
13			0.005			7.2		2.2	
14			0.004						
15			0.005						
16			0.005			7.2		2.2	
17			0.005			7.2		2.2	
18			0.005			7.4		2.2	
19			0.006			7.2		1.8	
20			0.003			7.2		1.3	
21			0.004						
22			0.005						
23			0.005			7.2		1.5	
24			0.005			7.2		1.9	
25			0.003			7.1		2.2	
26			0.005			7.1		2.1	
27			0.003			7.1		1.6	
28			0.004						
29									
30									
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011706
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds
NO DISCHARGE POINT NUMBER []

MONITORING PERIOD--From: 03/01/2009 To: 03/31/09

Parameter	Quantity of Loading	Units	Quality or Concentration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.2	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<2.0 <2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		30.0 60.0 (Mo.Avg.) (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		2.9	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.0 3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		30.0 60.0 (Mo.Avg.) (Max)	mg/L		Monthly	Grab
pH	Sample Measurement	7.1	7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement	6.0 Min	8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.96	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)	#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Paul Thompson, Lead Operator

386-937-1143

09/04/27

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD-From: 03/01/2009

To: 03/31/09

Parameter	Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement		<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement	0.5 Min			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.85	0.85	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.005	mgd			0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)	mgd				5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.004	mgd			0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		191		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement		Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		130		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement		Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			31.1%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement			Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA01170

 FACILITY: Park Manor WWTF
 COUNTY: Putnam

MONITORING PERIOD--Fr 03/01/2009

To: 03/31/2009

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code Mon.Site	80082 INF-I	80082 EFA-I	50050 INF-I	00530 INF-I	00530 EFA-I	00400 EFA-I	74055 EFA-I	50060 EFA-I	00620 EFA-I
1			0.006						
2			0.006			7.1		2.2	
3			0.005			7.1		2.0	
4			0.003			7.1		2.2	
5			0.004			7.1		1.2	
6			0.004			7.1		1.9	
7			0.003						
8			0.004						
9			0.004			7.1		1.5	
10			0.005			7.1		1.2	
11			0.003			7.2		2.2	
12			0.004			7.2		2.2	
13			0.005			7.2		2.2	
14			0.004						
15			0.004						
16			0.003			7.2		2.2	
17			0.003			7.1		2.2	
18	191	<2.0	0.005	130	3.01	7.1	<1.0	1.3	0.9
19			0.003			7.2		2.2	
20			0.004			7.3		2.2	
21			0.004						
22			0.003						
23			0.003			7.2		0.8	
24			0.003			7.4		2.2	
25			0.003			7.2		2.2	
26			0.003			7.2		2.2	
27			0.004			7.3		2.2	
28			0.004						
29			0.004						
30			0.003			7.4		2.2	
31			0.002			7.4		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Putnam

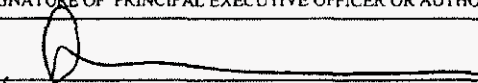
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 4/1/09

To 4/30/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
F	Sample Measurement	0.005		MGD					0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.004	0.004	MGD					0	5 Days/Week	Meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					27%		PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2.0	<2.0	MG/L	0	Monthly	Grab
P ' Code 80082 A N. Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.9		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/05/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): * Routine Lift Station maintenance occurred on April 17th resulted in no flow during plant visit. No chlorine and pH reads were possible.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 4/1/09

PERMIT NUMBER: FLA011706
To 4/30/09

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement			7.2		7.4	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100ML	0	Monthly	Grab
P. Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.5	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				146		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab
S Total Suspended	Sample Measurement				158		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706
Monitoring Period: From: 4/1/09 To: 4/30/09

Facility: Park Manor WWTF

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.003				7.3		2.2		
2	.004				7.4		1.8		
3	.004				7.3		2.2		
4	.003								
5	.004								
6	.004				7.3		2.2		
7	.004				7.3		2.2		
8	.003	<2.0	<1.0	1.5	7.2	2.01	1.7	158	146
9	.004				7.2		2.0		
10	.003				7.3		2.2		
11	.003								
12	.004								
13	.004				7.4		2.2		
14	.003				7.2		1.2		
15	.005				7.2		2.2		
16	.004				7.3		2.2		
17	.004				No flow		No flow		
18	.004								
19	.004								
20	.005				7.3		2.0		
21	.005				7.2		1.4		
22	.003				7.2		2.2		
23	.005				7.3		2.2		
24	.004				7.3		2.2		
25	.004								
26	.005								
27	.005				7.3		2.2		
28	.004				7.2		2.2		
29	.005				7.3		2.2		
30	.004				7.4		2.2		
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

12476

Name:

David Haring

Evening Shift Operator

Class:

C

Certificate No:

9320

Name:

Ralph Marriott

Night Shift Operator

Class:

Certificate No:

Name:

Operator

Class:

A

Certificate No:

4894

Name:

Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Putnam

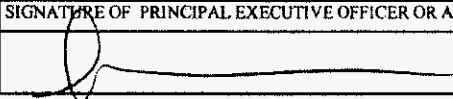
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May 1, 2009
To:

May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050 Y Mon.Site No. INF-1	Sample Measurement	0.006		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.015 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 G Mon.Site No. INF-1	Sample Measurement	0.011	0.006	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				73%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report (Mo.Avg.)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.2			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Site No. EFA-1	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				3.0			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/06/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: May 1, 2009
To

PERMIT NUMBER: FLA011706
May 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement			6.8		7.4	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.16	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				94		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				56		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706

Facility: Park Manor WWTF

Monitoring Period From: May 1, 2009 To: May, 31, 2009

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.004				7.2		2.2		
2	0.004								
3	0.000								
4	0.012				7.3		2.2		
5	0.005				7.4		2.2		
6	0.004	<2.0	<1.0	0.16	7.3	2.0	1.9	56	93.6
7	0.003				7.3		1.2		
8	0.004				7.5		2.2		
9	0.000								
10	0.000								
11	0.013				7.4		2.2		
12	0.003				7.4		2.2		
13	0.004				7.4		2.2		
14	0.003				7.4		2.2		
15	0.005				7.3		2.2		
16	0.000								
17	0.000								
18	0.013				7.3		2.2		
19	0.005				7.2		2.2		
20	0.005				7.2		2.2		
21	0.009				7.2		0.8		
22	0.013				7.1		0.7		
23	0.000								
24	0.000								
25	0.054				7.0		0.5		
26	0.027				7.0		1.5		
27	0.023				7.0		2.1		
28	0.013				7.0		1.3		
29	0.031				6.8		2.2		
30	0.094				7.0		2.2		
31	0.004				7.2		2.2		
Total									
Mo. Avg									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

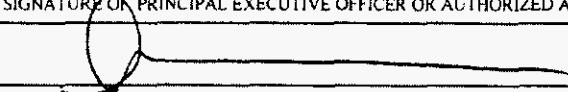
COUNTY: Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1, 2009 To: June 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.007	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.015 (An. Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.015	MGD	0.010		0	5 Days/Week	Meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	MGD	Report (3-Mo. Avg.)			5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement			100%	PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement			Report (Mo. Avg.)	PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Monthly	Grab
Total Suspended	Sample Measurement			3.0	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/07/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: June 1, 2009PERMIT NUMBER: FLA011706
To June 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Monthly	Grab
pH	Sample Measurement			7.0	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3	MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			4.15	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			36.8	MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			18	MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab

DA SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011706
From: June 1, 2009

To: June 30, 2009

Facility: Park Manor WWTF

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.031				7.2		2.2		
2	0.016				7.2		2.2		
3	0.018				7		2.2		
4	0.011	<2.0	<1.0	4.15	7.1	<1.0	2.2	18	36.8
5	0.018				7		1.6		
6									
7									
8	0.062				7		2.2		
9	0.016				7.1		2.2		
10	0.014				7.2		2.2		
11	0.012				7.3		2.2		
12	0.004				7.4		2.2		
13									
14									
15	0.064				7.2		1.3		
16	0.017				7.2		2.2		
17	0.017				7.2		2.1		
18	0.015				7.2		2.2		
	0.020				7.3		2.2		
20									
21									
22	0.042				7.3		2.2		
23	0.011				7.2		2.2		
24	0.010				7.3		2.2		
25	0.009				7.4		2.2		
26	0.008				7.4		2.2		
27									
28									
29	0.025				7.4		2.2		
30	0.009				7.1		2.2		
31									
Total	0.451								
Mo. Avg	0.015								

LANT STAFFING:

ay Shift Operator

Class:

B

Certificate No:

12476

Name:

David Haring

vening Shift Operator

Class:

C

Certificate No:

9320

Name:

Ralph Marriott

ight Shift Operator

Class:

Certificate No:

Name:

ud Operator

Class:

A

Certificate No:

4894

Name:

Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

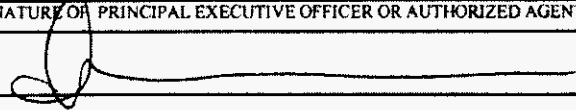
COUNTY: Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1, 2009 To: July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	.007	MGD				0	5 Days/Week	Meter
PARM Code 50050 Y		Permit Requirement	0.015 (An.Avg.)	MGD					5 Days/Week	Meter
Flow		Sample Measurement	0.011 0.012	MGD				0	5 Days/Week	Meter
PARM Code 50050 G		Permit Requirement	Report (Mo.Avg.) Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100		Sample Measurement			73%		PER-CENT		Monthly	Calculated
PARM Code 00180 P		Permit Requirement			Report (Mo.Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C		Sample Measurement			2.2		MG/L	0	Monthly	Grab
PARM Code 80082 Y		Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C		Sample Measurement			2.0 2.0		MG/L	0	Monthly	Grab
PARM Code 80082 A		Permit Requirement			30.0 (Mo.Avg.) 60.0 (Max.)		MG/L		Monthly	Grab
Solids Total Suspended		Sample Measurement			2.9		MG/L	0	Monthly	Grab
PARM Code 00530 Y		Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/08/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: July 1, 2009

To PERMIT NUMBER: FLA011706
July 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1				60.0 (Max.)				
pH	Sample Measurement		7.0	7.4	SU	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement		6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement			800 (Max.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement		0.5 (Min.)		MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			2.28	MG/L	0	Monthly	Grab
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			78	MG/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			61	MG/L	0	Monthly	Grab
PARM Code 00530 G	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon.Site No. INF-1								

DA. SAMPLE RESULTS - PART B

Permit Number: FLA011706
Monitoring Period: From July 1, 2009

To: July 31, 2009

Facility: Park Manor WWTF

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.016				7		2.2		
2	0.017				7.4		2.2		
3	0.011				7.4		2.2		
4									
5									
6	0.030				7.4		2.2		
7	0.010				7.4		2.2		
8	0.010				7.4		2.2		
9	0.014				7.4		2.2		
10	0.013				7.4		2.2		
11									
12									
13	0.037				7.3		2.2		
14	0.010				7.2		2.2		
15	0.011	<2.0	1.0	2.28	7.2	1.0	2.2	61	78
16	0.007				7.2		2.2		
17	0.009				7.3		2.2		
18									
19									
20	0.027				7.3		2.2		
21	0.009				7.2		2.2		
22	0.009				7.3		2.2		
23	0.012				7.2		1.6		
24	0.013				7.2		2.1		
25									
26									
27	0.031				7.1		2.2		
28	0.009				7.2		2.2		
29	0.017				7.1		1.0		
30	0.015				7.2		1.4		
31	0.013				7.1		2.0		
Total	0.351								
lo. Avg.	0.011								

ANI STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Morning Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Putnam

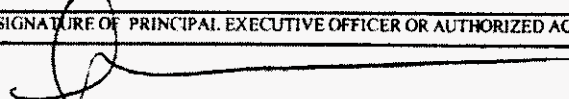
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: August 1, 2009

To: August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.013		MGD				0	5 Days/Week	Meter
P Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.017	0.014	MGD				0	5 Days/Week	Meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement					113%	PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.7	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.5	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	05/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: August 1 2009

PERMIT NUMBER: FLA011706
To August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					9.6	9.6	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.0		7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					0.9		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100ML		Monthly	Grab
C n, Fecal	Sample Measurement						1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement						800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					92		MG/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					61		MG/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab

1. DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011706

From: August 1, 2009 To: August 31, 2009

Facility: Park Manor WWTF

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1									
2									
3	0.052				7.1		1		
4	0.016				7.1		1.1		
5	0.028				7		1.5		
6	0.025				7.1		0.5		
7	0.020				7.2		2.2		
8									
9									
10	0.047				7.3		2.1		
11	0.011				7.1		2		
12	0.011				7.5		0.5		
13	0.008	9.0	<1.0	1.1	7.2	9.6	5.2	61	92
14	0.020				7.3		8.8		
15									
16									
17	0.066				7.2		8.8		
18	0.015				7.2		8.8		
19	0.021				7.3		5.6		
20	0.015				7.1		2.8		
21	0.019				7.3		2.6		
22									
23									
24	0.057				7.3		2.6		
25	0.020				7.3		3.4		
26	0.009				7.4		4.5		
27	0.020				7.1		1.4		
28	0.016				7.3		2.8		
29									
30									
31	0.042				7.5		3.5		
Total	0.536								
Mo. Avg.	0.017								

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

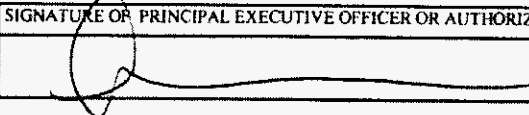
COUNTY: Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: September 1, 2009 To: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008		MGD				0	5 Days/Week	Meter
P. Code 50050 Y	Permit Requirement	0.015		MGD					5 Days/Week	Meter
Mon. Site No. INF-1		(An.Avg.)								
Flow	Sample Measurement	0.0098	0.013	MGD				0	5 Days/Week	Meter
PARM Code 50050 G	Permit Requirement	Report	Report	MGD					5 Days/Week	Meter
Mon. Site No. INF-1		(Mo.Avg.)	(3-Mo.Avg.)							
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						PER-CENT		Monthly	Calculated
PARM Code 00180 P	Permit Requirement				65%		PER-CENT		Monthly	Calculated
Mon. Site No. CAL-1					Report (Mo.Avg.)					
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9		MG/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement				20.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1					(An.Avg.)					
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9	3.9	MG/L	0	Monthly	Grab
PARM Code 80082 A	Permit Requirement				30.0	60.0	MG/L		Monthly	Grab
Mon. Site No. EFA-1					(Mo.Avg.)	(Max.)				
Solids, Total Suspended	Sample Measurement				3.9		MG/L	0	Monthly	Grab
P. Code 00530 Y	Permit Requirement				20.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1					(An.Avg.)					

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)
Paul Thompson, Lead Operator		352-787-0980	09/10/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011706

MONITORING PERIOD From: September 1, 2009

To: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.0	7.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.3	7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.9		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					25.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0		MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.59	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				96		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				60		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab

1. DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706
 Monitoring Period: From: September 1, 2009 To: September 30, 2009
 Facility: Park Manor WWTF

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.0119				7.4		3.5		
2	0.0161				7.3		2.6		
3	0.0178				7.4		3.4		
4	0.0161				7.3		2.8		
5									
6									
7	0.0382				7.4		2.6		
8	0.0062				7.4		3.2		
9	0.0094				7.4		3.8		
10	0.0110	3.9	25	0.59	7.4	7.0	2.2	60	96
11	0.0068				7.5		3.8		
12									
13									
14	0.0305				7.4		2.5		
15	0.0085				7.4		3.8		
16	0.0102				7.4		2.5		
17	0.0085				7.5		2.8		
18	0.0101				7.5		2.1		
19									
20									
21	0.0280				7.4		2		
22	0.0085				7.4		2		
23	0.0110				7.4		2.1		
24	0.0051				7.5		2.3		
25	0.0085				7.5		2.2		
26									
27									
28	0.0246				7.5		2.3		
29	0.0085				7.5		2.4		
30	0.0068				7.5		2.2		
31									
Total	0.3023								
to. Avg.	0.0098								

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Assistant Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

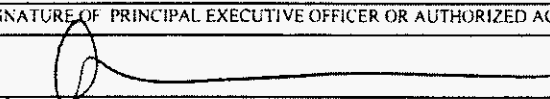
COUNTY: Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: October 1, 2009 To: October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008		MGD					0	5 Days/Week	Meter
PARM Code 50050 Y Mon Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.006	0.011	MGD					0	5 Days/Week	Meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement							PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.8		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.8		MG/L	0	Monthly	Grab
P, Code 00530 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/11/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: October 1, 2009

PERMIT NUMBER: FLA011706
To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.9			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.31		MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				224			MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				342			MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	Grab

1-DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706

Facility: Park N. at WWTF

Monitoring Period From October 1, 2009 To October 31, 2009

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Ion. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.006				7.5		2.6		
2	0.012				7.5		2.4		
3									
4									
5	0.020				7.6		2.4		
6	0.005				7.5		2.8		
7	0.005				7.5		0.8		
8	0.006				7.5		0.7		
9	0.005				7.6		0.7		
10									
11									
12	0.015				7.6		2.1		
13	0.005	<2.0	<1.0	6.31	7.5	2.0	2.3	342	224
14	0.004				7.6		2.8		
15	0.005				7.5		0.9		
16	0.005				7.4		1.3		
17									
18									
19	0.014				7.4		2.8		
20	0.005				7.5		1.5		
21	0.005				7.4		0.7		
22	0.005				7.6		2.7		
23	0.005				7.4		2.6		
24									
25									
26	0.015				7.5		3.2		
27	0.004				7.6		2.5		
28	0.004				7.3		1.9		
29	0.004				7.4		1.7		
30	0.005				7.4		2.2		
31	0.014				7.4		2.2		
Total	0.175								
10-Avg	0.006								

PLANT STAFFING

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

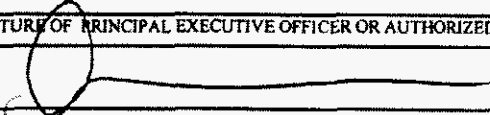
COUNTY: Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: November 1, 2009 To: November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008		MGD				0	5 Days/Week	Meter
P. Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.005	0.007	MGD				0	5 Days/Week	Meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity. (TMADF/Permitted Capacity) x 100	Sample Measurement				33%		PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.7		MG/L	0	Monthly	Grab
P. Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/12/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: November 1, 2009

PERMIT NUMBER: FLA011706
To November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3.0	3.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.4		7.7	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					3.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100ML		Monthly	Grab
C, n, Fecal	Sample Measurement						1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement						800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.56	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					126		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					73		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab

1. DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011706

From: November 1, 2009

To: November 30, 2009

Facility: Park Manor WWTF

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1									
2	0.014				7.4		2.2		
3	0.005				7.4		2.2		
4	0.004				7.4		2.2		
5	0.005				7.4		2.2		
6	0.003				7.7		2.2		
7									
8									
9	0.014				7.5		2.7		
10	0.004				7.6		2.2		
11	0.006				7.6		1		
12	0.005				7.5		2.2		
13	0.007				7.5		2.2		
14									
15									
16	0.016				7.5		2.2		
17	0.005	<2.0	1.0	2.56	7.5	3.0	2.2	73	126
18	0.003				7.6		2.2		
19	0.004				7.6		2.2		
20	0.004				7.6		2.2		
21									
22									
23	0.017				7.5		2.2		
24	0.004				7.5		2.2		
25	0.007				7.5		2.2		
26	0.007				7.5		2.2		
27	0.008				7.5		2.2		
28									
29									
30	0.016				7.5		2.2		
31									
Total	0.160								
Mo. Avg.	0.005								

PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

12476

Name:

David Haring

Evening Shift Operator

Class:

C

Certificate No:

9320

Name:

Ralph Marriott

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

A

Certificate No:

4894

Name:

Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Putnam

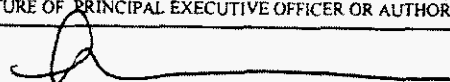
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: December 1, 2009

To: December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008		MGD					0	5 Days/Week	Meter
Flow Code 50050 Y	Permit Requirement	0.015 (An.Avg.)		MGD						5 Days/Week	Meter
Mon.Site No. INF-1											
Flow	Sample Measurement	0.005	0.005	MGD					0	5 Days/Week	Meter
PARM Code 50050 G	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Mon.Site No. INF-1											
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							PER-CENT		Monthly	Calculated
PARM Code 00180 P	Permit Requirement					33% Report (Mo.Avg.)		PER-CENT		Monthly	Calculated
Mon.Site No. CAL-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.8		MG/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement					3.5		MG/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											

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)
Paul Thompson, Lead Operator		352-787-0980	10/01/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: December 1, 2009

PERMIT NUMBER: FLA011706
To: December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.1	7.6	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.1		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					3.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7		MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.36	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				75.0		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				56		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

ILY SAMPLE RESULTS - PART B

Permit Number FLA011706
Monitoring Period From: December 1, 2009

Facility Park ... or WWTF
To: December 31, 2009

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.005				7.5		2.2		
2	0.005				7.5		2.2		
3	0.005				7.4		1.6		
4	0.004				7.4		2.2		
5									
6									
7	0.018				7.3		1.5		
8	0.007	<2.0	3.0	6.36	7.2	2.0	1.2	56	75.0
9	0.005				7.3		2.2		
10	0.005				7.1		2.2		
11	0.005				7.3		2.2		
12									
13									
14	0.016				7.3		2.2		
15	0.003				7.4		2.2		
16	0.007				7.3		0.7		
17	0.003				7.3		1.1		
18	0.007				7.5		2.2		
19									
20									
21	0.016				7.6		2.2		
22	0.004				7.5		2.2		
23	0.005				7.5		2.2		
24	0.004				7.5		2.2		
25	0.003				7.5		2.2		
26									
27									
28	0.014				7.2		1		
29	0.004				7.6		2.2		
30	0.004				7.3		2.2		
31	0.004				7.2		2.2		
Total	0.156								
Mo. Avg	0.005								

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

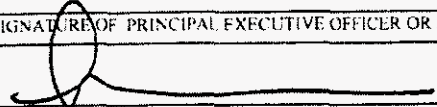
COUNTY: Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: January 1, 2010 To: January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.008	MGD					0	5 Days/Week	Meter
PARM Code 50050 Y		Permit Requirement	0.015 (An.Avg.)	MGD						5 Days/Week	Meter
Flow		Sample Measurement	0.004	MGD					0	5 Days/Week	Meter
PARM Code 50050 G		Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
Mon.Site No. INF-1			Report (3-Mo.Avg.)								
Percent Capacity, (TMADE/Permitted Capacity) x 100		Sample Measurement				27%		PER-CENT		Monthly	Calculated
PARM Code 00180 P		Permit Requirement				Report (Mo.Avg.)		PER-CENT		Monthly	Calculated
Mon.Site No. CAL-1											
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.8		MG/L	0	Monthly	Grab
PARM Code 80082 Y		Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A		Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1											
Solids, Total Suspended		Sample Measurement				3.4		MG/L	0	Monthly	Grab
PARM Code 00530 Y		Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											

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)
Paul Thompson, Lead Operator		352-787-0980	10/02/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: January 1, 2010

PERMIT NUMBER: FLA011706
To: January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.0	3.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				6.9	7.6	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					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-1	Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.84	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				209		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				68		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FLA011706
From: January 1, 2010 To: January 31, 2010

Facility: Park Manor WWTF

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.004				7.3		2.2		
2									
3									
4	0.015				7.5		2.2		
5	0.004	<2.0	<1.0	1.84	7.4	3.0	2.2	68	209
6	0.004				7.4		2.2		
7	0.003				7.5		2.2		
8	0.000				7.6		2.2		
9									
10									
11	0.014				7.4		2.2		
12	0.003				7.5		2.2		
13	0.004				7.3		2.2		
14	0.005				7.4		2.2		
15	0.003				7.4		2.2		
16									
17									
18	0.015				6.9		2.2		
19	0.006				7.2		2.2		
20	0.004				7.4		2.2		
21	0.003				7.2		2.2		
22	0.007				7.2		2.2		
23									
24									
25	0.015				6.9		2.2		
26	0.005				7.4		2.2		
27	0.004				7.3		2.2		
28	0.007				7.3		2.2		
29	0.003				7.4		2.2		
30									
31									
Total	0.132								
Mo. Avg.	0.004								

PLANT STAFFING

Day Shift Operator

Class:

B

Certificate No:

12476

Name:

David Haring

Evening Shift Operator

Class:

C

Certificate No:

9320

Name:

Ralph Marriott

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

A

Certificate No:

4894

Name:

Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL., 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Putnam

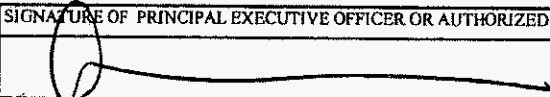
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: February 1, 2010

To: February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008		MGD					0	5 Days/Week	Meter
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.015 (An. Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.005	0.005	MGD					0	5 Days/Week	Meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					33%		PER- CENT		Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.8		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.3	2.3	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.1		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/03/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: February 1, 2010PERMIT NUMBER: FLA011706
To: February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.2		7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					3.1		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement					200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement						800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.7			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.88	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					108		MG/L		Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement					Report (Mo. Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					80		MG/L		Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement					Report (Mo. Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706

Facility: Park Manor WWTF

Monitoring Period: From: February 1, 2010 To: February 28, 2010

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.0162				7.5		2.2		
2	0.0051	2.3	<1.0	1.88	7.4	2.0	2.2	80	108
3	0.0060				7.4		2.2		
4	0.0034				7.5		2.2		
5	0.0051				7.4		2.2		
6									
7									
8	0.0171				7.4		2.2		
9	0.0051				7.4		2.2		
10	0.0069				7.4		2.2		
11	0.0043				7.5		2.2		
12	0.0051				7.4		2.2		
13									
14									
15	0.0231				7.4		2.2		
16	0.0060				7.4		2.2		
17	0.0077				7.3		2.2		
18	0.0051				7.2		2.2		
19	0.0060				7.4		2.2		
20									
21									
22	0.0171				7.3		2.2		
23	0.0043				7.4		2.2		
24	0.0060				7.3		2.2		
25	0.0051				7.5		6.8		
26	0.0060				7.3		1.7		
27									
28									
29									
30									
31									
Total	0.161								
Mo. Avg.	0.005								

PLANT STAFFING:

Day Shift Operator

 Class: B

 Certificate No: 12476

 Name: David Haring

Evening Shift Operator

 Class: C

 Certificate No: 9320

 Name: Ralph Marriott

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

Head Operator

 Class: A

 Certificate No: 4894

 Name: Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER

FLA011706

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Putnam

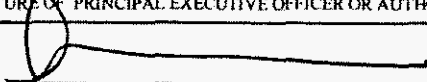
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March 1, 2010

To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.008	MGD					0	5 Days/Week	Meter
PARM Code 50050 Y		Permit Requirement	0.015 (An.Avg.)	MGD						5 Days/Week	Meter
Mon.Site No. INF-1											
Flow		Sample Measurement	0.006	MGD					0	5 Days/Week	Meter
PARM Code 50050 G		Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
Mon.Site No. INF-1											
Percent Capacity, (TMADF/Permitted Capacity) x 100		Sample Measurement						PER-CENT		Monthly	Calculated
PARM Code 00180 P		Permit Requirement				40%		PER-CENT		Monthly	Calculated
Mon.Site No. CAL-1											
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.8		MG/L	0	Monthly	Grab
PARM Code 80082 Y		Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A		Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1											
Solids, Total Suspended		Sample Measurement				3.1		MG/L	0	Monthly	Grab
PARM Code 00530 Y		Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											

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)
Paul Thompson, Lead Operator		352-787-0980	10/04/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: March 1, 2010

PERMIT NUMBER: FLA011706
To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement			6.7		7.6	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.5		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					5.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.9			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.9	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				114		MG/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				46		MG/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706

Facility: Park Manor WWTF

Monitoring Period From: March 1, 2010 To: March 31, 2010

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.015				7.3		2.2		
2	0.005				7.3		2.2		
3	0.003				7.4		2		
4	0.005				7.3		2.2		
5	0.004				7.4		2		
6									
7									
8	0.002				7.3		5.6		
9	0.005	<2.0	5.0	1.9	7.2	2.0	2.9 ⁴⁶		114
10	0.005				7.6		0.9		
11	0.003				7.3		7.7		
12	0.007				7.2		1.5		
13									
14									
15	0.022				7.1		2.8		
16	0.007				7.2		4.5		
17	0.008				7.2		3		
18	0.006				7.1		3.7		
19	0.006				7.2		4.5		
20									
21									
22	0.019				7.1		1.9		
23	0.006				7.1		3.4		
24	0.008				7		4		
25	0.007				7.1		2.2		
26	0.008				7.2		2.2		
27									
28									
29	0.020				7.2		2		
30	0.007				6.7		3.6		
31	0.008				6.8		4		
Total	0.184								
Mo. Avg	0.006								

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
and Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1100 Thomas Road
Leesburg, FL 34748

PERMIT NUMBER: FLA011706

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road
Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Putnam

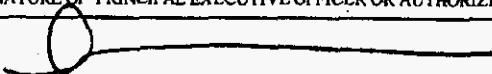
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: April 1, 2010

To April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.006	0.006	MGD				0	5 Days/Week	Meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				40% Report (Mo.Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		MGL	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MGL	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.1		MGL	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MGL		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)
Paul Thompson, Lead Operator		352-787-0980	10/05/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Park Manor WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2010

PERMIT NUMBER: FLA011706
To April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				6.9	7.3	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement						#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					2.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.15	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				114		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				70		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011706

Facility: Park Manor WWTF

Monitoring Period: From: April 1, 2010 To: April 30, 2010

	Flow (MGD)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	CBOD5 (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.007				7		2.2		
2	0.007				7		2.2		
3									
4									
5	0.018				7		1		
6	0.007	<2.0	2.0	0.15	7.1	2.0	2.6	70	114
7	0.005				7.3		2.8		
8	0.004				7.1		1.9		
9	0.004				7		2.5		
10									
11									
12	0.016				7		2.6		
13	0.051				7.1		3		
14	0.004				6.9		3.5		
15	0.005				7.2		3.6		
16	0.004				7.2		2.2		
17									
18									
19	0.013				7		1.4		
20	0.004				7		3.7		
21	0.004				7		2.3		
22	0.007				7.2		2.2		
23	0.003				7		1.8		
24									
25									
26	0.012				7		1.7		
27	0.003				7.3		8.8		
28	0.003				7		8.4		
29	0.003				7.1		2.2		
30	0.004				7.2		2.2		
31									
Total	0.190								
Mo. Avg.	0.006								

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>



Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 ♦ Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

January 26, 2010

Mr. John M. Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748
JMLihvarcik@aquaamerica.com

**Re: Park Manor WWTF
Facility ID: FLA011706
Putnam County**

Dear Mr. Lihvarcik:

On November 6, 2009 Department staff conducted a Compliance Evaluation Inspection at the above-referenced facility. Copies of the inspection report and summary are attached for your review. Please note the **bolded** item requires your attention.

The Department requests a written response addressing the **bolded** item within 30 days of your receipt of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes.

Please direct your response and any questions to Heather Webber at 904-807-3316 or at Heather.Webber@dep.state.fl.us.

Sincerely,

Heather Webber
Environmental Specialist

cc: Mr. David Haring, Operator, JDHaring@aquaamerica.com
Mr. John Holmes, DOH, John_Holmes@doh.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Park Manor WWTF	FLA011706	Putnam	11/6/2009 9:35:00 AM
Park Road		Phone	@ Exit Date/Time
Interlachen, FL 32148		(352) 435-4030	11/6/2009 10:20:00 AM
Name(s) of Field Representatives(s)	Title	Email	Phone
Mr. David Haring	Substitute Operator	JDHaring@aquamerica.com	(386) 937-1091
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Aqua Utilities Florida, Inc.	President & COO	(352) 435-4033	
Mr. John M. Lihvarcik			
1100 Thomas Avenue	Email		
Leesburg, FL 34748	JMLihvarcik@aquamerica.com		

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

FACILITY COMPLIANCE AREAS EVALUATED

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

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

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input checked="" type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: See attached Field Notes			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Heather Webber 	NED/ (904)807-3316	01/26/10

INSPECTION SUMMARY

Facility Name: Park Manor WWTF **Facility ID:** FLA011706 **Inspection Type:** CEI **Date:** 11/6/2009

FACILITY BACKGROUND:

Address: Park Road, Interlachen, FL 32148, Putnam County

Permit Information: Wastewater Permit issued: 2/5/2008, and expires: 2/4/2018

Treatment Summary: Extended aeration secondary WWTF consisting of three aeration tanks, one clarifier, one chlorine contact chamber, and one anaerobic digester. The effluent is discharged to two evaporation/percolation ponds. Residuals are transported to 412 Biosolids Processing Facility for final treatment and land application.

Permitted Capacity: 0.015 MGD

1. Permit: IN COMPLIANCE

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

2. Compliance Schedules: NOT APPLICABLE

3. Laboratory: IN COMPLIANCE

3.1 Observation: The laboratory (HBEL, Inc. E83509) is certified by the Department of Health.

4. Sampling: IN COMPLIANCE

4.1 Observation: Calibrations are done off-site, prior to the operator visiting each of his plants.

4.2 Observation: Sample collection is being performed in accordance with DEP-SOP-001/01.

4.3 Observation: Safe and dry access to influent and effluent sampling points are provided.

4.4 Observation: Calibration standards/buffers were within the expiration dates.

5. Records and Reports: IN COMPLIANCE

5.1 Observation: *General* - A copy of the current laboratory certification was onsite.

5.2 Observation: *General* - Operators' certification(s) were current and available on-site.

5.3 Observation: *General* - The certified operator's daily logbook was complete.

5.4 Observation: *General* - Letter of authorization for Paul Thompson was received 02/29/08.

6. Facility Site Review: OUT OF COMPLIANCE

6.1 Observation: *General* - The facility grounds were secured properly.

6.2 Observation: *General* - Safety equipment was available.

6.3 Observation: *General* - The facility grounds were clean and well maintained.

6.4 Observation: *Backflow Prevention* - A new reduced pressure zone backflow prevention device was in place on the potable water supply line.

6.5 Observation: *Alternate Power* - A mobile generator is available to the WWTF.

6.6 Observation: *Lift Stations* - **The lift station warning system was not operational.**

6.7 Observation: *Lift Stations* - The lift station is inside the locked plant fence.

6.8 Observation: *Aeration Basins/Act. Sludge* - The contents in the aeration chambers appeared to be adequately mixed.

6.9 Observation: *Aeration Basins/Act. Sludge* - The air lines to the aeration basin were free from leaks.

6.10 Observation: *Aeration Basins/Act. Sludge* - The RAS line was properly located.

6.11 Observation: *Blowers/Motors* - The blower was operational.

INSPECTION SUMMARY

- 6.12 Observation: Blowers/Motors - The secondary blower motor was operational.
- 6.13 Observation: Blowers/Motors - The blowers were equipped with belt guards.
- 6.14 Observation: Clarifiers - The clarifier weirs appear to be level.
- 6.15 Observation: Clarifiers - The skimmer appeared to be functioning properly.
- 6.16 Observation: Clarifiers - The clarifier had good settling and clear effluent.
- 6.17 Observation: Disinfection - The chlorine contact chamber was providing a minimum contact time of 15 minutes.
- 6.18 Observation: Digesters - The tank contents in the aerobic digester were well mixed.
- 6.19 Observation: Digesters - The digester was free from excessive odors.
- 6.20 Observation: Digesters - The digester was free from excessive foaming.
- 6.21 Observation: Ponds/Lagoons - The percolation ponds appeared to have adequate freeboard space.
- 6.22 Observation: Ponds/Lagoons - The percolation ponds were properly secured.
- 6.23 Observation: Ponds/Lagoons - The percolation pond berms were properly stabilized.

7. Flow Measurement: IN COMPLIANCE

- 7.1 Observation: The elapsed time meter was installed properly.
- 7.2 Observation: The timer had not been calibrated since 10/23/08. However, Mr. Haring provided pump flow reports from Central Florida Controls, Inc. showing the timers were calibrated 11/09/09.

8. Operation and Maintenance: IN COMPLIANCE

- 8.1 Observation: General - The facility was operated and maintained in accordance with the Permit.
- 8.2 Observation: General - A certified operator as required by Rule 62-602 and the Permit, was operating the WWTF.

9. Effluent Quality: IN COMPLIANCE

- 9.1 Observation: The final effluent chlorine residual was at least 0.5 mg/L.
- 9.2 Observation: The final effluent met the minimum/maximum criteria for pH.
- 9.3 Observation: A review of the Discharge Monitoring Reports revealed the flow had increased dramatically since the end of May 2009. It was determined that the home adjacent to the plant had a broken pipe, so the facility was receiving much more water than usual. The pipe has since been repaired.

10. Effluent Disposal: IN COMPLIANCE

- 10.1 Observation: General - The facility was discharging at the time of the inspection.
- 10.2 Observation: General - The effluent was free from visible sheen, excessive turbidity, and excessive foam.

11. Residuals/Sludge: IN COMPLIANCE

- 11.1 Observation: The facility does not have complete manifest records from 412 Biosolids Processing Facility. However, Mr. Haring sent an email on January 14, 2010 stating the requirement has been discussed with the sludge hauler, and they will 'have this paperwork onsite for all future pump-outs'.

12. Groundwater Quality: NOT APPLICABLE

13. Other: NOT APPLICABLE

Day, Mary J.

From: Lihvarcik, John M.
Sent: Wednesday, February 10, 2010 1:16 PM
To: Farris, Patrick A.
Cc: Householder, Harry; Williams, Patricia R.
Subject: FW: CWOE FLA011706 Park Manor WWTF

For your records.

Jack Lihvarcik
President & Chief Operating Officer
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, Florida 34748
352-435-4028
email: jmlihvarcik@aquaamerica.com

From: Webber, Heather [<mailto:Heather.Webber@dep.state.fl.us>]
Sent: Wednesday, February 10, 2010 11:41 AM
To: Lihvarcik, John M.
Cc: Haring, John D.; John_Holmes@doh.state.fl.us; Thompson, Paul D.
Subject: CWOE FLA011706 Park Manor WWTF


Mr. Lihvarcik-

Based on the review of the items submitted in response to the Compliance Evaluation Inspection conducted at the Park Manor WWTF on 11/06/09, the facility is now **"IN COMPLIANCE"** with wastewater requirements. Thank you for your cooperation in resolving these matters. If you have any questions, please call me at 904-807-3316 or respond to this email.

Thank you-
Heather

Heather Webber

Environmental Specialist III, Wastewater Section
Florida Department of Environmental Protection, Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, FL 32256-7590
Fax 904-448-4366 Phone 904-807-3316
Heather.Webber@dep.state.fl.us
<http://www.floridadep.org/northeast>

 Please consider the environment before printing this email.

Cover Florida, developed by Governor Charlie Crist and the Florida Legislature, gives Floridians access to more affordable health insurance options. To learn more or to sign up for email updates, visit www.CoverFloridaHealthCare.com.

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few

minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

I. General Information for the Month/Year of:

May, 2008

PWS Name:	Pomona Park			PWS Identification Number:	2540905		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aguaamerica.com						

[illegible]

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

Signature and Date _____

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: May, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	43,570		1.5								1.2	
2	X	24.0	35,080		1.6								1.3	
3		24.0	37,443											
4		24.0	37,443											
5	X	24.0	37,443		1.6								1.4	
6	X	24.0	38,330		1.7								1.4	
7	X	24.0	28,580		1.6								1.3	
8	X	24.0	52,580		1.5								1.3	
9	X	24.0	32,850		1.5								1.2	
10		24.0	39,703											
11		24.0	39,703											
12	X	24.0	39,703		1.6								1.3	
13	X	24.0	25,310		1.5								1.2	
14	X	24.0	47,590		1.4								1.0	
15	X	24.0	44,970		0.5								1.3	
16	X	24.0	46,200		1.6								1.1	
17		24.0	38,413											
18		24.0	38,413											
19	X	24.0	38,413		1.4								1.0	
20	X	24.0	37,920		1.6								1.0	
21	X	24.0	39,870		1.4								1.1	
22	X	24.0	33,960		1.5								1.1	
23	X	24.0	39,010		1.4								1.1	
24		24.0	35,787											
25		24.0	35,787											
26	X	24.0	35,787		0.4								0.2	
27	X	24.0	37,850		1.7								1.4	
28	X	24.0	45,200		1.9								1.6	
29	X	24.0	39,960		1.1								0.6	
30	X	24.0	32,760		1.8								0.8	
31		24.0	36,816											
Total			1,192,446											
Average			38,466											
Maximum			52,580											

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

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

Water Treatment Plant Information

II. Certification by Lead/Chief Operator

Signature and Date

A7251

DEP Form 900(3) Alternate

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: June, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²			
1		24.0	55,225												
2	X	24.0	55,225		0.8								0.5		
3	X	24.0	41,260		2.0								1.8		
4	X	24.0	32,850		1.8								1.4		
5	X	24.0	33,470		1.9								1.5		
6	X	24.0	41,690		1.7								1.3		
7		24.0	39,800												
8		24.0	39,800												
9	X	24.0	39,800		0.8								0.4		
10	X	24.0	35,300		0.6								0.3		
11	X	24.0	37,970		2.2								1.5		
12	X	24.0	33,710		1.2								0.8		
13	X	24.0	39,860		1.2								0.8		
14		24.0	37,530												
15		24.0	37,530												
16	X	24.0	37,530		1.5								1.0		
17	X	24.0	36,290		1.3								0.9		
18	X	24.0	24,220		1.2								0.8		
19	X	24.0	43,830		1.1								0.7		
20	X	24.0	34,990		1.3								0.9		
21		24.0	38,020												
22		24.0	38,020												
23	X	24.0	38,020		1.1								0.6		
24	X	24.0	35,890		1.3								0.9		
25	X	24.0	34,900		1.5								1.0		
26	X	24.0	33,490		1.4								1.0		
27	X	24.0	34,390		1.4								1.0		
28		24.0	38,043												
29		24.0	38,043												
30	X	24.0	38,043		1.3								0.8		
31		24.0													
Total			1,144,740												
Average			36,927												
Maximum			55,225												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

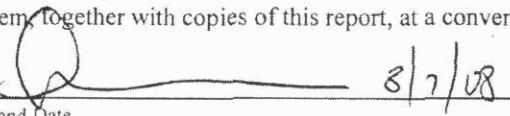
PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 8/7/08
Signature and Date

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: July, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	38,470		1.2								0.6		
2	X	24.0	36,030		1.1								0.6		
3	X	24.0	38,050		1.5								1.0		
4	X	24.0	31,260		1.5								1.0		
5		24.0	35,250												
6		24.0	35,250												
7	X	24.0	35,250		1.1								0.6		
8	X	24.0	18,670		1.2								0.8		
9	X	24.0	53,420		1.5								1.1		
10	X	24.0	37,100		1.3								1.0		
11	X	24.0	52,320		1.2								0.8		
12		24.0	27,673												
13		24.0	27,673												
14	X	24.0	27,673		1.2								0.8		
15	X	24.0	27,630		1.2								0.8		
16	X	24.0	25,530		1.5								0.8		
17	X	24.0	23,310		1.5								1.0		
18	X	24.0	23,670		1.4								1.0		
19		24.0	26,310												
20		24.0	26,310												
21	X	24.0	26,310		1.0								0.6		
22	X	24.0	31,360		1.0								0.6		
23	X	24.0	25,260		0.5								0.3		
24	X	24.0	25,940		1.1								0.7		
25	X	24.0	21,100		2.0								1.6		
26		24.0	22,753												
27		24.0	22,753												
28	X	24.0	22,753		1.1								0.5		
29	X	24.0	20,320		1.5								0.9		
30	X	24.0	30,040		1.5								1.0		
31	X	24.0	26,710		1.4								0.8		
Total			922,150												
Average			29,747												
Maximum			53,420												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

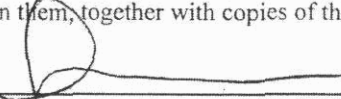
PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 09/08/08
Signature and Date

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: August, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	30,980		1.5								1.0	
2		24.0	31,050											
3		24.0	31,050											
4	X	24.0	31,050		1.4								1.0	
5	X	24.0	23,600		1.3								0.9	
6	X	24.0	18,970		1.3								1.0	
7	X	24.0	20,720		1.4								1.0	
8	X	24.0	27,250		1.4								1.0	
9		24.0	23,707											
10		24.0	23,707											
11	X	24.0	23,707		1.2								0.7	
12	X	24.0	23,240		1.0								0.5	
13	X	24.0	22,280		1.5								0.9	
14	X	24.0	23,650		1.4								0.9	
15	X	24.0	26,860		1.5								1.0	
16		24.0	26,477											
17		24.0	26,477											
18	X	24.0	26,477		1.4								1.0	
19	X	24.0	19,000		1.6								1.1	
20	X	24.0	25,740		1.0								0.6	
21	X	24.0	28,670		1.6								1.2	
22	X	24.0	25,470		1.5								1.0	
23		24.0	22,943											
24		24.0	22,943											
25	X	24.0	22,943		1.7								1.2	
26	X	24.0	24,680		1.4								1.0	
27	X	24.0	26,730		1.3								0.8	
28	X	24.0	24,140		1.6								0.9	
29	X	24.0	34,420		1.5								0.9	
30		24.0	35,913											
31		24.0	35,913											
Total			810,756											
Average			26,153											
Maximum			35,913											

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

1. General Information for the Month/Year of:	September, 2008
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PWS Name:	Pomona Park				PWS Identification Number:	2540905	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	181				Total Population Served at End of Month:	672	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath				Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980				Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaaamerica.com						

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City: Pomona Park	State: Florida
			Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		

Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
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[illegible]

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

A7251
License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: September, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	35,913		1.8								1.4		
2	X	24.0	43,450		0.8								0.4		
3	X	24.0	46,700		1.5								0.8		
4	X	24.0	39,530		1.4								0.8		
5	X	24.0	46,350		1.2								0.6		
6		24.0	28,297												
7		24.0	28,297												
8	X	24.0	28,297		1.3								0.8		
9	X	24.0	30,450		1.4								0.9		
10	X	24.0	26,130		1.4								0.9		
11	X	24.0	28,930		2.5								1.7		
12	X	24.0	25,600		2.0								1.4		
13		24.0	30,530												
14		24.0	30,530												
15	X	24.0	30,530		1.6								1.3		
16	X	24.0	41,300		1.7								1.3		
17	X	24.0	15,610		1.4								1.0	Outage - Tank Cleaning and Inspection	
18	X	24.0	32,920		1.8								1.0		
19	X	24.0	21,400		1.7								1.0		
20		24.0	28,887												
21		24.0	28,887												
22	X	24.0	28,887		1.6								1.0		
23	X	24.0	29,970		1.7								1.0		
24	X	24.0	23,080		1.7								1.0		
25	X	24.0	28,140		1.5								1.0		
26	X	24.0	24,380		1.5								0.8		
27		24.0	31,920												
28		24.0	31,920												
29	X	24.0	31,920		1.5								0.8		
30	X	24.0	23,990		1.5								0.7		
31		24.0													
Total			922,743												
Average			29,766												
Maximum			46,700												

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

1. General Information for the Month/Year of:

October, 2008

PWS Name: Pomona Park		PWS Identification Number: 2540905	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 181		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Edward Pellenz		Contact Person's Title: Manager of Operations	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address:	eipellenz@aquaamerica.com		

[illegible]

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

Signature and Date _____

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: October, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	24,550		1.4								0.7	
2	X	24.0	32,240		1.5								0.7	
3	X	24.0	25,260		1.5								0.7	
4		24.0	25,413											
5		24.0	25,413											
6	X	24.0	25,413		1.5								0.7	
7	X	24.0	21,270		1.4								0.7	
8	X	24.0	37,280		1.7								0.7	
9	X	24.0	20,010		1.6								0.7	
10	X	24.0	22,600		1.8								0.8	
11		24.0	29,320											
12		24.0	29,320											
13	X	24.0	29,320		1.9								0.8	
14	X	24.0	21,460		1.7								0.8	
15	X	24.0	23,810		1.9								0.8	
16	X	24.0	25,690		1.8								0.8	
17	X	24.0	23,730		1.8								0.8	
18		24.0	28,263											
19		24.0	28,263											
20	X	24.0	28,263		1.7								0.8	
21	X	24.0	22,110		1.7								0.8	
22	X	24.0	21,420		1.6								0.9	
23	X	24.0	29,180		0.7								0.3	
24	X	24.0	24,940		1.5								0.6	
25		24.0	25,443											
26		24.0	25,443											
27	X	24.0	25,443		1.5								0.8	
28	X	24.0	21,770		1.4								0.7	
29	X	24.0	24,800		1.3								0.5	
30	X	24.0	30,640		1.7								1.5	
31	X	24.0	74,120		1.4								1.0	
Total			852,200											
Average			27,490											
Maximum			74,120											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date 12/5/08

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: November, 2008

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	26,580											
2		24.0	26,580											
3	X	24.0	26,580		1.4							1.0		
4	X	24.0	33,510		1.3							0.8		
5	X	24.0	26,400		1.3							0.9		
6	X	24.0	28,110		1.6							1.1		
7	X	24.0	27,730		1.8							1.2		
8		24.0	28,250											
9		24.0	28,250											
10	X	24.0	28,250		1.4							1.0		
11	X	24.0	29,540		1.3							0.8		
12	X	24.0	26,840		1.6							1.0		
13	X	24.0	23,910		1.7							1.2		
14	X	24.0	27,390		1.5							1.0		
15		24.0	27,053											
16		24.0	27,053											
17	X	24.0	27,053		1.5							1.1		
18	X	24.0	26,230		1.4							1.0		
19	X	24.0	30,900		1.5							1.0		
20	X	24.0	26,940		1.3							0.9		
	X	24.0	28,710		1.4							0.9		
22		24.0	29,500											
23		24.0	29,500											
24	X	24.0	29,500		1.2							0.7		
25	X	24.0	34,410		1.4							0.8		
26	X	24.0	30,930		1.4							1.0		
27	X	24.0	34,680		1.5							1.2		
28	X	24.0	32,870		1.3							1.0		
29		24.0	34,617											
30		24.0	34,617											
31		24.0												
Total			872,483											
Average			28,145											
Maximum			34,680											

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			

Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	C				
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date: 01/08/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of:

December, 2008

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	34,617		1.4								1.0	
2	X	24.0	36,750		1.3								1.0	
3	X	24.0	25,380		1.3								1.0	
4	X	24.0	32,810		1.3								1.0	
5	X	24.0	26,310		1.6								1.2	
6		24.0	27,963											
7		24.0	27,963											
8	X	24.0	27,963		1.6								1.3	
9	X	24.0	26,050		1.4								1.0	
10	X	24.0	28,760		1.5								1.1	
11	X	24.0	24,950		1.4								1.0	
12	X	24.0	26,600		1.5								1.2	
13		24.0	28,473											
14		24.0	28,473											
15	X	24.0	28,473		1.5								1.0	
16	X	24.0	28,430		1.5								1.2	
17	X	24.0	33,910		1.5								1.3	
18	X	24.0	25,400		1.5								1.2	
19	X	24.0	24,250		1.5								1.2	
20		24.0	29,753											
21		24.0	29,753											
22	X	24.0	29,753		1.4								1.0	
23	X	24.0	26,480		1.5								1.1	
24	X	24.0	27,150		1.6								1.1	
25	X	24.0	26,160		1.5								1.0	
26	X	24.0	31,140		1.3								0.9	
27		24.0	25,640											
28		24.0	25,640											
29	X	24.0	25,640		1.4								0.9	
30	X	24.0	31,630		1.5								0.8	
31	X	24.0	25,050		1.4								0.8	
Total			877,317											
Average			28,301											
Maximum			36,750											

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

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

PWS ID: 2540905 Plant Name: Pomona Park

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

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

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date: 02/04/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: January, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²			Minimum UV Dose Required, mW-sec/cm²
1	X	24.0	25,970		1.5								1.1	
2	X	24.0	25,290		1.4								1.1	
3		24.0	29,750											
4		24.0	29,750											
5	X	24.0	29,750		1.3								0.9	
6	X	24.0	29,590		1.3								0.7	
7	X	24.0	24,570		1.8								1.2	
8	X	24.0	29,820		1.5								1.1	
9	X	24.0	28,980		1.4								0.8	
10		24.0	27,803											
11		24.0	27,803											
12	X	24.0	27,803		1.2								0.9	
13	X	24.0	23,740		1.2								0.6	
14	X	24.0	31,550		1.6								1.2	
15	X	24.0	32,220		1.7								1.4	
16	X	24.0	29,320		1.5								1.2	
17		24.0	33,387											
18		24.0	33,387											
19	X	24.0	33,387		1.3								1.0	
20	X	24.0	40,800		1.3								0.9	
21	X	24.0	30,950		1.3								0.8	
22	X	24.0	42,470		1.3								0.9	
23	X	24.0	35,300		1.3								0.8	
24		24.0	41,843											
25		24.0	41,843											
26	X	24.0	41,843		1.1								0.5	
27	X	24.0	33,230		1.5								1.2	
28	X	24.0	34,250		2.1								1.5	
29	X	24.0	32,470		1.5								1.1	
30	X	24.0	33,860		1.6								1.1	
31		24.0	32,762											
Total			995,492											
Average			32,113											
Maximum			42,470											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date 3/9/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: February, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	49,145											
2	X	24.0	49,145		1.5								1.1	
3	X	24.0	36,490		1.1								0.7	
4	X	24.0	33,360		1.8								1.2	
5	X	24.0	32,020		1.5								1.0	
6	X	24.0	36,230		1.4								0.7	
7		24.0	35,143											
8		24.0	35,143											
9	X	24.0	35,143		1.5								1.1	
10	X	24.0	39,690		1.1								0.8	
11	X	24.0	30,700		0.5								0.3	
12	X	24.0	37,960		1.5								0.8	
13	X	24.0	37,610		1.6								1.1	
14		24.0	31,163											
15		24.0	31,163											
16	X	24.0	31,163		1.5								1.1	
17	X	24.0	31,870		1.4								1.2	
18	X	24.0	33,190		1.4								1.0	
19	X	24.0	31,690		1.4								1.0	
20	X	24.0	28,610		1.3								1.0	
21		24.0	33,347											
22		24.0	33,347											
23	X	24.0	33,347		1.2								0.8	
24	X	24.0	35,660		1.5								1.1	
25	X	24.0	28,490		1.4								1.1	
26	X	24.0	31,190		1.4								1.1	
27	X	24.0	30,780		1.4								0.9	
28		24.0	29,703											
29		24.0												
30		24.0												
31		24.0												
Total			962,493											
Average			31,048											
Maximum			49,145											

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

I. General Information for the Month/Year of:

March, 2009

PWS Name:	Pomona Park			PWS Identification Number:	2540905		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
				Zip Code:	34749		
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com						

[illegible]

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

Signature and Date 4/8/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: March, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	29,704											
2	X	24.0	29,704		1.5								1.2	
3	X	24.0	33,940		1.5								1.0	
4	X	24.0	36,910		1.4								1.0	
5	X	24.0	37,810		1.3								1.1	
6	X	24.0	32,240		1.3								1.1	
7		24.0	35,057											
8		24.0	35,057											
9	X	24.0	35,057		1.3								1.0	
10	X	24.0	29,660		1.3								0.9	
11	X	24.0	39,100		1.3								0.9	
12	X	24.0	34,360		1.2								0.8	
13	X	24.0	37,700		1.1								0.6	
14		24.0	44,360											
15		24.0	44,360											
16	X	24.0	44,360		1.5								1.0	
17	X	24.0	37,160		1.5								1.2	
18	X	24.0	41,180		1.4								1.2	
19	X	24.0	32,410		1.4								1.1	
20	X	24.0	33,150		1.3								1.0	
21		24.0	32,133											
22		24.0	32,133											
23	X	24.0	32,133		1.4								1.2	
24	X	24.0	27,260		1.3								1.0	
25	X	24.0	25,520		1.4								1.0	
26	X	24.0	35,020		1.3								1.0	
27	X	24.0	31,860		1.4								1.1	
28		24.0	25,977											
29		24.0	25,977											
30	X	24.0	25,977		1.4								1.1	
31	X	24.0	28,210		1.4								1.1	
Total			1,045,478											
Average			33,725											
Maximum			44,360											

* Refer to the instruction sheet on this report to determine which plants must provide this information.

I. General Information for the Month/Year of:	April, 2009
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PWS Name:	Pomona Park			PWS Identification Number:	2540905		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com						

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980		
Plant Address:	Church Street			City:	Pomona Park	State:	Florida
						Zip Code:	32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/>	Raw Ground Water	<input type="checkbox"/>	Purchased Finished Water			

Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000
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Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
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[illegible]

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

Signature and Date 5/6/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: April, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	23,210		1.5								1.1		
2	X	24.0	39,850		2.1								1.5		
3	X	24.0	22,500		1.7								1.4		
4		24.0	28,183												
5		24.0	28,183												
6	X	24.0	28,183		0.4								0.2		
7	X	24.0	34,220		1.7								1.3		
8	X	24.0	30,100		1.9								1.5		
9	X	24.0	27,870		1.5								1.3		
10	X	24.0	33,570		1.5								1.2		
11		24.0	32,993												
12		24.0	32,993												
13	X	24.0	32,993		1.7								1.3		
14	X	24.0	35,330		1.6								1.3		
15	X	24.0	11,130		1.5								1.1		
16	X	24.0	34,678		1.6								1.2		
17	X	24.0	28,521		1.7								1.4		
18		24.0	26,137												
19		24.0	26,137												
20	X	24.0	26,137		1.6								1.2		
21	X	24.0	25,928		1.4								1.1		
22	X	24.0	29,493		1.2								0.8		
23	X	24.0	30,141		1.4								1.0		
24	X	24.0	24,956		1.2								0.8		
25		24.0	28,088												
26		24.0	28,088												
27	X	24.0	28,088		1.3								0.9		
28	X	24.0	30,141		1.4								1.1		
29	X	24.0	27,224		1.4								1.0		
30	X	24.0	32,410		1.1								0.8		
31		24.0													
Total			867,477												
Average			27,983												
Maximum			39,850												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	181	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

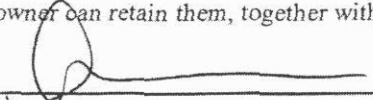
Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II Certification by Lead/Chief Operator

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

 6/8/09
Signature and Date

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of:

May, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	32,086		1.6								1.2	
2		24.0	34,786											
3		24.0	34,787											
4	X	24.0	34,787		1.9								1.5	
5	X	24.0	42,457		1.2								1.0	
6	X	24.0	30,141		1.4								1.1	
7	X	24.0	30,465		1.3								1.1	
8	X	24.0	29,817		1.3								1.0	
9		24.0	34,786											
10		24.0	34,787											
11	X	24.0	34,787		0.8								0.3	
12	X	24.0	27,873		1.2								0.8	
13	X	24.0	23,335		1.2								0.8	
14	X	24.0	42,457		1.3								0.9	
15	X	24.0	30,141		1.2								0.8	
16		24.0	34,138											
17		24.0	34,138											
18	X	24.0	34,139		1.2								0.8	
19	X	24.0	26,516		1.2								0.7	
20	X	24.0	23,659		1.2								0.7	
21	X	24.0	27,549		1.5								1.4	
22	X	24.0	26,900		1.3								1.1	
23		24.0	26,360											
24		24.0	26,360											
25	X	24.0	26,360		1.2								0.8	
26	X	24.0	23,011		1.5								1.3	
27	X	24.0	28,196		1.1								0.8	
28	X	24.0	24,308		0.8								0.8	
29	X	24.0	18,473		0.8								0.4	
30		24.0	27,224											
31		24.0	27,224											
Total			932,047											
Average			30,066											
Maximum			42,457											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	181	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

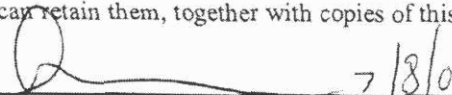
I. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000	Zip Code:	32181
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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


 Signature and Date 7/8/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of:

June, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	27,224		1.3								1.0	
2	X	24.0	26,900		1.2								0.8	
3	X	24.0	17,501		1.3								0.9	
4	X	24.0	27,873		1.1								0.8	
5	X	24.0	21,067		1.3								1.0	
6		24.0	23,551											
7		24.0	23,551											
8	X	24.0	23,551		2.2								1.5	
9	X	24.0	17,177		0.8								0.4	
10	X	24.0	33,058		1.2								0.6	
11	X	24.0	29,610		1.2								0.8	
12	X	24.0	16,840		1.2								0.8	
13		24.0	55,003											
14		24.0	55,003											
15	X	24.0	55,003		1.2								1.0	
16	X	24.0	30,850		1.3								1.1	
17	X	24.0	28,680		1.0								0.6	
18	X	24.0	28,980		1.2								0.6	
19	X	24.0	24,710		1.0								0.5	
20		24.0	31,890											
21		24.0	31,890											
22	X	24.0	31,890		2.5								2.2	
23	X	24.0	34,730		1.3								1.1	
24	X	24.0	29,660		0.5								0.7	
25	X	24.0	33,590		1.8								1.5	
26	X	24.0	31,470		1.8								1.5	
27		24.0	32,070											
28		24.0	32,070											
29	X	24.0	32,070		1.7								1.4	
30	X	24.0	27,270		1.4								1.1	
31		24.0												
Total			914,733											
Average			29,508											
Maximum			55,003											

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

I. General Information for the Month/Year of:	July, 2009
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PWS Name: Pomona Park		PWS Identification Number: 2540905	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 181		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Paul Thompson		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: pdthompson@aquaaamerica.com			

[illegible]

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

Signature and Date 8/7/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: July, 2009

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

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

Day of the th	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²		
	X	24.0	30,710		1.7								1.4	
2	X	24.0	26,070		1.6								1.1	
3	X	24.0	33,630		1.7								1.2	
4		24.0	34,717											
5		24.0	34,717											
6	X	24.0	34,717		1.4								1.0	
7	X	24.0	39,950		1.6								1.0	
8	X	24.0	30,420		1.4								1.0	
9	X	24.0	36,800		1.8								1.1	
10	X	24.0	37,860		1.7								1.1	
11		24.0	26,033											
12		24.0	26,033											
13	X	24.0	26,033		0.8								0.2	
14	X	24.0	35,060		1.4								1.0	
15	X	24.0	27,200		1.4								1.3	
16	X	24.0	28,220		1.2								0.8	
17	X	24.0	17,030		1.3								1.1	
18		24.0	31,770											
19		24.0	31,770											
	X	24.0	31,770		1.3								1.2	
21	X	24.0	30,780		1.3								1.1	
22	X	24.0	26,360		1.4								1.0	
23	X	24.0	27,970		1.1								0.7	
24	X	24.0	28,640		1.5								1.0	
25		24.0	29,077											
26		24.0	29,077											
27	X	24.0	29,077		1.0								0.7	
28	X	24.0	27,990		0.8								0.5	
29	X	24.0	23,470		1.1								0.7	
30	X	24.0	24,460		1.0								0.8	
31	X	24.0	23,710		1.5								1.1	
Total			921,120											
Average			29,714											
Maximum			39,950											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	181	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date

09/04/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: August, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demöstate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	29,150											
2		24.0	29,150											
3	X	24.0	29,150		1.5								1.1	
4	X	24.0	28,310		1.5								1.2	
5	X	24.0	20,050		1.5								1.0	
6	X	24.0	20,750		1.3								0.8	
7	X	24.0	23,840		1.4								0.9	
8		24.0	30,633											
9		24.0	30,633											
10	X	24.0	30,633		1.5								1.1	
11	X	24.0	27,250		1.5								1.0	
12	X	24.0	27,820		1.4								1.1	
13	X	24.0	25,080		1.4								1.2	
14	X	24.0	22,010		1.5								1.2	
15		24.0	27,103											
16		24.0	27,103											
17	X	24.0	27,103		1.4								1.0	
18	X	24.0	31,530		1.3								0.8	
19	X	24.0	23,190		1.3								1.0	
20	X	24.0	23,090		1.2								0.8	
21	X	24.0	19,000		1.2								0.8	
22		24.0	26,357											
23		24.0	26,357											
24	X	24.0	26,357		1.3								1.0	
25	X	24.0	16,030		1.2								0.8	
26	X	24.0	36,310		1.3								0.8	
27	X	24.0	24,110		1.9								1.0	
28	X	24.0	24,860		1.9								1.5	
29		24.0	29,013											
30		24.0	29,013											
31	X	24.0	29,013		1.7								1.4	
Total			820,000											
Average			26,452											
Maximum			36,310											

135

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date: Paul Thompson 09/07/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: September, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	37,960		1.4								1.1	
2	X	24.0	21,010		1.4								0.8	
3	X	24.0	24,620		1.3								1.0	
4	X	24.0	28,940		1.4								1.1	
5	X	24.0	18,420		1.3								0.9	
6		24.0	34,095											
7	X	24.0	34,095		0.8								0.3	
8	X	24.0	25,590		1.3								0.9	
9	X	24.0	40,240		1.2								0.8	
10	X	24.0	30,400		1.3								1.0	
11	X	24.0	28,490		1.2								0.7	
12		24.0	29,250											
13		24.0	29,250											
14	X	24.0	29,250		1.1								0.7	
15	X	24.0	32,960		2.1								1.5	
16	X	24.0	24,980		1.0								1.3	
17	X	24.0	29,310		0.8								0.7	
18	X	24.0	31,340		1.1								0.7	
19		24.0	30,750											
20		24.0	30,750											
21	X	24.0	30,750		0.4								0.2	
22	X	24.0	32,420		1.2								0.6	
23	X	24.0	27,350		1.0								0.6	
24	X	24.0	32,840		1.1								0.7	
25	X	24.0	28,980		1.5								1.0	
26		24.0	32,073											
27		24.0	32,073											
28	X	24.0	32,073		1.1								1.1	
29	X	24.0	29,340		1.2								1.0	
30	X	24.0	38,570		1.2								1.1	
31		24.0												
Total			908,170											
Average			29,296											
Maximum			40,240											

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

I. General Information for the Month/Year of:

October, 2009

PWS Name:	Pomona Park			PWS Identification Number:	2540905		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com						

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City: Pomona Park	State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	Days 1st Shift
Other Operators:	David Haring	C	Days 1st Shift
	Ralph Marriott	C	Days 1st Shift

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

Signature and Date

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: October, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	31,400		1.1								0.7		
2	X	24.0	26,390		1.2								0.8		
3		24.0	29,200												
4		24.0	29,200												
5	X	24.0	29,200		1.2								0.8		
6	X	24.0	34,790		1.2								0.8		
7	X	24.0	28,810		1.1								0.7		
8	X	24.0	29,230		1.3								1.0		
9	X	24.0	25,580		1.3								1.0		
10		24.0	28,123												
11		24.0	28,123												
12	X	24.0	28,123		1.2								0.8		
13	X	24.0	30,970		1.3								0.7		
14	X	24.0	23,410		1.2								0.9		
15	X	24.0	28,460		1.2								1.0		
16	X	24.0	26,110		1.2								0.8		
17		24.0	30,180												
18		24.0	30,180												
19	X	24.0	30,180		1.1								0.8		
20	X	24.0	42,020		1.2								0.8		
21	X	24.0	23,130		1.2								1.0		
22	X	24.0	29,600		1.1								0.8		
23	X	24.0	32,750		0.9								0.7		
24		24.0	29,593												
25		24.0	29,593												
26	X	24.0	29,593		1.4								1.1		
27	X	24.0	33,370		1.3								1.0		
28	X	24.0	30,420		1.5								1.2		
29	X	24.0	28,660		1.6								1.1		
30	X	24.0	28,040		1.4								1.0		
31		24.0	27,252												
Total			911,682												
Average			29,409												
Maximum			42,020												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	181	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	32181
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: 12/8/09

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: November, 2009

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

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

of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	40,880											
2	X	24.0	40,880		1.6								1.1	
3	X	24.0	19,700		1.4								1.1	
4	X	24.0	27,830		1.6								1.3	
5	X	24.0	27,090		1.6								1.3	
6	X	24.0	24,150		1.4								1.1	
7		24.0	26,437											
8		24.0	26,437											
9	X	24.0	26,437		1.2								0.8	
10	X	24.0	30,310		1.6								1.3	
11	X	24.0	22,630		1.5								1.1	
12	X	24.0	21,820		1.6								1.2	
13	X	24.0	19,800		1.5								1.2	
14		24.0	27,973											
15		24.0	27,973											
16	X	24.0	27,973		1.4								1.0	
	X	24.0	28,040		1.4								1.2	
	X	24.0	23,330		1.5								1.2	
19	X	24.0	28,490		1.6								1.1	
20	X	24.0	27,060		1.6								1.3	
21		24.0	25,623											
22		24.0	25,623											
23	X	24.0	25,623		1.5								1.1	
24	X	24.0	23,020		1.5								0.8	
25	X	24.0	23,140		1.4								0.8	
26	X	24.0	21,100		1.5								1.1	
27	X	24.0	25,630		1.6								1.3	
28		24.0	24,507											
29		24.0	24,507											
30	X	24.0	24,507		0.8								0.3	
31		24.0												
Total			788,520											
Average			25,436											
Maximum			40,880											

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2009

A. Public Water System (PWS) Information

PWS Name:	Pomona Park	PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	181	Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		


B. Water Treatment Plant Information

Plant Name:	Pomona Park	Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street	City:	Pomona Park
		State:	Florida
		Zip Code:	32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 1/7/10
Signature and Date

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: December, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	32,600		1.6								1.3	
2	X	24.0	21,050		1.7								1.5	
3	X	24.0	27,630		1.7								1.3	
4	X	24.0	25,770		1.6								1.3	
5		24.0	27,957											
6		24.0	27,957											
7	X	24.0	27,957		1.5								1.2	
8	X	24.0	29,590		1.7								1.4	
9	X	24.0	25,160		1.7								1.5	
10	X	24.0	32,180		1.6								1.3	
11	X	24.0	24,510		1.4								0.8	
12		24.0	29,643											
13		24.0	29,643											
14	X	24.0	29,643		1.6								1.2	
15	X	24.0	30,380		1.5								1.3	
16	X	24.0	25,540		1.5								1.2	
17	X	24.0	26,800		1.6								1.4	
18	X	24.0	24,430		1.3								1.0	
19		24.0	28,370											
20		24.0	28,370											
21	X	24.0	28,370		1.4								1.2	
22	X	24.0	22,600		1.5								1.0	
23	X	24.0	29,070		1.6								1.3	
24	X	24.0	35,670		2.1								1.6	
25	X	24.0	27,900		2.2								1.7	
26		24.0	35,023											
27		24.0	35,023											
28	X	24.0	35,023		2.1								1.8	
29	X	24.0	30,210		2.2								1.8	
30	X	24.0	31,170		1.6								1.5	
31	X	24.0	28,690		2.1								1.5	
Total			893,930											
Average			28,836											
Maximum			35,670											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: 02/08/10

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: January, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	26,850		1.3								1.0	
2		24.0	33,120											
3		24.0	33,120											
4	X	24.0	33,120		1.8								1.2	
5	X	24.0	35,690		1.4								1.1	
6	X	24.0	17,650		1.0								0.8	
7	X	24.0	51,440		1.6								1.2	
8	X	24.0	41,900		1.4								1.2	
9		24.0	31,430											
10	X	24.0	31,430		1.6								1.3	
11	X	24.0	52,880		1.6								1.3	
12	X	24.0	35,340		1.7								1.5	
13	X	24.0	37,270		1.5								1.4	
14	X	24.0	31,220		1.5								1.3	
15	X	24.0	35,310		1.6								1.3	
16		24.0	30,123											
17		24.0	30,123											
18	X	24.0	30,123		1.6								1.4	
19	X	24.0	20,470		1.3								1.0	
20	X	24.0	35,350		1.4								1.2	
21	X	24.0	29,470		1.5								1.2	
22	X	24.0	36,130		1.4								1.0	
23		24.0	27,923											
24		24.0	27,923											
25	X	24.0	27,923		1.4								1.1	
26	X	24.0	25,990		1.5								1.3	
27	X	24.0	26,120		1.2								1.2	
28	X	24.0	31,470		1.3								1.2	
29	X	24.0	26,400		1.3								1.2	
30		24.0												
31		24.0												
Total			933,310											
Average			30,107											
Maximum			52,880											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2010

A. Public Water System (PWS) Information

PWS Name:	Pomona Park			PWS Identification Number:	2540905
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Pomona Park			Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City:	Pomona Park State: Florida Zip Code: 32181
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date 3/9/10

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: February, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	32,717		1.3								1.0	
2	X	24.0	30,120		1.1								0.8	
3	X	24.0	22,730		1.0								0.8	
4	X	24.0	31,140		1.6								1.3	
5	X	24.0	29,700		1.4								1.1	
6		24.0	34,293											
7		24.0	34,293											
8	X	24.0	34,293		1.2								0.8	
9	X	24.0	25,360		1.1								0.8	
10	X	24.0	33,380		0.7								0.3	
11	X	24.0	27,420		1.1								0.5	
12	X	24.0	35,370		1.1								0.7	
13		24.0	33,627											
14		24.0	33,627											
15	X	24.0	33,627		1.0								0.5	
16	X	24.0	36,460		1.1								0.7	
17	X	24.0	26,740		1.0								0.4	
18	X	24.0	55,000		1.2								0.7	
19	X	24.0	51,690		1.3								0.9	
20		24.0	27,680											
21		24.0	27,680											
22	X	24.0	27,680		1.2								0.8	
23	X	24.0	22,940		1.2								0.7	
24	X	24.0	26,210		1.1								0.7	
25	X	24.0	24,670		1.2								0.9	
26	X	24.0	30,370		0.9								1.0	
27		24.0	27,093											
28		24.0	27,093											
29		24.0												
30		24.0												
31		24.0												
Total			883,003											
Average			28,484											
Maximum			55,000											

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

I. General Information for the Month/Year of:	March, 2010
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PWS Name:	Pomona Park			PWS Identification Number:	2540905		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	181			Total Population Served at End of Month:	672		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aguaamerica.com						

[illegible]

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

Signature and Date 4/8/10

Paul Thompson

A7251

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: March, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	35,126		1.1								0.8		
2	X	24.0	29,260		1.2								0.8		
3	X	24.0	20,780		1.0								0.8		
4	X	24.0	29,230		1.2								0.8		
5	X	24.0	25,520		1.4								0.8		
6		24.0	26,063												
7		24.0	26,063												
8	X	24.0	26,063		1.2								1.0		
9	X	24.0	29,730		1.4								1.0		
10	X	24.0	18,690		1.3								0.9		
11	X	24.0	29,320		1.2								1.0		
12	X	24.0	27,780		1.2								1.0		
13		24.0	25,600												
14		24.0	25,600												
15	X	24.0	25,600		1.3								1.1		
16	X	24.0	24,420		1.3								1.0		
17	X	24.0	25,960		1.4								1.2		
18	X	24.0	24,370		1.4								1.2		
19	X	24.0	27,350		1.5								1.4		
20		24.0	25,493												
21		24.0	25,493												
22	X	24.0	25,493		1.1								0.8		
23	X	24.0	24,890		1.3								0.9		
24	X	24.0	27,400		1.4								1.2		
25	X	24.0	26,350		1.3								1.0		
26	X	24.0	31,420		1.3								1.0		
27		24.0	24,593												
28		24.0	24,593												
29	X	24.0	24,593		1.2								1.0		
30	X	24.0	25,440		1.3								1.1		
31	X	24.0	24,980		1.2								1.0		
Total			813,266												
Average			26,234												
Maximum			35,126												

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

I. General Information for the Month/Year of:	April, 2010
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PWS Name: Pomona Park		PWS Identification Number: 2540905	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 181		Total Population Served at End of Month: 672	
PWS Owner: Aqua Utilities Florida			
Contact Person: Paul Thompson	Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: pdthompson@aquaaamerica.com			

[illegible]

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

License Number

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

PWS Identification Number: 2540905 Plant Name: Pomona Park

III. Daily Data for the Month/Year of: April, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	28,780		1.2								0.9		
2	X	24.0	25,460		1.3								1.0		
3		24.0	28,113												
4		24.0	28,113												
5	X	24.0	28,113		1.3								1.1		
6	X	24.0	30,170		1.4								1.2		
7	X	24.0	19,690		1.3								1.1		
8	X	24.0	54,890		0.5								0.2		
9	X	24.0	28,630		1.6								1.0		
10		24.0	33,057												
11		24.0	33,057												
12	X	24.0	33,057		1.3								1.0		
13	X	24.0	34,860		1.3								1.1		
14	X	24.0	28,600		1.3								0.8		
15	X	24.0	28,530		0.7								0.7		
16	X	24.0	32,680		1.7								1.3		
17		24.0	34,237												
18		24.0	34,237												
19	X	24.0	34,237		1.3								1.0		
20	X	24.0	32,390		1.4								1.2		
21	X	24.0	37,830		1.4								1.2		
22	X	24.0	31,390		1.0								0.9		
23	X	24.0	38,470		1.3								1.2		
24		24.0	36,530												
25		24.0	36,530												
26	X	24.0	36,530		1.2								1.0		
27	X	24.0	24,640		1.1								0.8		
28	X	24.0	44,440		1.6								1.3		
29	X	24.0	33,300		1.6								1.2		
30	X	24.0	35,000		1.6								1.3		
31															
Total			985,560												
Average			31,792												
Maximum			54,890												

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

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Date issued: May 5, 2009

To: Will Fontaine
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: Pomona Park Triannual
Received: 4/15/09 13:00

[2134449]

Dear Will Fontaine;

Analytical results presented in this report have been reviewed for compliance with the HBEL, Inc. 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

Questions regarding this report should be directed to the Report Signatory at (772) 465-8584 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Eric Charest
HBEL, Inc. Laboratory Manager

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

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FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

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HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Pomona Park Triannual
Received: 4/15/09 13:00

[2134449]

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

HBEL Sample

Method Narratives (If Applicable)

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

Quality Control Summary

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

<u>Analytical Issue</u>

EPA 505

PEST5321

2134449001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
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HBEL, Inc.

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Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2134449]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134449001					Sampled: 04/14/09 18:00		Received: 04/15/09 13:00			
Sample ID: P.O.E. Grab					Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE18897		04/15/09 14:22	PA	E83509
pH	Q	7.85	SU	0.200	EPA 150.1	WCGE30909		04/18/09 18:05	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Barium		0.0077	mg/L	0.0018	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Iron		0.040	mg/L	0.025	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Manganese		0.0065	mg/L	0.0037	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Sodium		9.7	mg/L	0.50	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Zinc		0.013	mg/L	0.010	EPA 200.7	META9335		04/24/09 14:56	DM	E96080
Antimony		0.0010	mg/L	0.00082	EPA 200.9	META9352		05/4/09 15:03	DM	E96080
Arsenic		0.0010 U	mg/L	0.0010	EPA 200.9	META9336		05/1/09 16:57	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META9326		04/17/09 18:07	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9331		04/22/09 12:10	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9349		05/1/09 20:21	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9330	04/20/09 14:31	04/21/09 15:22	DM	E96080
Chloride		15	mg/L	5.0	EPA 300.0	IC8030		04/22/09 13:46	SP	E96080
Fluoride		0.065	mg/L	0.011	EPA 300.0	IC8026		04/16/09 13:28	JL	E96080
Nitrate as N		0.086	mg/L	0.0030	EPA 300.0	IC8026		04/16/09 13:28	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8026		04/16/09 13:28	JL	E96080
Sulfate		8.9	mg/L	1.4	EPA 300.0	IC8030		04/22/09 13:46	SP	E96080
1,2-Dibromo-3-chloropropane		0.0036 U	ug/L	0.0036	EPA 504.1	PEST5317	04/16/09 14:00	04/17/09 8:42	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST5317	04/16/09 14:00	04/17/09 8:42	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST5321	04/21/09 14:54	04/22/09 0:52	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5324	04/22/09 12:00	04/23/09 22:23	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5324	04/22/09 12:00	04/23/09 22:23	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5324	04/22/09 12:00	04/23/09 22:23	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5324	04/22/09 12:00	04/23/09 22:23	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5324	04/22/09 12:00	04/23/09 22:23	JL	E96080

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HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2134449]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5324	04/22/09 12:00	04/23/09 22:23	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
Benzo(a)pyrene		0.069 U	ug/L	0.069	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
Di(2-ethylhexyl)adipate		0.67 U	ug/L	0.67	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	CG	E96080
Carbofuran		0.41 U	ug/L	0.41	EPA 531.1	HPLC2585		04/16/09 18:52	JJM	E96080
Oxamyl		0.13 U	ug/L	0.13	EPA 531.1	HPLC2585		04/16/09 18:52	JJM	E96080
Glyphosate		13 U	ug/L	13	EPA 547	HPLC2588		04/21/09 14:27	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2760	04/21/09 8:00	04/21/09 23:40	CG	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2589	04/21/09 9:00	04/27/09 12:41	JJM	E96080
Gross Alpha		2.0 U +/- 1.2	pCi/L		EPA 900.0	SAL1119		04/28/09 8:45	SAL	E84129
Radium 226		0.06 +/- 0.1	pCi/L		EPA 903.1	SAL1119		04/28/09 16:14	SAL	E84129
Radium 228		0.3 U +/- 0.2	pCi/L		EPA Alter.	SAL1119		04/30/09 16:08	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE30900		04/16/09 11:40	TCL	E96080
Total Dissolved Solids		150	mg/L	16	SM2540 C	WCGE30896		04/16/09 12:30	SP	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE30937	04/23/09 10:00	04/24/09 11:46	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE30906	04/16/09 11:10	04/17/09 16:53	GG	E96080

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HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2134449]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134449002					Sampled:	Received: 04/15/09 13:00				
Sample ID: VOC TRIP BLANK					Matrix: Water	Results reported on Wet Weight Basis				
1,1,1-Trichloroethane	0.21 U		ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
1,1,2-Trichloroethane	0.44 U		ug/L	0.44	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
1,1-Dichloroethene	0.23 U		ug/L	0.23	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
1,2,4-Trichlorobenzene	0.41 U		ug/L	0.41	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
1,2-Dichlorobenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
1,2-Dichloroethane	0.29 U		ug/L	0.29	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
1,2-Dichloropropane	0.40 U		ug/L	0.40	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
1,4-Dichlorobenzene	0.23 U		ug/L	0.23	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Benzene	0.20 U		ug/L	0.20	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Carbon tetrachloride	0.24 U		ug/L	0.24	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Chlorobenzene	0.30 U		ug/L	0.30	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
cis-1,2-Dichloroethene	0.21 U		ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Ethylbenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Methylene chloride	0.23 U		ug/L	0.23	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Styrene	0.21 U		ug/L	0.21	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Tetrachloroethene	0.24 U		ug/L	0.24	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Toluene	0.22 U		ug/L	0.22	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Total Xylenes	0.46 U		ug/L	0.46	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
trans-1,2-Dichloroethene	0.35 U		ug/L	0.35	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Trichloroethene	0.36 U		ug/L	0.36	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080
Vinyl chloride	0.32 U		ug/L	0.32	EPA 524.2	VOC3077		04/23/09 19:49	WR	E96080

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

Q Sample held beyond the accepted holding time.

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HBEL, Inc.

Environmental Testing Services

Phone (772) 465-8584 Fax (772) 467-1584

Company: AQUA UTILITIES FLORIDA, INC.

Address: P.O. BOX 490310

LEESBURG, FL Zip: 34749

Phone: (352) 435-4020 Fax: (352) 787-6333

Client Contact: David Haring

Project Name: Pomona Park :Triannual 1° & 2°

Sampled By: Ralph Marriott

Chain-of-Custody

and

Agreement to Perform Services

Method(s) of courier

Shipment:

e-mail: JDHaring@aquaaamerica.com

☒ Standard Laboratory
Turn Around Time

Or

Rush in Business Days
Requires Laboratory Approval

USE BALL POINT PEN

PRESS HARD

COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY



Laboratory not responsible for omitted information

FDOH # E96080

5600 U.S. 1 North
Fort Pierce, FL 34946

X FDOH # E83509

4155 St.Johns Pkwy #1300

Sanford, FL 32771

For Lab Use Only											
Temperature		Custody Seals		pH		LAB # <u>2134449</u>					
Checked	Intact	Checked	Intact	Checked	Intact						
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N						
PRESERVATIVE											
N	SH	U	U	H	N						
ANALYSES REQUESTED											
A	B	C	D	F	Q						
1° & 2° METALS	CYANIDE	NO3, NO2, CL, SO4, F, pH, Color, TDS, MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228						
1	1	1	1	3	3						
				3							
						COMMENTS					
						odor collected 4-15-09 7:30 AM					

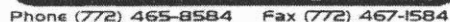
LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	4-14-09	6:00 PM	G	DW	10	P.O.E.
002					3	VOC TRIP BLANKS

* Sample Type: G=Grab C=Composite

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

Report Page 6 of 6	RELINQUISHED BY <u>Ralph Marriott</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>Sample to FDOH</u>
	DATE/TIME <u>4-15-09 10:00 AM</u>	DATE/TIME <u>4-15-09 1300</u>	DATE/TIME <u>4-15-09 1600</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>4-15-09 1030</u>	DATE/TIME <u>4-15-09 1300</u>	DATE/TIME <u>4-16-09 1100</u>

CHAIN PAGE 1 of 2



CHAIN PAGE 2 of 2

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

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

System Name: Pomona Park PWS I.D. #: 2540905

System Type (check one) ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: Church St

City: Pomona Park State: FL ZIP Code: 32181

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

E-Mail Address: NA

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 04/14/09 Sample Time: 6:00 PM

Sample Location (be specific): P.O.E. Grab

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

Sample Type (Check Only One)

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

☐ Distribution

☒ Routine Compliance (with 62-550)

☐ Quarterly (Which Qtr? _____)

☒ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedence*

☐ Special (not for compliance with 62-550)

☐ Plant Tap not for compliance with 62-550

☐ Composite of Multiple Sites**

☐ Violation Resolution

☐ Raw (at well or intake)

☐ Clearance (permitting)

☐ Replacement (of Invalidated Sample)

☐ Max Residence Time

☐ Other: _____

☐ Ave Residence Time

Sampling Procedure Used or Other Comments: _____

☐ Near First Customer

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

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

Sampler's Name: RALPH MARRIOTT

Sampler's Phone #: 386-937-0187 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, RALPH MARRIOTT
Print Name

Facility Operator
Print Title

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

Signature: Ralph Marriott

Date: 5-11-09

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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009
Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 4/15/09

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

Lab Assigned Report Number or Job ID: 2134449001

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

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

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest, Laboratory Manager
(Print Name) (Print Title)

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

Signature  Date: 05-May-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s):	<input type="checkbox"/> MCL(s) Exceeded	<input type="checkbox"/> Detection(s)	<input type="checkbox"/> Incomplete Report
	<input type="checkbox"/> Missing Analyte Sheet(s)	<input type="checkbox"/> Location Unsatisfactory	<input type="checkbox"/> Analysis Unsatisfactory
	<input type="checkbox"/> Other:		

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.

Workorder: Pomona Park Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134449001

Sampling Date: 4/14/09 18:00

PWS ID (From Page 1): _____

Date Received: 4/15/09 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	4/21/09	4/22/09 0:52	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.02	4/21/09	4/22/09 0:52	E96080
2015	Methoxychlor	[40]	ug/L	0.043	U	EPA 505	0.043	0.1	4/21/09	4/22/09 0:52	E96080
2020	Toxaphene	[3]	ug/L	0.60	U	EPA 505	0.60	1	4/21/09	4/22/09 0:52	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	1	4/22/09	4/23/09 22:23	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	0.4	4/21/09	4/27/09 12:41	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	9	4/21/09	4/21/09 23:40	E96080
2034	Glyphosate	[700]	ug/L	13	U	EPA 547	13	6		4/21/09 14:27	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.67	U	EPA 525.2	0.67	0.6	4/20/09	4/20/09 12:56	E96080
2036	Oxamyl	[200]	ug/L	0.13	U	EPA 531.1	0.13	2		4/16/09 18:52	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	0.07	4/20/09	4/20/09 12:56	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	0.6	4/20/09	4/20/09 12:56	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	4/22/09	4/23/09 22:23	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.2	4/22/09	4/23/09 22:23	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.23	U	EPA 525.2	0.23	0.1	4/20/09	4/20/09 12:56	E96080
2046	Carbofuran	[40]	ug/L	0.41	U	EPA 531.1	0.41	0.9		4/16/09 18:52	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	0.1	4/20/09	4/20/09 12:56	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	0.2	4/20/09	4/20/09 12:56	E96080
2065	Heptachlor	[0.4]	ug/L	0.036	U	EPA 505	0.036	0.04	4/21/09	4/22/09 0:52	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.027	U	EPA 505	0.027	0.02	4/21/09	4/22/09 0:52	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.1	4/22/09	4/23/09 22:23	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.2	4/22/09	4/23/09 22:23	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	0.1	4/20/09	4/20/09 12:56	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.069	U	EPA 525.2	0.069	0.02	4/20/09	4/20/09 12:56	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	0.04	4/22/09	4/23/09 22:23	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.1	4/21/09	4/22/09 0:52	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0036	U	EPA 504.1	0.0036	0.02	4/16/09	4/17/09 8:42	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0047	U	EPA 504.1	0.0047	0.01	4/16/09	4/17/09 8:42	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.2	4/21/09	4/22/09 0:52	E96080

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

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

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

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

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



Printed: 5/5/09

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Pomona Park Triannual
Sample Location: P.O.E. Grab
Sample Number: 2134449001
Sampling Date: 4/14/09 18:00
Date Received: 4/15/09 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.086		EPA 300.0	0.0030	4/16/09 13:28	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	4/16/09 13:28	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	EPA 200.9	0.0010	5/01/09 16:57	E84129
1010	Barium	[2]	mg/L	0.0077		EPA 200.7	0.0018	4/24/09 14:56	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	4/24/09 14:56	E96080
20	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	4/24/09 14:56	E96080
24	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	4/24/09 11:46	E96080
5	Fluoride	[4]	mg/L	0.065		EPA 300.0	0.011	4/16/09 13:28	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	4/17/09 18:07	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	4/21/09 15:22	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	4/24/09 14:56	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	4/22/09 12:10	E96080
1052	Sodium	[160]	mg/L	9.7		EPA 200.7	0.50	4/24/09 14:56	E96080
1074	Antimony	[0.006]	mg/L	0.0010	I	EPA 200.9	0.00082	5/04/09 15:03	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	4/24/09 14:56	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	5/01/09 20:21	E96080

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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Printed: 5/5/09



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Pomona Park Triannual
Sample Location: P.O.E. Grab
Sample Number: 2134449001
Sampling Date: 4/14/09 18:00
Date Received: 4/15/09 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.0030	U	EPA 200.7	0.0030	4/24/09 14:56	E96080
1017	Chloride	[250]	mg/L	15	I	EPA 300.0	5.0	4/22/09 13:46	E96080
1022	Copper	[1]	mg/L	0.0014	U	EPA 200.7	0.0014	4/24/09 14:56	E96080
1025	Fluoride	[2]	mg/L	0.065		EPA 300.0	0.011	4/16/09 14:16/09	E96080
1028	Iron	[0.3]	mg/L	0.040	I	EPA 200.7	0.025	4/24/09 14:56	E96080
32	Manganese	[0.05]	mg/L	0.0065	I	EPA 200.7	0.0037	4/24/09 14:56	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	4/24/09 14:56	E96080
1055	Sulfate	[250]	mg/L	8.9		EPA 300.0	1.4	4/22/09 13:46	E96080
1095	Zinc	[5]	mg/L	0.013	I	EPA 200.7	0.010	4/24/09 14:56	E96080
1905	Color	[15]	CU	4.0	I	SM2120 B	1.8	4/16/09 11:40	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	EPA 140.1	1.0	4/15/09 14:22	E83509
1925	pH	[6.5-8.5]	SU	7.85	Q	EPA 150.1	0.200	4/18/09 18:05	E96080
1930	Total Dissolved Solids	[500]	mg/L	150		SM2540 C	16	4/16/09 12:30	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	4/17/09 16:53	E96080

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

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

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4155 St. Johns Pkwy Suite 1300
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FDOH # E83509

Printed: 5/5/09



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: Pomona Park Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134449001

Sampling Date: 4/14/09 18:00

PWS ID (From Page 1): _____

Date Received: 4/15/09 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	4/23/09 19:16	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:16	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	0.5	4/23/09 19:16	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	4/23/09 19:16	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:16	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	4/23/09 19:16	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	4/23/09 19:16	E96080
77	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	4/23/09 19:16	E96080
9	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	4/23/09 19:16	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	4/23/09 19:16	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:16	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	4/23/09 19:16	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	4/23/09 19:16	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	4/23/09 19:16	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	4/23/09 19:16	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	4/23/09 19:16	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	4/23/09 19:16	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	4/23/09 19:16	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	4/23/09 19:16	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:16	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:16	E96080

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

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F 1 # E96080

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FDOH # E83509

Printed: 5/5/09



SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

May 1, 2009
Project No: 91196

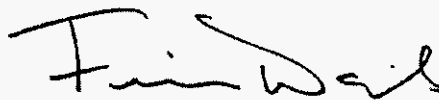
Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134449

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
91196.01	2134449 001	04/14/09 18:00	04/17/09 08:45

Test results presented in this report meet all the requirements of the NELAP standards.



FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory

2134449

Sample ID: 2134449 001

May 1, 2009

Sample No.: 91196.01

PWS ID: _____

Radionuclides**62-550.310(6)**

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl. Uranium)	***	pCi/L	2.0	U1	EPA 900.0	2.0	3	1.2	04/28/09	08:45	E84129
4020	Radium-226	5*	pCi/L	0.06		EPA 903.1	0.05	1	0.1	04/28/09	16:14	E84129
4030	Radium-228	5*	pCi/L	0.3	U1	EPA RA-05	0.3	1	0.2	04/30/09	16:08	E84129

* Combined Limit

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required.

If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

* Qualifiers:

U1 Analyte was not detected, indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

91196
Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: SAC

The samples are to be shipped by FEDEX to arrive on 4/12/09. TAT: OTD

[illegible]

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

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

System Name: Romona Park PWS I.D. #: 2540405

System Type (check one) ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: Church St

City: Romona Park State: FL ZIP Code: 32181

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

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ Sample Time: _____

Sample Location (be specific): VOC TRIP BLANK

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

Sample Type (Check Only One)

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

☐ Distribution

☐ Routine Compliance (with 62-550)

☐ Quarterly (Which Qtr? _____)

☐ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedence*

☐ Special (not for compliance with 62-550)

☐ Plant Tap not for compliance with 62-550

☐ Composite of Multiple Sites**

☐ Violation Resolution

☐ Raw (at well or intake)

☐ Clearance (permitting)

☐ Replacement (of Invalidated Sample)

☐ Max Residence Time

☐ Other: _____

☐ Ave Residence Time

☐ Sampling Procedure Used or Other Comments: _____

☐ Near First Customer

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

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

Sampler's Name: RALPH MARRIOTT

Sampler's Phone #: 386-937-0187

Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, RALPH MARRIOTT
Print Name

FACILITY DIRECTOR
Print Title

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

Signature: Ralph Marriott

Date: 5-11-09

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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009
Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 4/15/09

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

Lab Assigned Report Number or Job ID: 2134449002

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

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

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest Laboratory Manager
(Print Name) (Print Title)

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

Signature  Date: 05-May-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: Pomona Park Triannual

Sample Location: VOC TRIP BLANK

Sample Number: 2134449002

Sampling Date:

PWS ID (From Page 1): _____

Date Received: 4/15/09 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	4/23/09 19:49	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:49	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	0.5	4/23/09 19:49	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	4/23/09 19:49	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:49	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	4/23/09 19:49	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	4/23/09 19:49	E96080
77	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	4/23/09 19:49	E96080
79	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	4/23/09 19:49	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	4/23/09 19:49	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:49	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	4/23/09 19:49	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	4/23/09 19:49	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	4/23/09 19:49	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	4/23/09 19:49	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	4/23/09 19:49	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	4/23/09 19:49	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	4/23/09 19:49	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	4/23/09 19:49	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:49	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	4/23/09 19:49	E96080

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

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

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

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

Printed: 5/5/09





AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED

APR 7 10 PM 2:47

RECEIVED BY: [Signature]

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

2.3 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME: Panama Park

PWS ID: 2540905

SYSTEM PHONE: 386-329-1122

SYSTEM ADDRESS: 110 Church St

Panama Park

COUNTY: Putnam

CLIENT: Aqua Utilities Fl

COLLECTOR: Ralph Alciotti

COLLECTOR PHONE: 386-937-0187

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S):

4-7-10

REMARKS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
18	Well #1	11 ²⁰ AM	R	none
19	Well #2	11 ²⁰ AM	R	none
20	1775 So Hwy 17	11 ³⁵ AM	D	1.1
21	220 West Main St	11 ⁵⁰ AM	D	1.0

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Date
Submission Number			
M104329	A		
M104330	A		
M104331	A		
M104332	A		

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

1.05

Time(s) Analyzed:

4:00pm

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☒ A certified operator (# 03522)

☐ Employed by a certified lab

☐ Supervised by a cert operator (# _____)

☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

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

Defined in Florida Administrative Code Rule 62-160, Table 3

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Aqua Utilities Fl
1100 Thomas Ave
Leesburg Fl 34748

TECHNICAL DIRECTOR

DATE

The results presented herein relate only to the samples submitted.

If you have any questions regarding this report, please call Lisa Seupp at (352) 625-2822

(If you have any questions regarding this report, please call Lisa Seupp at (352) 625-2822)

DEP/DOH USE ONLY

☒ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

Revised 03/04



Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

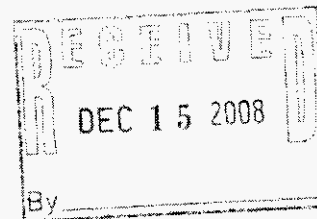
Michael W. Sole
Secretary

December 12, 2008

CERTIFIED MAIL – RETURN RECEIPT

Corporation Service Company
Registered Agent for
Aqua Utilities Florida, Inc.
1201 Hays St.
Tallahassee, Florida 32301

Department of Environmental Protection vs.
Aqua Utilities Florida, Inc.
OGC No. 08-2364



Dear Registered Agent:

Attached is a Notice of Violation (NOV) issued by the Department in the referenced case. The NOV addresses allegations of violations of Florida Statutes and Department rules.

In order to resolve the violations cited in the NOV, you may enter into a Consent Order with the Department. Department policy calls for the assessment and collections of monetary settlements upon referral of cases to its enforcement section.

Please be advised that any administrative resolution of this matter must address the issue of payment of a monetary settlement by you. In the absence of such a settlement, the Department may seek a separate judicial resolution of the penalties issued.

The NOV's Notice of Rights section explains what recourse you have concerning resolution of the allegations contained in the NOV. Please read this section carefully.

If you have any questions or discussion regarding this document, please contact Ben Piltz at (904) 807-3334.

Sincerely,

Melissa M. Long, P.E.
Water Facilities Administrator

Encl: NOV #08-2364

cc: Ms. Alik Moncrief, Deputy General Counsel, FDEP
Ms. Ollie Henderson, Data Processing FDEP, NED
Ms. Candice McClure, Aqua Utilities Florida, Inc.
Ms. Patricia Williams, Aqua Utilities Florida, Inc.

"More Protection. Less Process"
<http://www.dep.state.fl.us/>

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION,

IN THE OFFICE OF THE
NORTHEAST DISTRICT

Petitioner,

v.

OGC FILE NO.: 08-2364

AQUA UTILITIES FLORIDA, INC.,

Respondent.

NOTICE OF VIOLATION,
ORDERS FOR CORRECTIVE ACTION, AND CIVIL PENALTY ASSESSMENT

TO: Corporation Service Company
Registered Agent for
Aqua Utilities Florida, Inc.
1201 Hays St.
Tallahassee, FL 32301

Certified Mail Number 7001 0710 0000 9693 4076

Pursuant to the authority of Section 403.121(2), Florida Statutes ("Fla. Stat."), the State of Florida Department of Environmental Protection ("Department") gives notice to Aqua Utilities Florida, Inc. ("Respondent") of the following findings of fact and conclusions of law with respect to violations of Chapter 403, Fla. Stat.

FINDINGS OF FACT

PARAGRAPHS APPLICABLE TO ALL COUNTS

1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the

provisions of Chapter 403, Fla. Stat., and the rules promulgated thereunder in Title 62, Florida Administrative Code (Fla. Admin. Code).

2. Respondent is a Florida corporation that owns and operates a water treatment plant and its associated piping located at 110 Church Street, Pomona Park, Putnam County, Florida ("water system"). The water system regularly serves an average of at least 15 service connections used by year round residents, or regularly serves at least 25 year round residents as defined in section 403.852(3), Fla. Stat. The water system has groundwater as its water source and provides water to the Town of Pomona Park.

3. During an inspection on August 7, 2007, the Department discovered Respondent had constructed a well ("Well #3"). Respondent did not provide written notification to the Department prior to construction and the Department requested that Respondent provide documentation concerning the construction details of Well #3 and the condition of the raw source water that the well provides for treatment at the existing water plant.

4. On November 9, 2007, the Department received a phone call from a representative of the Respondent requesting to put in an emergency well to replace one that had failed ("Well #1"). Respondent put Well #3 into use to provide raw water for treatment at the plant to prevent the pressure in the distribution from dropping below 20 psig. Respondent then provided water to the Town of Pomona Park from this uncleared well. Respondent was allowed to proceed, but given certain conditions that the Department has determined have not been met.

5. On November 8th, 2007, Department staff sent an email to Ms. Patricia Williams, Aqua Utilities Florida, Inc., concerning the conditions under which Well #3 and connective piping would be allowed to be considered as a "like for like" replacement of the existing public supply Well #1. As part of the conditions, the Department requested the following: verification

that the new replacement well is on the same site and within several hundred feet of the original well, verification that the replacement well is of the same design and capacity as the original pump, raw water test results for total sulfides and the Black Water parameters from 62-555.315(5), Fla. Admin. Code, as well as raw water test results for all applicable contaminants. If the Department received and reviewed these results and Respondent did not need to install further treatment due to differences in raw water source quality, then the Department would accept Well #3 pending the delivery of further documentation pertaining to the construction details of Well #3. Respondent has provided part of the requested documentation, and the remainder is included in the Orders for Corrective Action below.

COUNT I:

FAILURE TO SUBMIT WRITTEN NOTIFICATION TO THE DEPARTMENT BEFORE
BEGINNING ALTERATIONS TO POTABLE WATER PLANT

6. The Respondent failed to submit written notification for the installation of Well #3 to the Department for review to determine if a permit was required.

COUNT II:

FAILURE TO PROVIDE DOCUMENTATION REQUIRED FOR THE CONSTRUCTION OF
A REPLACEMENT WELL

7. The Respondent failed to submit required documentation for the construction of the replacement well to the Department.

COUNT III:

CONNECTING AND PLACING INTO SERVICE AN UNCLEARED WELL

8. Respondent failed to clear Well #3, connected the well to the existing water plant, and placed it into use providing drinking water of unknown quality for public consumption during the event on November 9, 2007.

COUNT IV:

DEPARTMENT COSTS

9. The Department has incurred expenses to date while investigating this matter in the amount of not less than \$500.00.

CONCLUSIONS OF LAW

The Department has evaluated the Findings of Fact with regard to the requirements of Chapter 403, Fla. Stat., and Fla. Admin. Code Title 62. Based on the foregoing facts the Department has made the following conclusions of law:

10. Respondent is a "person" as defined in Section 403.852(5), Fla. Stat.

11. Respondent is the owner and operator of the water system and is a "supplier of water" as defined in Section 403.852(8), Fla. Stat.

12. Respondent's water system regularly serves an average of at least 25 individuals daily at least 60 days out of the year and is therefore a "Public Water System" as defined in Section 403.852(2), Fla. Stat.

13. Respondent's water system is also a "community water system" because it regularly serves at least 15 service connections used by year round residents, or regularly serves at least 25 persons year round residents as defined in Section 403.852(3), Fla. Stat.

14. The water system is also a ground water system as that term is used in Fla. Admin. Code Chapters 62-550 and 62-555.

15. The Department is imposing an administrative penalty of less than or equal to \$10,000.00 in this Notice of Violation as calculated in accordance with Section 403.121, Fla. Stat.

16. The facts in Count I constitute a violation of Fla. Admin. Code R. 62-555.520(1)(c), which requires a supplier of water to submit written notification before beginning certain alterations to the potable water plant. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

17. The violation in Count I requires an assessment of an administrative penalty of \$1,000.00 under Section 403.121(4)(e).

18. The facts in Count II constitute violations of Fla. Admin Code R. 62-555.330(3) (Recommended Standards for Water Works, 3.2.5.10 and 3.2.2.1), Fla. Admin Code R. 62-550.730(3), which references additional required reporting formats, and Fla. Admin Code R. 62-555.315(5), which requires the submission of well data and chemical analysis reports necessary to determine if the well is acceptable for use. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

19. The violation in Count II requires an assessment of an administrative penalty of \$500.00 under Section 403.121(4)(f), Fla. Stat.

20. The facts in Count III constitute a violation of Fla. Admin. Code R. 62-555.315(6)(d) and Part III of Fla. Admin. Code R. 62-555, which includes the engineering references listed in Fla. Admin. Code R. 62-555.330, which requires the clearance of new or replacement components. The facts also constitute a violation of Section 403.161, Fla. Stat., which makes it a violation to fail to comply with Department rules.

21. The violation in Count III requires an assessment of an administrative penalty of \$3,000.00 under Section 403.121(3)(a), Fla. Stat.

22. The total administrative penalty assessed is \$4,500.00.

23. The costs and expenses related in Count IV are reasonable costs and expenses incurred by the State while investigating this matter, which are recoverable pursuant to Section 403.141(1), Fla. Stat.

ORDERS FOR CORRECTIVE ACTION

The Department has alleged that the activities related in the Findings of Fact constitute violations of Florida law. The Orders for Corrective Action state what you, Respondent, must do in order to correct and redress the violations alleged in this Notice.

The Department will adopt the Orders for Corrective Action as part of its Final Order in this case unless Respondent either files a timely petition for a formal hearing or informal proceeding, pursuant to Section 403.121(2)(c), Fla. Stat., or files written notice with the Department opting out of this administrative process, pursuant to 403.121(2)(c), Fla. Stat. (See Notice of Rights.) If Respondent fails to comply with the corrective actions ordered by the Final Order, the Department is authorized to file suit seeking judicial enforcement of the Department's Order pursuant to Sections 120.69, 403.121, and 403.131, Fla. Stat.

Pursuant to the authority of Sections 403.061(8) and 403.121, Fla. Stat., the Department proposes to adopt in its Final Order in this case the following specific corrective actions that will redress the alleged violations:

24. Respondent shall forthwith comply with all Department rules related to community water systems. Respondent shall correct and redress all violations in the time periods required below and shall comply with all applicable rules in Fla. Admin. Code Chapter

62-555. All documents, reports, and test results that are required to be submitted to the Department shall be submitted to: Department of Environmental Protection, Northeast District, Attention: Ben Piltz, 7825 Baymeadows Way, Suite B200, Jacksonville, Florida 32256-7590.

25. Immediately upon the effective date of this Order, Respondent shall submit all outstanding paperwork to complete Department records for Well #3. Items a) through d) represent the last of the items that the Department requested in the correspondence sent on November 18, 2007, and that are necessary to allow use of the "replacement" well, and items e) through i) represent additional questions that occurred after examination of the "as-built" record drawings for Well #3 and the connection to the existing water plant:

- a) A statement that the elevation of the well casing is at least 12" above the 100 year floodplain.
- b) Verification that analytical results collected on August 30, 2007, are for Well #3, and not Well #2 as indicated on the results, or submission of the proper analytical results for Well #3.
- c) A copy of two consecutive days of satisfactory bacteriological results (total coliform, and in the case of a positive result, either fecal or *E. coli*) for Well #3 downstream of the connection to the existing water plant, but in close vicinity to the connection.
- d) Sampling results for the following parameters: Turbidity, Alkalinity, Dissolved Oxygen, Dissolved Iron, and Sulfides (Black Water Contaminants).
- e) A pump curve for the 5hp submersible well pump at Well #3 so that the Department may determine the capacity of the well.
- f) Documentation of the thickness of the concrete pad so that the Department may verify that the concrete pad thickness meets the standards of at least 4" deep.

- g) Verification that the screen on the well vent is at least 24 mesh.
- h) Verification of whether the 6" diameter PVC casing pipe meets AWWA C-900.
- i) Verification that ground cover is sufficient to prevent freezing of buried pipes.

26. Within 10 days of the effective date of this Order, Respondent shall pay \$4,500.00 to the Department for the administrative penalties and direct economic benefit imposed above. Payment shall be made by cashier's check or money order payable to the "State of Florida Department of Environmental Protection" and shall include thereon the OGC Case number and the notation "Ecosystem Management and Restoration Trust Fund." The payment shall be sent to Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, Florida 32256-7590.

27. In addition to the administrative penalties, within 10 days of the effective date of this Order, Respondent shall pay \$500.00 to the Department for costs and expenses. Payment shall be made by cashier's check or money order payable to the "State of Florida Department of Environmental Protection" and shall include thereon the OGC Case number assigned to this case and the notation "Ecosystem Management and Restoration Trust Fund." The payment shall be sent to Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, Florida 32256-7590.

NOTICE OF RIGHTS

Respondent's rights to negotiate, litigate, or transfer this action are set forth below.

Right to Negotiate

28. This matter may be resolved if the Department and Respondent enter into a Consent Order, in accordance with Section 120.57(4), Fla. Stat., upon such terms and conditions as may be mutually agreeable.

Right to Request a Hearing

29. Respondent has the right to a formal administrative hearing pursuant to Sections 120.569, 120.57(1), and 403.121(2), Fla. Stat., if Respondent disputes issues of material fact raised by this Notice of Violation and Orders for Corrective Action ("Notice"). At a formal hearing, Respondent will have the opportunity to be represented by counsel or other qualified representative, to present evidence and argument on all issues involved, and to conduct cross-examination and submit rebuttal evidence.

30. Respondent has the right to an informal administrative proceeding pursuant to Sections 120.569 and 120.57(2), Fla. Stat., if Respondent does not dispute issues of material fact raised by this Notice. If an informal proceeding is held, Respondent will have the opportunity to be represented by counsel or other qualified representative, to present to the agency written or oral evidence in opposition to the Department's proposed action, or to present a written statement challenging the grounds upon which the Department is justifying its proposed action.

31. If Respondent desires a formal hearing or an informal proceeding, Respondent must file a written responsive pleading entitled "Petition for Administrative Proceeding" within 20 days of receipt of this Notice. The petition must be in the form required by Fla. Admin. Code R. 28-106.2015 and include the following:

- (a) The Department's Notice identification number and the county in which the subject matter or activity is located;
- (b) The name, address, and telephone number, and facsimile number (if any) of each petitioner;

- (c) The name, address, telephone number, and facsimile number of the attorney or qualified representative of respondent, if any, upon whom service of pleadings and other papers shall be made;
- (d) A statement of when petitioner received the Notice; and
- (e) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

A petition is filed when it is received by the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000.

32. If Respondent timely files a petition challenging the Notice, the Respondent has the right to mediate the issues raised in the Notice. If requested, a mediator will be appointed to assist the Department and Respondent to reach a resolution of some or all of the issues. The mediator is chosen from a list of mediators provided by the Florida Conflict Resolution Consortium ("FCRC"). The FCRC will provide up to 8 hours of free mediation services to the Respondent. A mediator cannot require the parties to settle the case. If mediation is unsuccessful, both parties retain their full rights to litigate the issues before an administrative law judge. The Respondent must select the mediator and notify the FCRC within 15 days of receipt of the list of mediators. The mediation process does not interrupt the time frames of the administrative proceedings and the mediation must be completed at least 15 days before the date of the final hearing.

33. The written request to appoint a mediator must be made within 10 days after receipt of the Initial Order from the administrative law judge appointed to hear the case. The request must be received by the Florida Conflict Resolution Consortium, Morgan Building, Suite

236, 2035 East Paul Dirac Drive, Tallahassee, FL 32310, 850-644-6320, flacrc@fsu.edu. Once the request is timely received, the FCRC will provide the parties with a list of mediators and the necessary information.

Right to Opt Out of the Administrative Proceeding

34. If Respondent does not wish to contest the issues before an administrative law judge, Respondent may file a notice with the Department opting out of the administrative process. Respondent must file its written opt out notice within 20 days after service of the Notice. The written notice to opt out is filed when it is received by the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000.

35. Once the Respondent opts out of the administrative process, the Department may sue the Respondent for injunctive relief, damages, costs and expenses, and civil penalties. If the Respondent opts out of the administrative process, the Department may ask the judge to assess civil penalties in excess of the amounts in this Notice up to \$5,000.00 per day per violation. The election to opt out of the administrative process is permanent and once the election is made the administrative process cannot be restarted.

Waivers

36. Respondent will waive the right to a formal hearing or an informal proceeding if either

a. A petition for a formal hearing or informal proceeding is not filed with the Department within 20 days of receipt of this Notice, or

b. A notice opting out of the administrative proceeding is not filed with the Department within 20 days of receipt of this Notice.

These time limits may be varied only by written consent of the Department.

General Provisions

37. The findings of fact and conclusions of law of this Notice together with the Orders for Corrective Action will be adopted by the Department in a Final Order if Respondent fails to timely file a petition for a formal hearing or informal proceeding, pursuant to Section 403.121, Fla. Stat. A Final Order will constitute a full and final adjudication of the matters alleged in this Notice.

38. If Respondent fails to comply with the Final Order, the Department is authorized to file suit in circuit court seeking a mandatory injunction to compel compliance with the Order, pursuant to Sections 120.69, 403.121, 403.131, and 403.860, Fla. Stat. The Department may also seek to recover damages, all costs of litigation including reasonable attorney's fees and expert witness fees, and civil penalties of not more than \$5,000 per day for each day that Respondent has failed to comply with the Final Order.

39. Copies of Department rules referenced in this Notice may be examined at any Department Office or may be obtained by written request to the District Office.

DATED this 17TH day of DECEMBER, 2008.

FILED, on this date pursuant to Section 120.52,
S., with the designated Department Clerk,
receipt of which is hereby acknowledged.

Christina L. [Signature] December 17, 2008
Clerk Date

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

[Signature]
Gregory J. Strong
District Director
Northeast District

Copies furnished to:
Lea Crandall, Agency Clerk (Mail Station 35)
Ollie Henderson, FDEP NED
Candice M. McClure, Aqua Utilities Florida, Inc.
Patricia Williams, Aqua Utilities Florida, Inc.



Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 ♦ Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 2, 2010

SENT VIA MAIL

Mr. John Lihvarcik, President
Aqua Utilities Florida, Inc.
Post Office Box 490310
Leesburg, FL 34749

Putnam County - Potable Water
Sanitary Survey 2010
Pomona Park WTP // PWS ID: 2540905

Dear Mr. Lihvarcik:

On June 16, 2010, a Sanitary Survey of the above referenced Community water system was conducted with the courteous assistance of Mr. David Haring. The Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated thereunder, Florida Administrative Code (FAC) Title 62.

Please note that the Disinfection Byproducts sampled in 2008 was low enough whereby the system was able to reduce to triennial monitoring. Normally, the next set would be due in 2011. Due to the fact that this would put Pomona Park monitoring for Disinfection Byproducts in the same compliance year as Large Community systems, the schedule has been adjusted so that the system should sample in 2012 with the other small community water systems.

As a reminder, this system is required to monitor for the following parameters during 2010: Total Coliform Bacteria with Residual Disinfectant Levels on a monthly basis.

A copy of the Sanitary Survey is enclosed for your records. If you have any questions, please contact me by telephone at (904) 807-3334 or e-mail at Benjamin.Piltz@dep.state.fl.us. Thank you for your cooperation with Florida's Safe Water Drinking Act.

Sincerely,

Ben Piltz
Environmental Specialist I

BRR: BLP: bp

cc: Mr. Paul Thompson, Operator, Aqua Utilities Florida via pdthompson@aquaamerica.com

SANITARY SURVEY REPORT

Plant Name	Pomona Park WTP		County	Putnam	PWS ID #	2540905
Plant Location	110 Church Street, Pomona Park, FL 32181			Phone	-	
Owner Name	Aqua Utilities Florida, Inc. // Mr. John Lihvarcik, President			Phone	352-732-6027	
Owner Address	Post Office Box 490310, Leesburg, FL 34749					
Designated Rep.	John Lihvarcik	Title	President	Phone	352-732-6027	
Facility Contact	Mr. Paul Thompson	Title	Operator	Phone	386-937-1143	
This Survey Date	6/16/10	Last Survey Date	8/2/07	Last C.I. Date	6/18/09	

Municipality

GENERAL INFORMATION

Number of Service Connections 192
Population Served 672 Basis Operator
Plant Design Capacity 170,000 gpd
Basis Well capacity
Average Day (from MORs) 29,339 gpd
Max. Day (from MORs) 55,003 gpd
Total Storage Capacity 2,500 gallons
Comments MOR data is based upon the last 12 month
average.

Latitude 29° 29' 44.68" North
Longitude 81° 35' 45.27" West
GPS: Yes Date: 7/97
Directions US Hwy 17 south to Main Street in Pomona Park.
Turn left on Church Street and the plant is on the left.

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson

O&M Log: ☒ Yes ☐ No O&M Manual: ☒ Yes ☐ No
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Days/wk: Required 3 Actual 5
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
 Emergency Water Capacity _____

☒ Yes ☐ None ☐ Not Required
 Source Onan Generator
 Capacity of Standby (kW) 30
 Switchover: ☒ Automatic ☐ Manual
 Standby Plan: ☒ Yes ☐ No
 Hrs Operated Under Load 4 hr/mo.
 What equipment does it operate?
☒ Well pumps _____
☒ High Service Pumps _____
☒ Treatment Equipment _____
 Satisfy 1/2 max-day demand? ☒ Yes ☐ No ☐ Unk
 Comments Satisfactory

Flow Measuring Device Flow Meter
Meter Size & Type 4" Neptune Meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections No cross connections observed.
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No
Comments Plans, Manuals, and Logs are kept on site
at the plant.

GROUND WATER SOURCE

Well Number (PWS Identification)		2540905	2540905	
Well Name (System Identification)		2	3	
Year Drilled		1962	2007	
Depth Drilled		180'	200	
Latitude		29° 29' 44.68" N	29° 29' 44.68" N	
Longitude		81° 35' 45.27" W	81° 35' 45.27" W	
GPS (Y or N) / Date (if applicable)		Y - 7/97	Y- 08/07	
Florida Well ID		AAC1867		
Static Water Level		28'	1' above ground surface	
Actual Yield (if different than rated capacity)		-	-	
Strainer		Unknown	Unknown	
Length (outside casing)		126'	160'	
Diameter (outside casing)		4"	5"	
Material (outside casing)		Steel	Steel	
Well Contamination History		OK	OK	
Is inundation of well possible?		OK	OK	
6' X 6' X 4" Concrete Pad		OK	PL	
SET BACKS	Septic Tank	~150'	~150'	
	Reuse Water	OK	OK	
	WW Plumbing	OK	OK	
	Other Sanitary Hazard	OK	OK	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	~158	~158	
	Motor Horsepower	5	5	
Well casing 12" above grade?		OK	OK	
Well Casing Sanitary Seal		OK	OK	
Raw Water Sampling Tap		Smooth/downturned	Smooth/downturned	
Above Ground Check Valve		OK	OK	
Fence/Housing		Locked fencing	Locked fence	
Well Vent Protection		OK	OK	

COMMENTS

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Make Stenner Capacity 10 gpd
 Chlorine Feed Rate 45%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant - Remote .064
 Remote tap location Bacti Sampling Point
 DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
 Injection Points Pre hydro tank
 Booster Pump Info Booster pumps not installed.
 Comments _____

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

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated
 (G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	H		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	S.G.		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	60/70		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		
Last Inspection Date (for tanks with access manholes)	2008		

Comments _____

HIGH SERVICE PUMPS

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

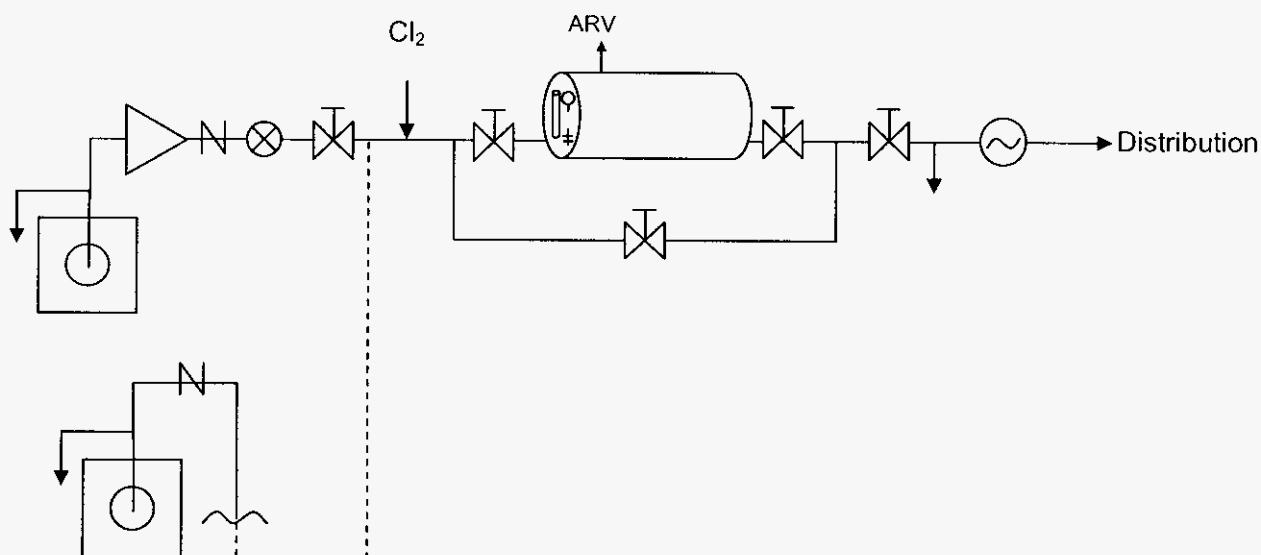
Comments _____

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from <u>each</u> raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.
Disinfection Byproducts (DBPs)	2008	2012	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2010	2011	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.
Radionuclides	2009	2018	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2008	2011	Samples taken from pre-approved sample plan sites.
Asbestos	Waiver	2012 / Waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

SCHEMATIC (not to scale):





St. Johns River Water Management District

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

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500

On the Internet at www.sjrwmd.com.

January 11, 2010

John Lihvarcik
Aqua Utilities Florida Inc
1100 Thomas Ave
Leesburg, FL 34748

RECEIVED

JAN 14 2010

Aqua Utilities
Florida Inc

SUBJECT: Consumptive Use Permit Number 7982
River Grove

Dear Sir/Madam:

Enclosed is your permit as authorized by the Executive Director of St. Johns River Water Management District on January 06, 2010.

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

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

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

Sincerely,

Robert Presley

Robert Presley, Director
Division of Regulatory Information Management

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

cc: District Permit File

Agent: CPH Engineers Inc
101 N Woodland Blvd Ste 600
Deland, FL 32720

GOVERNING BOARD

Susan N. Hughes, CHAIRMAN
PONTE VEDRA

W. Leonard Wood, VICE CHAIRMAN
FERNANDINA BEACH

Hersey "Herky" Huffman, SECRETARY
ENTERPRISE

Hans G. Tanzler III, TREASURER
JACKSONVILLE

Douglas C. Bourlique
VERO BEACH

Michael Ertel
ORFEO

Maryam H. Ghyabi
ORMOND BEACH

Richard G. Hamann
GAINESVILLE

Arlen N. Jumper
FORT MEYER

PERMIT NO. 7982
PROJECT NAME: River Grove

DATE ISSUED: January 6, 2010

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 7.67 million gallons per year (0.021 million gallons per day (average)) of groundwater from the Floridan aquifer for public supply type use (which includes household, water utility, and unaccounted for uses), and 0.18 mgd of groundwater from the Floridan aquifer for essential use (fire protection).

LOCATION:

Site: River Grove
Putnam County

Section(s): 38 Township(s): 10S Range(s): 27E

ISSUED TO:

Aqua Utilities Florida Inc
1100 Thomas Ave
Leesburg, FL 34748

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

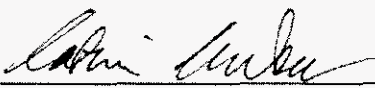
This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee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

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

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated January 6, 2010

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

By: 
Catherine Walker, PE MBA
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 7982
AQUA UTILITIES FLORIDA
DATED JANUARY 6, 2010

1. District authorized staff, upon proper identification, will have permission to enter, inspect, and observe permitted and related facilities in order to determine compliance with the approved plans, specifications, and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage is declared by the District Governing Board, the permittee must adhere to the water shortage restrictions as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification, or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
6. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or with in 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612.
7. A District issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve, or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
8. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification by the District.
9. The permittee shall meter all service connections.
10. All submittals made to demonstrate compliance with this permit must include the CUP number 7982-3 plainly labeled on the submittal.
11. This permit will expire twenty years from the date of issuance.

12. If the permittee has complied with all the requirements of the conditions set forth in this permit, the maximum annual groundwater withdrawals from the Floridan aquifer for public supply type use (which includes household, water utility, and unaccounted for uses) must not exceed:

7.30 million gallons per year (0.020 million gallons per day (average)) for years 2010 through 2016; and

7.67 million gallons per year (0.021 million gallons per day (average)) for years 2017 through 2030.

13. The maximum daily groundwater withdrawal from the Floridan aquifer for essential use (fire protection) is 0.18 million gallons. The District must receive a written report from the permittee within 30 days of each use of the well(s) for fire protection. The report must include pump or well capacity and the duration of pumping.
14. The permittee must measure the quantity of groundwater withdrawn from existing well 1 (District ID 13760), as listed in the application. Water withdrawals must be monitored at this well location through the use of a totalizing flow meter.
15. All totalizing flowmeters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
16. Total withdrawal from existing well 1 (District ID 13760), as listed in the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

17. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
18. The permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
19. All irrigation shall be in conformity with the requirements set forth in subsection 40C-2.042(2), F.A.C.
20. The permittee must implement the Water Conservation Plan submitted to the District on March 30, 2009, in accordance with the schedule contained therein.
21. The permittee's consumptive use shall not adversely impact wetlands, lakes, and spring flows or contribute to a violation of minimum flows and levels adopted in Chapter 40C-8, F.A.C., except as authorized by a SJRWMD-approved minimum flow or level (MFL) recovery strategy. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts are mitigated by the permittee pursuant to a District-approved plan.

22. Legal uses of water existing at the time of the permit application may not be significantly impacted as a result of the consumptive use. If unanticipated significant impacts occur (including interference with other existing legal users), the District may revoke the permit in whole or in part to abate the adverse impact unless otherwise mitigated by the permittee. If other permit holders are identified by the District as also contributing to the adverse impact, the permittee may choose to mitigate in a cooperative effort with those other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
23. Each month the permittee shall review and analyze the actual volume of water withdrawn by the permittee in the current year. If an analysis of the actual volume withdrawn reveals that the permittee's water use is trending toward an exceedance of the permitted allocation for that year (even after taking into account seasonal variation), then within 30 days of such analysis the permittee shall notify the District in writing. The notice shall state the actual volume of water withdrawn by the permittee in each full month of the current year, the total volume of water use that has been projected for the current year, the cause(s) for trending towards an exceedance of the permitted allocation, and a corrective action plan that the permittee intends to take to prevent an exceedance of the permitted allocation.
24. If, in any year, the actual volume of water withdrawn by the permittee equals 95 percent or more of the amount of water allocated for use by this permit, then the permittee shall submit a report to the District that explains why the withdrawal of water by the permittee equals 95 percent or more of the amount allocated for in this permit. The report shall evaluate the effect of the following on the volume of water withdrawn by the permittee:
- A. Climatic shortfalls (drought);
 - B. Greater than anticipated growth in the permittee's service area;
 - C. Inefficient usage within the service area
 - D. Other factors that account for the withdrawal volume equaling 95 percent or more of the allocation.

The report must include a breakdown of the population currently being served by the permittee, an updated projection of anticipated population that will be served for the following year, an evaluation as to whether the permittee anticipates whether it will be able to meet the water needs of the revised projected population without violating the allocations set forth in this permit, and a corrective action plan setting actions that the permittee intends to take if the evaluation indicates that allocations will be exceeded during the following year. The report must be submitted to the District by February 28th of the year following the year during which the permittee experienced withdrawals of water that equals 95 percent or more of the amount of water allocated for use by this permit.

25. The permittee shall use the lowest quality water source, such as reclaimed water, surface/storm water, or alternative water supply, to supply the needs of the project when deemed feasible pursuant to District rules and applicable state law.

Notice Of Rights

1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) or by e-mail with the District Clerk at Clerk@sjrwmd.com, within twenty-six (26) days of the District depositing the notice of intended District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of intended District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of intended District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
2. If the District takes action that substantially differs from the notice of intended District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of final District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

Notice Of Rights

5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida during the District's regular business hours. The District's regular business hours are 8:00 a.m. – 5:00 p.m., excluding weekends and District holidays. Petitions received by the District Clerk after the District's regular business hours shall be deemed filed as of 8:00 a.m. on the District's next regular business day. The District's acceptance of petitions filed by e-mail is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at www.sjrwmd.com. These conditions include, but are not limited to, the petition being in the form of a PDF or TIFF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.
6. Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.
8. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.
9. A District action is considered rendered, as referred to in paragraph no. 8 above, after it is signed on behalf of the District, and is filed by the District Clerk.
10. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph no. 8 above will result in waiver of that right to review.

NOR.DOC.001
Revised 7/27/09

Notice Of Rights

Certificate of Service

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

John Lihvarcik
Aqua Utilities Florida Inc
1100 Thomas Ave
Leesburg, FL 34748

At 4:00 p.m. this 4 day of January, 2010.

Robert Presley

Division of Regulatory Information Management
Robert Presley, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4570
Permit Number: 7982

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

**Post Office Box 1429
Palatka, Florida 32178-1429**

Consumptive Use Permit Number: **7982**

Permittee Name: **Aqua Utilities Florida Inc**

Date of Permit Issuance: **January 6, 2010**

Station Name: **1**

Pump Capacity: **125 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records



Mail St. Johns River Water Management District
Form P.O. Box 1429
To Palatka, FL 32178-1429
Or **Submit Online at www.sjrwmd.com**

For official use only

WATER USE RECORD - EN-50 FORM

PERMIT #: 7982 ISSUE DATE: 06-Jan-10 ITEM #: 960687
PERMITTEE: Aqua Utilities Florida Inc John Lihvarcik
PROJECT: River Grove
STATION #: 13760 WELL NAME: 1

Step 1. CHECK ALL THAT APPLY:

☐ NO USE THIS PERIOD ☐ WELL CAPPED ☐ WELL ABANDONED ☐ PROPERTY SOLD

COMMENTS (PLEASE PRINT): (AG. PERMIT - please identify crop(s), planting & harvest dates, and acreages.)

Step 2. REPORT MONTHLY WATER USE BELOW: Record Gallons Used or Flow Meter Readings.

Print each "Number" without touching the sides of the box.

Check only one.

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

☐ Meter
☒ Gallons

Fill in every month (zero if no value). Apply multiplier for meter readings.

Jan 10

--	--	--	--	--	--	--	--	--	--

☐ Meter
☐ Gallons

Feb 10

--	--	--	--	--	--	--	--	--	--

☐ Meter
☐ Gallons

Mar 10

--	--	--	--	--	--	--	--	--	--

☐ Meter
☐ Gallons

Apr 10

--	--	--	--	--	--	--	--	--	--

☐ Meter
☐ Gallons

May 10

--	--	--	--	--	--	--	--	--	--

☐ Meter
☐ Gallons

Jun 10

--	--	--	--	--	--	--	--	--	--

☐ Meter
☐ Gallons

Step 3. CONTACT NAME: _____

PHONE NUMBER: _____



960687
FORM EN-50 Revision 2.0/102009



13760

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000

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

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: Paul Thompson 6/9/08

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: May, 2008

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

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

Day of the th	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²		
	X	24.0	24,510		1.8								1.5	
2	X	24.0	38,370		2.2								1.8	
3		24.0	26,597											
4		24.0	26,597											
5	X	24.0	26,597		1.1								0.3	
6	X	24.0	16,060		1.4								0.8	
7	X	24.0	14,850		1.3								0.8	
8	X	24.0	28,640		0.6								0.3	
9	X	24.0	27,010		1.8								1.4	
10		24.0	24,993											
11		24.0	24,993											
12	X	24.0	24,993		1.9								1.6	
13	X	24.0	17,480		1.8								1.5	
14	X	24.0	37,770		1.8								1.4	
15	X	24.0	29,630		1.8								1.4	
16	X	24.0	37,130		1.3								0.9	
17		24.0	29,887											
18		24.0	29,887											
19	X	24.0	29,887		2.0								1.4	
	X	24.0	24,650		1.3								1.0	
	X	24.0	36,470		0.8								0.4	
22	X	24.0	33,770		0.8								0.4	
23	X	24.0	28,320		3.0								1.7	
24		24.0	32,800											
25		24.0	32,800											
26	X	24.0	32,800		1.5								1.3	
27	X	24.0	27,960		1.7								1.4	
28	X	24.0	28,110		1.8								1.6	
29	X	24.0	23,770		1.4								1.0	
30	X	24.0	39,070		1.1								0.5	
31		24.0	24,456											
Total			880,856											
Average			28,415											
Maximum			39,070											

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

I. General Information for the Month/Year of:	June, 2008
--	------------

PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

Plant Name:		River Grove		Plant Telephone Number:		(352) 787-0980	
Plant Address:		River Drive		City: East Palatka		State: Florida	
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):				IV			
				Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked			
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift			
Other Operators:	David Haring	C	14091	Days 1st Shift			
	Ralph Marriott	C	7527	Days 1st Shift			

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

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of:

June, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24.0	36,685											
2	X	24.0	36,685		0.8								0.4	
3	X	24.0	19,640		1.2								0.6	
4	X	24.0	19,000		2.2								1.8	
5	X	24.0	19,000		1.0								0.6	
6	X	24.0	18,990		1.5								0.9	
7		24.0	25,110											
8		24.0	25,110											
9	X	24.0	25,110		2.2								1.7	
10	X	24.0	15,520		1.8								1.4	
11	X	24.0	16,510		2.3								1.8	
12	X	24.0	19,090		1.3								1.0	
13	X	24.0	19,220		1.7								1.2	
14		24.0	16,137											
15		24.0	16,137											
16	X	24.0	16,137		1.7								1.3	
17	X	24.0	14,770		1.1								0.5	
18	X	24.0	18,440		1.7								1.1	
19	X	24.0	15,310		2.3								1.8	
20	X	24.0	15,190		0.6								0.8	
21		24.0	16,140											
22		24.0	16,140											
23	X	24.0	16,140		0.8								0.4	
24	X	24.0	20,180		1.5								1.0	
25	X	24.0	16,500		1.2								1.0	
26	X	24.0	14,980		1.3								1.0	
27	X	24.0	23,000		1.8								1.4	
28		24.0	17,837											
29		24.0	17,837											
30	X	24.0	17,837		0.8								0.4	
31		24.0												
Total			584,380											
Average			18,851											
Maximum			36,685											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	Zip Code:
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date: 8/7/08

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: July, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	13,460		1.5								0.8	
2	X	24.0	16,280		0.9								0.5	
3	X	24.0	14,960		1.1								0.7	
4	X	24.0	15,070		2.0								1.5	
5		24.0	20,340											
6		24.0	20,340											
7	X	24.0	20,340		1.6								1.3	
8	X	24.0	18,420		1.2								0.9	
9	X	24.0	7,370		2.1								1.3	
10	X	24.0	15,070		1.6								1.0	
11	X	24.0	14,730		1.6								1.2	
12		24.0	16,293											
13		24.0	16,293											
14	X	24.0	16,293		1.3								0.9	
15	X	24.0	21,780		1.4								0.9	
16	X	24.0	18,630		1.5								1.0	
17	X	24.0	10,730		1.5								1.0	
18	X	24.0	15,170		1.7								1.0	
19		24.0	17,300											
20		24.0	17,300											
21	X	24.0	17,300		0.7								0.3	
22	X	24.0	18,750		1.7								1.3	
23	X	24.0	18,730		1.4								0.9	
24	X	24.0	10,840		1.0								0.6	
25	X	24.0	14,830		1.8								1.3	
26		24.0	19,040											
27		24.0	19,040											
28	X	24.0	19,040		2.1								1.7	
29	X	24.0	18,720		1.7								1.3	
30	X	24.0	18,070		1.3								1.0	
31	X	24.0	22,930		1.3								0.7	
Total			523,460											
Average			16,886											
Maximum			22,930											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive		City:	East Palatka	State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				

Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date

09/08/08

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: August, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	10,930		0.9								0.5	
2		24.0	15,863											
3		24.0	15,863											
4	X	24.0	15,863		2.6								1.9	
5	X	24.0	18,830		2.2								1.7	
6	X	24.0	14,610		1.1								0.7	
7	X	24.0	18,930		1.5								1.0	
8	X	24.0	22,600		1.7								1.3	
9		24.0	20,267											
10		24.0	20,267											
11	X	24.0	20,267		1.4								1.0	
12	X	24.0	18,290		1.4								1.0	
13	X	24.0	14,810		1.6								1.1	
14	X	24.0	14,500		1.5								1.1	
15	X	24.0	14,600		1.8								1.2	
16		24.0	16,303											
17		24.0	16,303											
18	X	24.0	16,303		1.6								1.0	
19	X	24.0	15,120		1.9								1.3	
20	X	24.0	14,720		1.4								1.1	
21	X	24.0	14,810		1.9								1.4	
22	X	24.0	18,820		1.7								1.2	
23		24.0	18,210											
24		24.0	18,210											
25	X	24.0	18,210		1.3								1.0	
26	X	24.0	13,720		1.1								0.7	
27	X	24.0	12,970		0.9								0.5	
28	X	24.0	14,260		1.5								0.7	
29	X	24.0	14,370		1.6								0.7	
30		24.0	15,593											
31		24.0	15,593											
Total			510,006											
Average			16,452											
Maximum			22,600											

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

I. General Information for the Month/Year of:

September, 2008

PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

Plant Name:		River Grove		Plant Telephone Number:		(352) 787-0980	
Plant Address:		River Drive		City: East Palatka		State: Florida	
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):				IV			
				Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	Name	License Class	License Number	Day(s)/ Shift(s) Worked			
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift			
Other Operators:	David Haring	C	14091	Days 1st Shift			
	Ralph Marriott	C	7527	Days 1st Shift			

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

Signature and Date

Paul Thompson

Printed or Typed Name _____

A7251

License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: September, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	15,593		2.4								1.9		
2	X	24.0	20,100		0.9								0.4		
3	X	24.0	11,340		0.8								0.4		
4	X	24.0	14,480		1.5								0.8		
5	X	24.0	15,130		1.8								1.2		
6		24.0	15,810												
7		24.0	15,810												
8	X	24.0	15,810		2.0								1.3		
9	X	24.0	19,010		0.8								0.3		
10	X	24.0	34,360		0.8								0.2	Outage - Tank Cleaning and Inspection	
11	X	24.0	7,460		2.4								1.9		
12	X	24.0	15,120		0.9								0.5		
13		24.0	17,650												
14		24.0	17,650												
15	X	24.0	17,650		0.8								0.4		
16	X	24.0	17,600		1.1								0.4		
17	X	24.0	12,430		2.0								0.9		
18	X	24.0	18,150		2.0								0.8		
19	X	24.0	14,690		2.0								0.9		
20		24.0	16,097												
21		24.0	16,097												
22	X	24.0	16,097		2.0								1.0		
23	X	24.0	12,590		1.8								0.9		
24	X	24.0	17,220		1.8								0.9		
25	X	24.0	18,360		1.8								0.9		
26	X	24.0	11,130		1.8								0.9		
27		24.0	17,497												
28		24.0	17,497												
29	X	24.0	17,497		1.6								0.9		
30	X	24.0	14,910		1.7								0.9		
31		24.0													
Total			490,833												
Average			15,833												
Maximum			34,360												

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

1. General Information for the Month/Year of:

October, 2008

PWS Name:	River Grove			PWS Identification Number:	2540959			
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375			
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations			
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State:	Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333			
Contact Person's E-Mail Address:	eipellenz@aquaamerica.com							

[illegible]

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

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: October, 2008

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
	X	24.0	15,440		1.8								0.9	
	X	24.0	25,140		1.8								0.9	
3	X	24.0	14,580		1.7								0.6	
4		24.0	18,940											
5		24.0	18,940											
6	X	24.0	18,940		1.7								0.7	
7	X	24.0	14,680		1.6								0.7	
8	X	24.0	18,480		0.9								0.7	
9	X	24.0	14,250		1.6								0.8	
10	X	24.0	15,120		1.6								0.7	
11		24.0	18,650											
12		24.0	18,650											
13	X	24.0	18,650		0.7								0.4	
14	X	24.0	19,550		0.7								0.4	
15	X	24.0	18,680		0.7								0.4	
16	X	24.0	18,580		1.0								0.4	
17	X	24.0	14,580		1.0								0.5	
18		24.0	17,603											
19		24.0	17,603											
20	X	24.0	17,603		1.2								0.6	
	X	24.0	19,680		1.4								0.6	
	X	24.0	18,680		1.5								0.6	
23	X	24.0	18,880		1.2								0.5	
24	X	24.0	14,700		1.6								1.0	
25		24.0	17,457											
26		24.0	17,457											
27	X	24.0	17,457		1.1								0.6	
28	X	24.0	14,250		1.8								1.2	
29	X	24.0	22,900		1.8								1.2	
30	X	24.0	14,580		1.8								1.3	
31	X	24.0	15,880		1.1								0.7	
Total			546,580											
Average			17,632											
Maximum			25,140											

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

November, 2008

A. Public Water System (PWS) Information

Water Treatment Plant Information

II. Certification by Lead/Chief Operator

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

Signature and Date

12/5/08

Paul Thompson

Printed or Typed Name _____

A7251

License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: November, 2008

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	17,167												
2		24.0	17,167												
3	X	24.0	17,167		1.0								0.5		
4	X	24.0	18,790		1.3								0.7		
5	X	24.0	18,800		1.6								0.9		
6	X	24.0	15,650		1.0								0.5		
7	X	24.0	18,900		1.3								0.7		
8		24.0	21,197												
9		24.0	21,197												
10	X	24.0	21,197		1.8								1.2		
11	X	24.0	18,470		2.1								1.5		
12	X	24.0	18,900		1.5								0.9		
13	X	24.0	12,740		1.7								1.2		
14	X	24.0	18,570		1.6								1.1		
15		24.0	17,383												
16		24.0	17,383												
17	X	24.0	17,383		1.4								1.0		
18	X	24.0	18,680		1.5								1.0		
19	X	24.0	18,790		1.2								0.8		
20	X	24.0	10,900		1.2								0.8		
21	X	24.0	26,240		1.1								0.6		
22		24.0	17,777												
23		24.0	17,777												
24	X	24.0	17,777		1.7								1.3		
25	X	24.0	14,900		1.5								1.2		
26	X	24.0	22,460		1.6								1.2		
27	X	24.0	16,190		1.4								1.0		
28	X	24.0	15,230		1.8								1.5		
29		24.0	17,273												
30		24.0	17,273												
31		24.0													
Total			539,327												
Average			17,398												
Maximum			26,240												

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

See Pages 4 for Instructions.

December, 2008

PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Edward Pellenz		Contact Person's Title: Manager of Operations	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: ejpellenz@aquaamerica.com			

[illegible]

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

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: December, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	17,273		1.1							0.4		
2	X	24.0	14,800		1.4							0.8		
3	X	24.0	15,000		1.2							0.6		
4	X	24.0	10,690		1.7							1.3		
5	X	24.0	15,980		1.6							1.3		
6		24.0	15,257											
7		24.0	15,257											
8	X	24.0	15,257		1.6							1.2		
9	X	24.0	16,520		1.5							1.0		
10	X	24.0	10,910		1.6							1.1		
11	X	24.0	22,340		1.8							1.4		
12	X	24.0	14,470		1.3							1.0		
13		24.0	16,120											
14		24.0	16,120											
15	X	24.0	16,120		1.1							0.6		
16	X	24.0	14,150		1.2							0.6		
17	X	24.0	19,110		1.3							0.6		
18	X	24.0	14,680		1.2							0.6		
19	X	24.0	15,000		1.2							0.6		
20		24.0	16,233											
21		24.0	16,233											
22	X	24.0	16,233		1.2							0.4		
23	X	24.0	22,560		1.7							1.3		
24	X	24.0	18,790		1.7							1.3		
25	X	24.0	19,430		1.7							1.3		
26	X	24.0	22,670		1.5							1.1		
27		24.0	19,903											
28		24.0	19,903											
29	X	24.0	19,903		1.9							1.7		
30	X	24.0	22,560		1.3							0.9		
31	X	24.0	15,110		1.1							0.6		
Total			524,583											
Average			16,922											
Maximum			22,670											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2009

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive		City:	East Palatka	State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators:	Name:	License Class	License Number:	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 02/04/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: January, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	14,900		1.1								0.7	
2	X	24.0	18,570		1.4								0.9	
3		24.0	21,917											
4		24.0	21,917											
5	X	24.0	21,917		1.5								1.1	
6	X	24.0	18,690		1.2								0.8	
7	X	24.0	18,580		1.1								0.9	
8	X	24.0	15,110		1.3								0.9	
9	X	24.0	20,100		1.4								0.9	
10		24.0	16,417											
11		24.0	16,417											
12	X	24.0	16,417		1.7								1.2	
13	X	24.0	18,360		1.3								0.9	
14	X	24.0	11,130		1.6								1.5	
15	X	24.0	15,010		1.3								0.9	
16	X	24.0	22,250		1.5								1.2	
17		24.0	16,163											
18		24.0	16,163											
19	X	24.0	16,163		1.4								0.8	
20	X	24.0	18,890		0.9								0.8	
21	X	24.0	15,120		1.6								1.0	
22	X	24.0	18,900		1.5								1.1	
23	X	24.0	14,790		1.2								1.0	
24		24.0	22,713											
25		24.0	22,713											
26	X	24.0	22,713		1.5								1.2	
27	X	24.0	18,780		1.6								1.2	
28	X	24.0	18,580		1.0								0.5	
29	X	24.0	18,680		1.9								1.2	
30	X	24.0	19,000		1.8								1.6	
31		24.0	15,980											
Total			563,050											
Average			18,163											
Maximum			22,713											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

February, 2009

A. Public Water System (PWS) Information

PWS Name:	River Grove	PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com	Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City:	East Palatka
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	32131
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: Paul Thompson 3/9/09

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: February, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
		24.0	23,970											
2	X	24.0	23,970		1.6								1.3	
3	X	24.0	15,330		1.4								1.3	
4	X	24.0	15,010		1.1								1.0	
5	X	24.0	26,770		1.7								1.4	
6	X	24.0	23,430		1.8								1.4	
7		24.0	20,333											
8		24.0	20,333											
9	X	24.0	20,333		1.5								1.4	
10	X	24.0	18,890		1.2								1.0	
11	X	24.0	18,690		1.5								1.1	
12	X	24.0	18,460		1.6								1.2	
13	X	24.0	15,650		1.6								1.1	
14		24.0	17,203											
15		24.0	17,203											
16	X	24.0	17,203		1.6								1.3	
17	X	24.0	19,100		1.4								1.1	
18	X	24.0	18,580		1.5								1.2	
19	X	24.0	18,890		1.1								1.0	
20	X	24.0	18,790		1.4								1.0	
21		24.0	23,177											
22		24.0	23,177											
23	X	24.0	23,177		1.6								1.3	
24	X	24.0	15,550		1.4								0.8	
25	X	24.0	22,780		1.2								1.0	
26	X	24.0	14,470		1.0								0.8	
27	X	24.0	15,220		1.0								0.9	
28		24.0	16,367											
29		24.0												
30		24.0												
31		24.0												
Total			542,057											
Average			17,486											
Maximum			26,770											

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

I. General Information for the Month/Year of:

March, 2009

PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Paul Thompson		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com		

Plant Name:	River Grove		Plant Telephone Number:	(352) 787-0980	
Plant Address:	River Drive		City:	East Palatka	State: Florida
Type of Water Treatment by Plant:			Zip Code: 32131		
<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):			IV		
Plant Class (per subsection 62-699.310(4), F.A.C.):			C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: March, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	16,366											
2	X	24.0	16,366		1.5							1.2		
3	X	24.0	18,180		1.5							1.1		
4	X	24.0	15,470		1.4							1.2		
5	X	24.0	18,950		1.3							1.0		
6	X	24.0	23,070		1.3							1.1		
7		24.0	19,193											
8		24.0	19,193											
9	X	24.0	19,193		1.3							0.8		
10	X	24.0	22,350		1.3							0.8		
11	X	24.0	15,300		1.4							1.0		
12	X	24.0	19,100		1.3							1.0		
13	X	24.0	18,680		1.2							0.8		
14		24.0	17,520											
15		24.0	17,520											
16	X	24.0	17,520		1.0							0.6		
17	X	24.0	23,250		1.4							1.2		
18	X	24.0	15,100		1.7							1.3		
19	X	24.0	23,580		1.7							1.3		
20	X	24.0	19,680		1.7							1.3		
21		24.0	20,947											
22		24.0	20,947											
23	X	24.0	20,947		1.5							1.1		
24	X	24.0	16,640		1.6							1.2		
25	X	24.0	17,390		1.4							1.1		
26	X	24.0	23,380		1.9							1.2		
27	X	24.0	19,020		1.4							1.2		
28		24.0	22,010											
29		24.0	22,010											
30	X	24.0	22,010		1.6							1.4		
31	X	24.0	23,420		1.7							1.4		

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

I. General Information for the Month/Year of:	April, 2009
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PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Paul Thompson	Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: pdthompson@aquaaamerica.com			

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City: East Palatka	State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	Name	License Class	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	Days 1st Shift
Other Operators:	David Haring	C	Days 1st Shift
	Ralph Marriott	C	Days 1st Shift

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

License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: April, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
	X	24.0	14,300		1.5								1.0	
2	X	24.0	15,170		2.2								1.6	
3	X	24.0	15,060		1.2								1.3	
4		24.0	19,193											
5		24.0	19,193											
6	X	24.0	19,193		1.5								1.1	
7	X	24.0	15,150		1.3								1.0	
8	X	24.0	14,630		1.5								1.2	
9	X	24.0	23,620		1.5								1.2	
10	X	24.0	14,960		1.3								1.1	
11		24.0	19,987											
12		24.0	19,987											
13	X	24.0	19,987		1.1								1.3	
14	X	24.0	17,910		1.7								1.3	
15	X	24.0	15,290		1.8								1.4	
16	X	24.0	14,740		1.1								0.9	
17	X	24.0	18,960		1.2								0.9	
18		24.0	17,877											
19		24.0	17,877											
20	X	24.0	17,877		1.2								0.8	
21	X	24.0	14,620		1.0								0.6	
22	X	24.0	18,960		1.5								1.0	
23	X	24.0	19,280		1.3								1.0	
24	X	24.0	18,630		1.3								1.0	
25		24.0	21,777											
26		24.0	21,777											
27	X	24.0	21,777		1.3								1.0	
28	X	24.0	22,430		1.3								1.0	
29	X	24.0	19,190		0.6								0.3	
30	X	24.0	22,990		1.2								0.6	
31		24.0												
Total			552,390											
Average			17,819											
Maximum			23,620											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2009

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

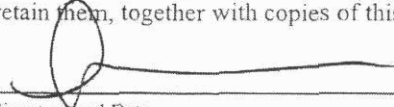
Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

 6/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: May, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	20,600		0.8								0.6		
2		24.0	23,223												
3		24.0	23,223												
4	X	24.0	23,223		1.2								0.8		
5	X	24.0	16,950		0.7								0.7		
6	X	24.0	19,540		1.0								0.7		
7	X	24.0	27,810		2.0								1.4		
8	X	24.0	24,200		1.6								1.2		
9		24.0	28,583												
10		24.0	28,583												
11	X	24.0	28,583		1.3								0.9		
12	X	24.0	19,330		1.4								0.9		
13	X	24.0	16,090		1.9								1.2		
14	X	24.0	31,720		1.2								1.1		
15	X	24.0	24,010		1.4								1.0		
16		24.0	18,580												
17		24.0	18,580												
18	X	24.0	18,580		1.2								0.8		
19	X	24.0	12,480		1.5								1.1		
20	X	24.0	15,290		1.2								1.0		
21	X	24.0	15,180		1.7								1.1		
22	X	24.0	14,850		1.7								1.3		
23		24.0	13,467												
24		24.0	13,467												
25	X	24.0	13,467		0.9								0.6		
26	X	24.0	22,200		2.2								1.5		
27	X	24.0	14,630		1.3								1.0		
28	X	24.0	18,620		1.3								1.0		
29	X	24.0	18,740		1.6								1.3		
30		24.0	13,750												
31		24.0	13,650												
Total			611,200												
Average			19,716												
Maximum			31,720												

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

I. General Information for the Month/Year of:	June, 2009
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PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

Plant Name:	River Grove	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive	City: East Palatka	State: Florida
			Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="checked" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		

Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000
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Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
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Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

owner can retain them, together with copies of this report.

[Signature] 2/8/19

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: June, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
	X	24.0	13,686		1.5								1.2	
2	X	24.0	27,190		1.2								0.9	
3	X	24.0	18,090		1.1								0.8	
4	X	24.0	11,370		1.7								0.6	
5	X	24.0	14,950		0.7								0.4	
6		24.0	14,110											
7		24.0	14,110											
8	X	24.0	14,110		2.2								1.7	
9	X	24.0	12,010		1.1								1.2	
10	X	24.0	14,060		0.7								0.4	
11	X	24.0	14,490		1.8								1.1	
12	X	24.0	18,510		1.5								1.1	
13		24.0	16,547											
14		24.0	16,547											
15	X	24.0	16,547		1.0								1.1	
16	X	24.0	14,810		1.8								1.3	
17	X	24.0	14,710		2.0								1.5	
18	X	24.0	15,130		1.0								0.4	
19	X	24.0	15,540		0.8								0.4	
20		24.0	15,757											
21		24.0	15,757											
22	X	24.0	15,757		1.6								0.6	
23	X	24.0	18,580		1.5								0.6	
24	X	24.0	15,230		2.0								1.1	
25	X	24.0	18,600		2.2								1.3	
26	X	24.0	19,130		0.8								0.4	
27		24.0	14,553											
28		24.0	14,553											
29	X	24.0	14,553		0.9								0.4	
30	X	24.0	14,710		1.2								0.8	
31		24.0												
Total			473,696											
Average			15,281											
Maximum			27,190											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

July, 2009

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com				

Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date 8/7/09

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: July, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
	X	24.0	11,010		0.7								0.3	
2	X	24.0	18,910		1.6								0.8	
3	X	24.0	14,540		1.1								0.7	
4		24.0	19,927											
5		24.0	19,927											
6	X	24.0	19,927		1.2								0.8	
7	X	24.0	14,430		1.3								1.0	
8	X	24.0	18,500		1.3								0.8	
9	X	24.0	11,120		1.6								1.0	
10	X	24.0	14,760		1.8								1.0	
11		24.0	13,650											
12		24.0	13,650											
13	X	24.0	13,650		1.5								1.1	
14	X	24.0	18,390		0.9								0.4	
15	X	24.0	14,970		1.6								1.0	
16	X	24.0	15,610		2.3								0.9	
17	X	24.0	18,400		2.2								1.6	
18		24.0	17,607											
19		24.0	17,607											
	X	24.0	17,607		1.3								1.2	
	X	24.0	14,850		1.6								1.4	
22	X	24.0	18,390		2.2								1.6	
23	X	24.0	14,970		1.5								0.9	
24	X	24.0	20,000		0.8								0.8	
25		24.0	15,683											
26		24.0	15,683											
27	X	24.0	15,683		1.5								1.1	
28	X	24.0	12,070		0.8								0.8	
29	X	24.0	14,760		1.5								1.2	
30	X	24.0	14,000		2.2								1.8	
31	X	24.0	14,760		1.8								1.3	
Total			495,040											
Average			15,969											
Maximum			20,000											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2009

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	Zip Code:
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				

Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
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Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: 09/01/09

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: August, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	15,037											
2		24.0	15,037											
3	X	24.0	15,037		1.6								1.2	
4	X	24.0	14,640		1.3								1.0	
5	X	24.0	11,010		0.8								0.8	
6	X	24.0	18,590		2.2								1.8	
7	X	24.0	10,700		2.0								1.6	
8		24.0	14,997											
9		24.0	14,997											
10	X	24.0	14,997		0.9								0.6	
11	X	24.0	18,480		3.5								2.5	
12	X	24.0	11,330		1.2								0.6	
13	X	24.0	14,970		2.2								1.5	
14	X	24.0	11,950		1.5								1.4	
15		24.0	16,083											
16		24.0	16,083											
17	X	24.0	16,083		2.2								1.6	
18	X	24.0	14,490		2.2								1.5	
19	X	24.0	15,020		1.1								0.5	
20	X	24.0	14,500		1.4								0.6	
21	X	24.0	15,650		1.7								0.7	
22		24.0	20,210											
23		24.0	20,210											
24	X	24.0	20,210		1.2								0.8	
25	X	24.0	22,050		1.5								1.0	
26	X	24.0	15,020		0.6								1.0	
27	X	24.0	19,510		1.7								1.2	
28	X	24.0	18,100		1.5								1.2	
29	X	24.0	17,510											
30		24.0	17,510											
31	X	24.0	17,510		1.6								1.4	
Total			497,520											
Average			16,049											
Maximum			22,050											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2009

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	River Grove		Plant Telephone Number:	(352) 787-0980	
Plant Address:	River Drive		City:	East Palatka	State: Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 10/7/09

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: September, 2009

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

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

of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²		
1	X	24.0	14,590		2.4								1.8	
2	X	24.0	11,300		0.9								0.4	
3	X	24.0	16,510		2.1								1.4	
4	X	24.0	10,970		1.0								0.6	
5		24.0	13,673											
6		24.0	13,673											
7	X	24.0	13,673		2.2								1.6	
8	X	24.0	18,650		2.1								1.2	
9	X	24.0	14,910		0.8								0.8	
10	X	24.0	15,020		0.8								0.4	
11	X	24.0	15,340		1.1								0.6	
12		24.0	14,983											
13		24.0	14,983											
14	X	24.0	14,983		2.2								1.4	
15	X	24.0	14,600		2.3								1.5	
16	X	24.0	14,810		2.8								2.2	
17	X	24.0	14,590		2.4								2.0	
18	X	24.0	11,290		1.5								1.5	
19		24.0	17,577											
20		24.0	17,577											
21	X	24.0	17,577		1.1								0.7	
22	X	24.0	15,120		0.8								0.4	
23	X	24.0	27,170		0.6								0.2	
24	X	24.0	15,550		2.2								1.5	
25	X	24.0	22,690		1.6								1.0	
26		24.0	19,383											
27		24.0	19,383											
28	X	24.0	19,383		0.8								0.2	
29	X	24.0	11,510		0.8								0.4	
30	X	24.0	15,440		0.8								0.4	
31		24.0												
Total			476,910											
Average			15,384											
Maximum			27,170											

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

I. General Information for the Month/Year of:

October, 2009

PWS Name: River Grove		PWS Identification Number: 2540959	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 108		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Paul Thompson		Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: pdthompson@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

[illegible]

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

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: October, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	14,910		3.0								2.3	
2	X	24.0	20,140		2.5								2.0	
3		24.0	17,077											
4		24.0	17,077											
5	X	24.0	17,077		1.8								1.3	
6	X	24.0	15,550		1.8								1.5	
7	X	24.0	15,660		1.5								1.2	
8	X	24.0	14,600		1.7								1.3	
9	X	24.0	18,960		1.8								1.2	
10		24.0	16,260											
11		24.0	16,260											
12	X	24.0	16,260		1.3								1.7	
13	X	24.0	15,130		0.6								0.3	
14	X	24.0	13,000		1.3								0.6	
15	X	24.0	15,020		2.4								1.5	
16	X	24.0	10,970		2.4								1.5	
17		24.0	16,227											
18		24.0	16,227											
19	X	24.0	16,227		2.4								1.7	
20	X	24.0	15,980		2.4								1.7	
21	X	24.0	12,990		0.6								0.8	
22	X	24.0	16,400		1.8								1.2	
23	X	24.0	18,860		1.3								1.0	
24		24.0	20,797											
25		24.0	20,797											
26	X	24.0	20,797		1.8								0.9	
27	X	24.0	14,930		1.6								1.0	
28	X	24.0	21,870		1.2								0.8	
29	X	24.0	19,850		1.6								1.2	
30	X	24.0	24,740		1.4								1.2	
31	X	24.0	20,633		1.4								1.0	
Total			531,273											
Average			17,138											
Maximum			24,740											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2009

A. Public Water System (PWS) Information


PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 12/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: November, 2009

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

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

the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	30,950											
2	X	24.0	30,950		1.4								1.0	
3	X	24.0	20,260		1.5								1.0	
4	X	24.0	12,800		1.5								1.0	
5	X	24.0	16,750		1.1								0.6	
6	X	24.0	21,300		1.2								0.6	
7		24.0	16,193											
8		24.0	16,193											
9	X	24.0	16,193		1.3								0.5	
10	X	24.0	15,370		1.4								0.8	
11	X	24.0	14,290		1.5								0.5	
12	X	24.0	13,550		1.4								1.0	
13	X	24.0	25,710		1.4								1.0	
14		24.0	13,773											
15		24.0	13,773											
16	X	24.0	13,773		1.2								0.8	
	X	24.0	12,170		1.3								0.8	
	X	24.0	20,080		1.3								0.8	
19	X	24.0	17,090		1.3								0.8	
20	X	24.0	14,640		2.2								1.6	
21		24.0	16,203											
22		24.0	16,203											
23	X	24.0	16,203		1.7								1.1	
24	X	24.0	8,110		1.9								1.3	
25	X	24.0	16,030		1.8								1.5	
26	X	24.0	11,800		1.5								0.9	
27	X	24.0	16,510		1.5								0.9	
28		24.0	15,060											
29		24.0	15,060											
30	X	24.0	15,060		1.7								1.2	
31		24.0												
Total			502,050											
Average			16,195											
Maximum			30,950											

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:

December, 2009

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375	
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator	
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com					

B. Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980	
Plant Address:	River Drive			City:	East Palatka	State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Signature and Date

1/7/10

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number 2540959 Plant Name River Grove

III. Daily Data for the Month/Year of:

December, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	11,540		1.0								0.6	
2	X	24.0	15,910		1.0								0.6	
3	X	24.0	15,070		1.8								1.4	
4	X	24.0	13,570		2.0								1.4	
5		24.0	12,567											
6		24.0	12,567											
7	X	24.0	12,567		1.7								1.4	
8	X	24.0	15,920		1.8								1.4	
9	X	24.0	11,320		1.3								0.8	
10	X	24.0	15,700		0.8								0.7	
11	X	24.0	8,220		1.0								0.6	
12		24.0	16,220											
13		24.0	16,220											
14	X	24.0	16,220		1.6								1.0	
15	X	24.0	11,420		1.7								1.3	
16	X	24.0	11,630		1.7								1.5	
17	X	24.0	15,470		1.7								1.5	
18	X	24.0	12,380		1.7								1.4	
19		24.0	13,763											
20		24.0	13,763											
21	X	24.0	13,763		1.6								1.2	
22	X	24.0	12,470		1.0								0.6	
23	X	24.0	14,850		2.2								1.4	
24	X	24.0	12,890		1.8								1.5	
25	X	24.0	11,630		1.9								1.5	
26		24.0	17,570											
27		24.0	17,570											
28	X	24.0	17,570		0.8								0.3	
29	X	24.0	12,370		1.6								1.0	
30	X	24.0	11,740		1.9								1.6	
31	X	24.0	16,320		1.2								0.8	
Total			430,780											
Average			13,896											
Maximum			17,570											

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

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator		
Contact Person's Mailing Address	PO Box 490310			City:	Leesburg	State:	Florida
						Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address	pdthompson@aquaamerica.com						

Plant Name:	River Grove		Plant Telephone Number	(352) 787-0980	
Plant Address:	River Drive		City:	East Palatka	State: Florida
Type of Water Treatment by Plant:			Zip Code: 32131		
<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		IV	Plant Class (per subsection 62-699.310(4), F.A.C.):		C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

02	08	10
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Printed or Typed Name _____

License Number

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

PWS Identification Number:	2540959	Plant Name:	River Grove
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III. Daily Data for the Month/Year of: January, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	11,840		1.6								1.2		
2		24.0	14,973												
3		24.0	14,973												
4	X	24.0	14,973		1.4								1.0		
5	X	24.0	16,750		1.2								0.5		
6	X	24.0	16,860		1.4								1.0		
7	X	24.0	16,110		1.6								1.5		
8	X	24.0	20,380		0.8								0.6		
9		24.0	25,507												
10		24.0	25,507												
11	X	24.0	25,507		1.2								0.9		
12	X	24.0	21,250		1.2								0.9		
13	X	24.0	25,100		1.2								0.8		
14	X	24.0	25,000		1.1								0.8		
15	X	24.0	25,420		1.2								0.8		
16		24.0	23,640												
17		24.0	23,640												
18	X	24.0	23,640		1.4								1.0		
19	X	24.0	21,690		1.2								1.0		
20	X	24.0	23,610		1.2								0.9		
21	X	24.0	22,640		1.2								0.8		
22	X	24.0	21,150		1.2								0.8		
23		24.0	25,540												
24		24.0	25,540												
25	X	24.0	25,540		1.2								0.8		
26	X	24.0	21,340		1.3								1.0		
27	X	24.0	25,290		1.2								0.8		
28	X	24.0	25,390		1.2								0.8		
29	X	24.0	23,150		1.2								0.8		
30		24.0													
31		24.0													
Total			631,950												
Average			20,385												
Maximum			25,540												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2010

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date Paul Thompson 3/9/10

Printed or Typed Name Paul Thompson

License Number A7251

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	15,790		1.3								1.0		
2	X	24.0	12,480		1.2								0.7		
3	X	24.0	13,010		1.4								0.8		
4	X	24.0	13,980		1.1								0.8		
5	X	24.0	16,330		1.2								0.9		
6		24.0	13,440												
7		24.0	13,440												
8	X	24.0	13,440		1.0								1.1		
9	X	24.0	16,220		1.2								0.7		
10	X	24.0	12,690		0.7								0.7		
11	X	24.0	16,650		1.4								1.0		
12	X	24.0	16,420		1.2								0.9		
13		24.0	15,113												
14		24.0	15,113												
15	X	24.0	15,113		1.2								0.8		
16	X	24.0	12,480		1.6								1.3		
17	X	24.0	20,800		1.4								1.1		
18	X	24.0	12,380		1.5								1.2		
19	X	24.0	12,470		1.4								1.0		
20		24.0	16,290												
21		24.0	16,290												
22	X	24.0	16,290		1.1								1.0		
23	X	24.0	12,480		0.8								0.6		
24	X	24.0	15,470		1.1								0.9		
25	X	24.0	12,380		1.0								0.7		
26	X	24.0	16,320		0.8								0.6		
27		24.0	17,746												
28		24.0	17,746												
29		24.0													
30		24.0													
31		24.0													
Total			418,372												
Average			13,496												
Maximum			20,800												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

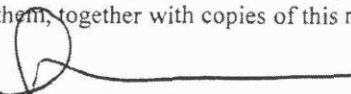
PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: March, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	17,776		1.1								0.8		
2	X	24.0	16,100		1.2								0.8		
3	X	24.0	12,490		1.1								0.8		
4	X	24.0	15,890		1.3								0.8		
5	X	24.0	17,930		1.4								0.9		
6		24.0	15,820												
7		24.0	15,820												
8	X	24.0	15,820		0.9								0.9		
9	X	24.0	15,790		1.6								1.1		
10	X	24.0	20,600		1.4								1.1		
11	X	24.0	11,730		1.4								1.1		
12	X	24.0	17,290		1.5								1.1		
13		24.0	14,687												
14		24.0	14,687												
15	X	24.0	14,687		1.8								1.2		
16	X	24.0	12,260		0.8								0.2		
17	X	24.0	15,900		0.8								0.3		
18	X	24.0	11,950		0.8								0.3		
19	X	24.0	15,680		1.0								0.3		
20		24.0	14,830												
21		24.0	14,830												
22	X	24.0	14,830		1.0								0.9		
23	X	24.0	12,480		0.9								0.5		
24	X	24.0	15,570		1.2								0.6		
25	X	24.0	15,260		1.0								0.6		
26	X	24.0	19,410		1.1								0.6		
27		24.0	13,300												
28		24.0	13,300												
29	X	24.0	13,300		1.0								0.7		
30	X	24.0	13,700		0.8								0.4		
31	X	24.0	12,720		0.7								0.4		
Total			466,436												
Average			15,046												
Maximum			20,600												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	River Grove			PWS Identification Number:	2540959
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	108			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	River Grove			Plant Telephone Number:	(352) 787-0980	
Plant Address:	River Drive			City:	East Palatka State: Florida Zip Code: 32131	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Signature and Date 5/7/10

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540959 Plant Name: River Grove

III. Daily Data for the Month/Year of: April, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	15,680		1.4								0.7		
2	X	24.0	16,430		1.4								0.8		
3		24.0	14,117												
4		24.0	14,117												
5	X	24.0	14,117		1.5								0.9		
6	X	24.0	15,490		1.5								0.9		
7	X	24.0	15,710		1.1								0.8		
8	X	24.0	11,770		1.0								0.7		
9	X	24.0	15,410		1.2								0.8		
10		24.0	18,530												
11		24.0	18,530												
12	X	24.0	18,530		1.1								0.7		
13	X	24.0	12,330		1.2								0.6		
14	X	24.0	16,500		1.2								0.8		
15	X	24.0	20,160		1.2								0.8		
16	X	24.0	12,210		1.2								0.9		
17		24.0	16,667												
18		24.0	16,667												
19	X	24.0	16,667		1.2								0.7		
20	X	24.0	12,120		1.3								0.9		
21	X	24.0	15,350		1.2								0.8		
22	X	24.0	14,270		1.2								0.9		
23	X	24.0	23,930		1.2								0.9		
24		24.0	14,987												
25		24.0	14,987												
26	X	24.0	14,987		0.8								0.4		
27	X	24.0	18,890		1.2								0.8		
28	X	24.0	11,800		1.4								1.0		
29	X	24.0	16,410		1.3								1.0		
30	X	24.0	26,500		1.3								1.0		
31															
Total			483,860												
Average			15,608												
Maximum			26,500												

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

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Date issued: June 10, 2009

To: Will Fontaine
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove Triannual

[2134736]

Received: 5/13/09 13:14

Dear Will Fontaine;

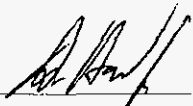
Analytical results presented in this report have been reviewed for compliance with the HBEL, Inc. Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual 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

Questions regarding this report should be directed to the Report Signatory at (772) 465-8584 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Eric Charest
HBEL, Inc. Laboratory Manager

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

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

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

Printed: 6/10/09



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: River Grove Triannual
Received: 5/13/09 13:14

[2134736]

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

HBEL Sample

Method Narratives (If Applicable)

Number	Sample ID	Analytical Method	Description
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Quality Control Summary

Method	HBEL Batch	Analyte
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Analytical Issue

EPA 505

PEST5342

2134736001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

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

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

Printed: 6/10/09



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2134736]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134736001					Sampled: 05/13/09 8:30 Received: 05/13/09 13:14					
Sample ID: P.O.E. Grab					Matrix: Water Results reported on Wet Weight Basis					
pH	Q	7.98	SU	0.200	EPA 150.1	WCGE31058		05/20/09 19:07	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Barium		0.019	mg/L	0.0018	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Copper		0.0038	mg/L	0.0014	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Iron		0.040	mg/L	0.025	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Sodium		84	mg/L	0.50	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META9389		06/1/09 14:36	DM	E96080
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META9375		05/20/09 18:24	DM	E96080
Arsenic		0.0011	mg/L	0.0010	EPA 200.9	META9370		05/19/09 16:02	DM	E96080
Lead		0.0010	mg/L	0.00070	EPA 200.9	META9384		05/28/09 14:44	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9374		05/20/09 13:12	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9371		05/19/09 19:03	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9377	05/21/09 9:46	05/22/09 12:10	DM	E96080
Chloride		220	mg/L	5.0	EPA 300.0	IC8061		05/18/09 20:00	SP	E96080
Fluoride		0.21	mg/L	0.011	EPA 300.0	IC8055		05/14/09 14:30	JL	E96080
Nitrate as N		0.076	mg/L	0.0030	EPA 300.0	IC8055		05/14/09 14:30	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8055		05/14/09 14:30	JL	E96080
Sulfate		57	mg/L	1.4	EPA 300.0	IC8061		05/18/09 20:00	SP	E96080
1,2-Dibromo-3-chloropropane		0.0035 U	ug/L	0.0035	EPA 504.1	PEST5339	05/18/09 12:00	05/19/09 1:05	JL	E96080
1,2-Dibromoethane		0.0046 U	ug/L	0.0046	EPA 504.1	PEST5339	05/18/09 12:00	05/19/09 1:05	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST5342	05/19/09 14:00	05/20/09 1:12	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5343	05/19/09 8:00	05/21/09 6:12	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5343	05/19/09 8:00	05/21/09 6:12	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5343	05/19/09 8:00	05/21/09 6:12	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5343	05/19/09 8:00	05/21/09 6:12	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5343	05/19/09 8:00	05/21/09 6:12	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5343	05/19/09 8:00	05/21/09 6:12	JL	E96080

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FDOH # E83509



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HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2134736]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC3092		05/22/09 19:24	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20	WR	E96080
Carbofuran		0.41 U	ug/L	0.41	EPA 531.1	HPLC2599		05/19/09 19:38	JJM	E96080
Oxamyl		0.13 U	ug/L	0.13	EPA 531.1	HPLC2599		05/19/09 19:38	JJM	E96080
Glyphosate		13 U	ug/L	13	EPA 547	HPLC2598		05/15/09 18:12	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2773	05/18/09 6:00	05/19/09 1:52	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2600	05/19/09 14:00	05/21/09 11:40	JJM	E96080
Gross Alpha		2.0U +/- 0.9	pCi/L		EPA 900.0	SAL1130		06/1/09 16:13	SAL	E84129
Radium 226		0.9 +/- 0.1	pCi/L		EPA 903.1	SAL1130		05/24/09 16:50	SAL	E84129
Radium 228		0.4 +/- 0.2	pCi/L		EPA Alter.	SAL1130		06/5/09 16:43	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE31029		05/14/09 15:00	TCL	E96080
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	SM2150 B	WCDE19028		05/14/09 7:16	PA	E83509
Total Dissolved Solids		630	mg/L	16	SM2540 C	WCGE31038		05/18/09 17:00	SP	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CNE	WCGE31094	05/26/09 11:10	05/26/09 14:45	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE31077	05/14/09 11:15	05/15/09 16:53	GG	E96080

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HBEL, Inc.

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Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2134736]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove Triannual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134736002					Sampled: 05/13/09 13:14		Received: 05/13/09 13:14			
Sample ID: VOC Trip Blanks					Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC3092		05/22/09 19:58	WR	E96080

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

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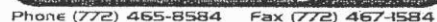
Sampled By: Rakab Mannitt

Rush in ____ Business Days
Requires Laboratory Approval



Sanford, FL 32771

CHAIN PAGE 2 of 2



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

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

System Name: _____ PWS I.D. #:

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ 05/13/09 Sample Time: _____ 8:30 AM

Sample Location (be specific): P.O.E. Grab

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

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: _____

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009
Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/13/09

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2134736001

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

Inorganics

- ☐ All 17
☒ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos Only

Synthetic Organics

- ☐ All 30
☒ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☒ All 21
☐ Partial

Radionuclides
☒ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☒ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No


If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest, Laboratory Manager
(Print Name) (Print Title)

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

Signature  Date: 10-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HBEL, Inc.

500 U.S. 1 North, Fort Pierce, FL 34946

Phone: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: River Grove Triannual
Sample Location: P.O.E. Grab
Sample Number: 2134736001
Sampling Date: 5/13/09 8:30
Date Received: 5/13/09 13:14

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.076		EPA 300.0	0.0030	5/14/09 14:30	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	5/14/09 14:30	E96080
1005	Arsenic	[0.01]	mg/L	0.0011	I	EPA 200.9	0.0010	5/19/09 16:02	E84129
1010	Barium	[2]	mg/L	0.019		EPA 200.7	0.0018	6/01/09 14:36	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	6/01/09 14:36	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	6/01/09 14:36	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	5/26/09 14:45	E96080
1025	Fluoride	[4]	mg/L	0.21		EPA 300.0	0.011	5/14/09 14:30	E96080
1030	Lead	[0.015]	mg/L	0.0010	I	EPA 200.9	0.00070	5/28/09 14:44	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	5/22/09 12:10	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	6/01/09 14:36	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	5/20/09 13:12	E96080
1052	Sodium	[160]	mg/L	84		EPA 200.7	0.50	6/01/09 14:36	E96080
1074	Antimony	[0.006]	mg/L	0.00082	U	EPA 200.9	0.00082	5/20/09 18:24	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	6/01/09 14:36	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	5/19/09 19:03	E96080

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

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

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





600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: River Grove Triannual
Sample Location: P.O.E. Grab
Sample Number: 2134736001
Sampling Date: 5/13/09 8:30
Date Received: 5/13/09 13:14

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.0030	U	EPA 200.7	0.0030	6/01/09 14:36	E96080
1017	Chloride	[250]	mg/L	220		EPA 300.0	5.0	5/18/09 20:00	E96080
1022	Copper	[1]	mg/L	0.0038	I	EPA 200.7	0.0014	6/01/09 14:36	E96080
1025	Fluoride	[2]	mg/L	0.21		EPA 300.0	0.011	5/14/09 14:09	E96080
1028	Iron	[0.3]	mg/L	0.040	I	EPA 200.7	0.025	6/01/09 14:36	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	6/01/09 14:36	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	6/01/09 14:36	E96080
1055	Sulfate	[250]	mg/L	57		EPA 300.0	1.4	5/18/09 20:00	E96080
1095	Zinc	[5]	mg/L	0.010	U	EPA 200.7	0.010	6/01/09 14:36	E96080
1905	Color	[15]	CU	3.0	I	SM2120 B	1.8	5/14/09 15:00	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	SM2150 B	1.0	5/14/09 7:16	E83509
1925	pH	[6.5-8.5]	SU	7.98	Q	EPA 150.1	0.200	5/20/09 19:07	E96080
1930	Total Dissolved Solids	[500]	mg/L	630		SM2540 C	16	5/18/09 17:00	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	5/15/09 16:53	E96080

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

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

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

Printed: 6/10/09

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



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946

Phone: (772) 465-8584 Fax: (772) 467-1584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.

Workorder: River Grove Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134736001

Sampling Date: 5/13/09 8:30

PWS ID (From Page 1):

Date Received: 5/13/09 13:14

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	5/19/09	5/20/09 1:12	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.02	5/19/09	5/20/09 1:12	E96080
2015	Methoxychlor	[40]	ug/L	0.044	U	EPA 505	0.044	0.1	5/19/09	5/20/09 1:12	E96080
2020	Toxaphene	[3]	ug/L	0.60	U	EPA 505	0.60	1	5/19/09	5/20/09 1:12	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	1	5/19/09	5/21/09 6:12	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	0.4	5/19/09	5/21/09 11:40	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	9	5/18/09	5/19/09 1:52	E96080
2034	Glyphosate	[700]	ug/L	13	U	EPA 547	13	6		5/15/09 18:12	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	0.6	5/18/09	5/20/09 14:20	E96080
2036	Oxamyl	[200]	ug/L	0.13	U	EPA 531.1	0.13	2		5/19/09 19:38	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	0.07	5/18/09	5/20/09 14:20	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.85	U	EPA 525.2	0.85	0.6	5/18/09	5/20/09 14:20	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	5/19/09	5/21/09 6:12	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.2	5/19/09	5/21/09 6:12	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.1	5/18/09	5/20/09 14:20	E96080
2046	Carbofuran	[40]	ug/L	0.41	U	EPA 531.1	0.41	0.9		5/19/09 19:38	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	0.1	5/18/09	5/20/09 14:20	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	0.2	5/18/09	5/20/09 14:20	E96080
2065	Heptachlor	[0.4]	ug/L	0.036	U	EPA 505	0.036	0.04	5/19/09	5/20/09 1:12	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.027	U	EPA 505	0.027	0.02	5/19/09	5/20/09 1:12	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.1	5/19/09	5/21/09 6:12	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.2	5/19/09	5/21/09 6:12	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.31	U	EPA 525.2	0.31	0.1	5/18/09	5/20/09 14:20	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.02	5/18/09	5/20/09 14:20	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	0.04	5/19/09	5/21/09 6:12	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.1	5/19/09	5/20/09 1:12	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0035	U	EPA 504.1	0.0035	0.02	5/18/09	5/19/09 1:05	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0046	U	EPA 504.1	0.0046	0.01	5/18/09	5/19/09 1:05	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.2	5/19/09	5/20/09 1:12	E96080

Reporting Format 62-550.730

Effective January 1995, Revised January 2007

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

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

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Fort Pierce, FL 34946

FDOH # E96080

Printed: 6/10/09

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FDOH # E83509



HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: River Grove Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134736001

Sampling Date: 5/13/09 8:30

PWS ID (From Page 1): _____

Date Received: 5/13/09 13:14

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	5/22/09 19:24	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:24	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	0.5	5/22/09 19:24	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	5/22/09 19:24	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:24	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	5/22/09 19:24	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	5/22/09 19:24	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	5/22/09 19:24	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	5/22/09 19:24	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	5/22/09 19:24	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:24	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	5/22/09 19:24	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	5/22/09 19:24	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	5/22/09 19:24	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	5/22/09 19:24	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	5/22/09 19:24	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	5/22/09 19:24	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	5/22/09 19:24	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	5/22/09 19:24	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:24	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:24	E96080

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

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

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

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

Printed: 6/10/09



SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

June 9, 2009
Project No: 91998

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134736

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
91998.01	2134736 001Q	05/13/09 08:30	05/15/09 08:45

Test results presented in this report meet all the requirements of the NELAP standards.

A handwritten signature in black ink, appearing to read "Francis I. Daniels".

FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory

2134736

Sample ID: 2134736 001Q

June 9, 2009

Sample No.: 91998.01

PWS ID: _____

**Radionuclides
62-550.310(6)**

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.0	U1	EPA 900.0	2.0	3	0.9	06/01/09	16:13	E84129
4020	Radium-226	5*	pCi/L	0.9		EPA 903.1	0.04	1	0.1	05/24/09	16:50	E84129
4030	Radium-228	5*	pCi/L	0.4		EPA RA-05	0.3	1	0.2	06/05/09	16:43	E84129

* Combined Limit

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required.

If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

*** Qualifiers:**

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

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

The samples are to be shipped by FEDEX to arrive on 5/5/09. TAT: STD

[illegible]

2.4

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

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

System Name: _____ PWS I.D. #:

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ Sample Time: _____

Sample Location (be specific): VOC Trip Blanks

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

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: _____

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009
Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 5/13/09

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2134736002

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

Inorganics

- ☐ All 17
☐ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos Only

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☒ All 21
☐ Partial

Radionuclides
☐ Single Sample
☐ Qtrly Composite**

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Bromate
☐ Chlorite

Secondaries

- ☐ All 14
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest, Laboratory Manager
(Print Name) (Print Title)

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

Signature  Date: 10-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-8584 Fax: (772) 467-1584

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: River Grove Triannual

Sample Location: VOC Trip Blanks

Sample Number: 2134736002

Sampling Date:

PWS ID (From Page 1): _____

Date Received: 5/13/09 13:14

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	5/22/09 19:58	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:58	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	0.5	5/22/09 19:58	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	5/22/09 19:58	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:58	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	5/22/09 19:58	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	5/22/09 19:58	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	5/22/09 19:58	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	5/22/09 19:58	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	5/22/09 19:58	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:58	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	5/22/09 19:58	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	5/22/09 19:58	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	5/22/09 19:58	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	5/22/09 19:58	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	5/22/09 19:58	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	5/22/09 19:58	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	5/22/09 19:58	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	5/22/09 19:58	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:58	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	5/22/09 19:58	E96080

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

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

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Sanford, FL 32771
FDOH # E83509

Printed: 6/10/09



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED

APR 6 '10 PM 2:45

RECEIVED BY: DP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

3.6 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME: River Grove

PWS ID: 25410959

SYSTEM PHONE: 386-329-1122

SYSTEM ADDRESS: 250 River Dr.

East Palatka

COUNTY: Pulnam

CLIENT: Aqua Utilities Fla

COLLECTOR: Ralph Marriott

COLLECTOR PHONE: 386-937-0187

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S):

4-6-10

REMARKS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
5	Well	9 ³⁰ AM	R	none
6	107 River Terr.	9 ⁴⁵ AM	D	0.8
7	138 East St. Johns Terr.	10 ⁰⁰ AM	D	1.0

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

0.9

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☒ A certified operator (# 02527)

☐ Employed by a certified lab

☐ Supervised by a cert operator (# _____)

☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Submission Number:			
M104268	A		
M104269	A		
M104270	A		

Time(s) Analyzed:

4:05 pm

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

²Defined in Florida Administrative Code Rule 62-160, Table 1

The results presented herein relate only to the samples submitted.

If you have any questions regarding this report, please call Lisa Saupp at (352) 625-2822.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Aqua Utilities Fla
1100 Thomas Ave
Leesburg Fla 34748

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

Revised 03/04



Florida Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590
Phone: 904/807-3300 ♦ Fax: 904/448-4366

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 2, 2010

SENT VIA MAIL

Mr. John Lihvarcik, Owner
Aqua Utilities Florida, Inc.
Post Office Box 490310
Leesburg, Florida 34749

Putnam County – Potable Water
Sanitary Survey 2010
Rivergrove Subdivision WTP// PWS ID: 2540959

Dear Mr. Lihvarcik:

On June 16, 2010, a Sanitary Survey of the above referenced Community water system was conducted with the courteous assistance of Mr. David Haring. The following deficiencies were noted as requiring action to bring this system into compliance with Chapter 62 of the Florida Administrative Code.

The disinfection byproducts sampled in 2009 were sampled outside the required monitoring period of June through September. As a result, the results for the Disinfection Byproducts collected in 2010 will be evaluated to determine the future monitoring schedule. If results are available for the 2009 year during the June through September monitoring period, please provide a copy of the results to the Department.

As a reminder, this system is required to monitor for the following parameters during 2010 in addition to the Disinfection Byproducts during the months of July through September: Lead and Copper Tap Sampling during the months of June through September, and Total Coliform Bacteria with Residual Disinfectant Levels on a monthly basis.

A copy of the Sanitary Survey is enclosed for your records. If you have any questions, please contact me by telephone at (904) 807-3334 or e-mail at Benjamin.Piltz@dep.state.fl.us. Thank you for your cooperation with Florida's Safe Water Drinking Act.

Sincerely,

Ben Piltz
Environmental Specialist I

BRR: BLP: bp

cc: Mr. Paul Thompson, Operator, Aqua Utilities Florida via pdthompson@aquaamerica.com

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

Plant Name River Grove Subdivision County Putnam PWS ID # 2540959
Plant Location 250 River Drive, East Palatka, Florida 32131 Phone 386-329-1122
Owner Name Aqua Utilities Florida, Inc. // Mr. John Lihvarcik, President Phone 352-732-6027
Owner Address Post Office Box 490310, Leesburg, FL 34749
Designated Rep. Mr. John Lihvarcik Title President Phone 352-732-6027
Facility Contact Mr. Paul Thompson Title Operator Phone (386) 937-1143
This Survey Date 06/16/10 Last Survey Date 08/02/07 Last C.I. Date 6/18/09

PWS TYPE & CLASS: Community - (4C)---

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION

Number of Service Connections 107
Population Served 375 Basis estimate
Plant Design Capacity 90,000 gpd
Basis Well Design Capacity
Average Day (from MORs) 18,600 gpd
Max. Day (from MORs) 15,968 gpd
Total Storage Capacity 30,950 gallons
Comments MOR data is based upon the last 12 month average.

LOCATION

Latitude 29° 38' 54.23" North
Longitude 81° 36' 27.22" West
GPS: Yes Date: 7/97
Directions Take I-95 south to exit 311 (FL 207). Head west to East Palatka. In approximately 19.5 miles, turn right on McCormick Rd. Turn left on Putnam County Blvd. Make a right on Ferry Rd and right on River Terrace. Left on River Drive.

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson A-7251

O&M Log: ☒ Yes ☐ No O&M Manual: ☒ Yes ☐ No
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Days/wk: Required 5 Actual 5
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Complete Operations, Equipment, and Maintenance logs and sampling plans are on site at the facility.

RAW WATER SOURCE

☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

☐ Yes ☐ None ☒ Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load _____
What equipment does it operate?
☐ Well pumps _____
☐ High Service Pumps _____
☐ Treatment Equipment _____
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments _____

TREATMENT PROCESSES IN USE

Hypochlorination and aeration.
What additional treatment is needed?
No additional treatment is required.
For control of what deficiencies?
-

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 3" Neptune meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No
Comments Flowmeter calibration was completed 12/3/09.

GROUND WATER SOURCE

Well Number (PWS Identification)		2540959		
Well Name (System Identification)		1		
Year Drilled		1962		
Depth Drilled		200'		
Latitude		29° 38' 54.247" N		
Longitude		81° 36' 27.217" W		
GPS (Y or N) / Date (if applicable)		Y – 7/97		
Florida Well ID		AAC1899		
Static Water Level		Unknown		
Actual Yield (if different than rated capacity)				
Strainer		Unknown		
Length (outside casing)		Unknown		
Diameter (outside casing)		6"		
Material (outside casing)		Steel		
Well Contamination History		OK		
Is inundation of well possible?		OK		
6' X 6' X 4" Concrete Pad		OK		
SET BACKS	Septic Tank	OK		
	Reuse Water	OK		
	WW Plumbing	OK		
	Other Sanitary Hazard	OK		
PUMP	Type	Centrifugal		
	Manufacturer Name	Goulds		
	Model Number	4BF15035		
	Rated Capacity (gpm)	125		
	Motor Horsepower	5		
Well casing 12" above grade?		Ok, <12"		
Well Casing Sanitary Seal		OK		
Raw Water Sampling Tap		Smooth/downturned		
Above Ground Check Valve		OK		
Fence/Housing		Secured in fence.		
Well Vent Protection		Not required.		

COMMENTS The well casing extends less than 12" above the ground surface.

CHLORINATION (Disinfection)Type: Hypo-ChlorinationMake Stenner Capacity 17 gpdChlorine Feed Rate 90Avg. Amount of Cl₂ gas used N/AChlorine Residuals: Plant 0.4 Remote 3.0Remote tap location Flushing point.DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used DailyInjection Points Pre hydro tankBooster Pump Info Not in use.

Comments _____

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

AERATION (Gases, Fe, & Mn Removal)Type Cascade Capacity 215 gpmAerator Condition OKBloodworm Presence None observedVisible Algae Growth OKProtective Screen Condition OK

Comments _____

STORAGE FACILITIES(B) Bladder (CW) Clearwell (C) Contact (E) Elevated
(G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	H1	H2	
Capacity (gal)	3,000	15,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	Yes	
Sight Glass or Level Indicator	L.I.	N/A	
Fittings for Sight Glass	Yes	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	PRV	ARV	
On/Off Pressure	40,60	N/A	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	
Last Inspection Date (for tanks with access manholes)	2008	2008	

Comments System pressure measured as 52 psig.**HIGH SERVICE PUMPS**

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Goulds	
Model	3656	3656	
Capacity (gpm)	170	170	
Motor HP	10	10	
Date Installed	unknown	unknown	
Maintenance	Good	Good	

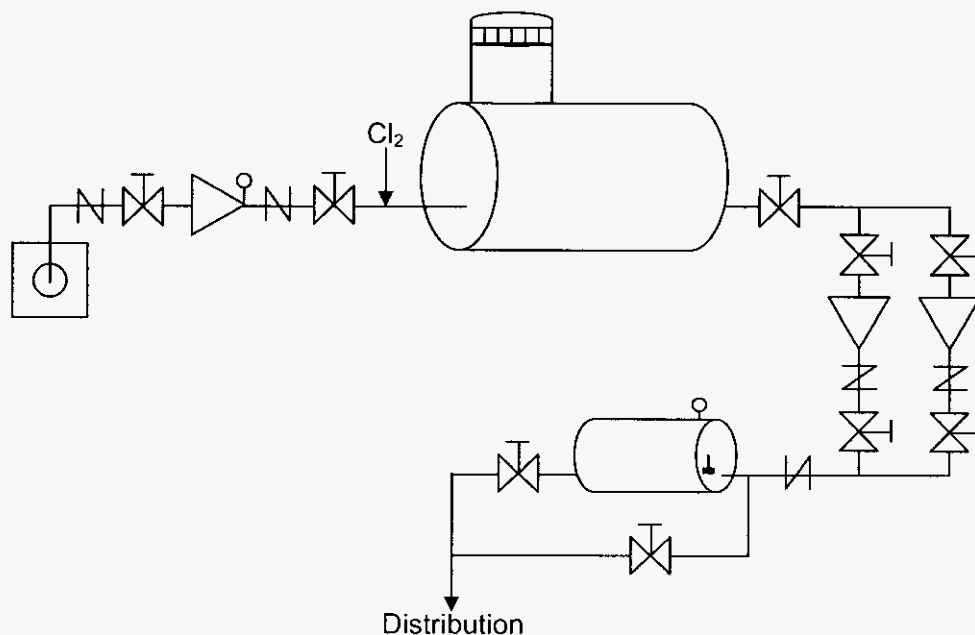
Comments _____

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from <u>each</u> raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.
Disinfection Byproducts (DBPs)	2009	2010	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2010	2011	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.
Radionuclides	2009	2018	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2007	2010	Samples taken from pre-approved sample plan sites.
Asbestos	Waiver	2012 or waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

SCHEMATIC (not to scale):



River Grove Subdivision

PWS ID # 2540959

Survey Date 06/16/10

MONITORING VIOLATIONS	MCL VIOLATIONS
No monitoring violations.	No MCL violations

DEFICIENCIES:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Inspector Ben Piltz

Title Environmental Specialist I Date 7/02/10

Approved by Blanca R. Rodriguez
Blanca R. Rodriguez

Title Engineer Specialist IV Date 7/02/10