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-12



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

leff 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.

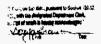
Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, 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

Meliase M. Ang

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



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 Brawn

JE:DV:JM:ML:je

Enclosed:

Revised Permit Amendment Statement of Basis

Copies furnished to:
Tricia Williams, Aqua Utitlies
Putnam County H.D.



Florida Department of **Environmental Protection**

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

PERMIT NUMBER:

PA FILE NUMBER:

ISSUANCE DATE:

REVISION DATE:

EXPIRATION DATE:

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

FLA011706

FLA011706-007-DWP

February 5, 2008

February 4, 2018

April 29, 2008

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

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.

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

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

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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

			Reclaime	l Water Lim	itations		Monitoring Requirements				
Parameter	Units	Max/Min	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		
pН	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	
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-1		

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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)]

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

			Limitations				Monitoring Re]			
Parameter	Units	Units M	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.015	Report	-	-	5 Days/Week	Meter	INF-1	See Cond.I.B.3,	
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	PERC ENT	Maximum	•	Report	-	-	Monthly	Calculated	CAL-1		

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

Monitoring Location 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 I - 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)]

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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

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

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- Management Facility or Treatment 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

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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 Perculation 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]

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- 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;
 - 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

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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

FACILITY: PERMITTEE:

Park Manor WWTF Aqua Utilities Florida PERMIT NUMBER: EXPIRATION DATE:

FLA011706 February 4, 2018

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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:

FACILITY: PERMITTEE: Page 13 of 17 Park Manor WWTF Aqua Utilities Florida PERMIT NUMBER: EXPIRATION DATE:

FLA011706 February 4, 2018

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

FACILITY: PERMITTEE: Park Manor WWTF

Aqua Utilities Florida

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

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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

FACILITY: PERMITTEE:

Park Manor WWTF Aqua Utilities Florida

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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;
 - 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.

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FLA011706 February 4, 2018

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;

FACILITY: PERMITTEE: Page 17 of 17

Park Manor WWTF Aqua Utilities Florida PERMIT NUMBER: - EXPIRATION DATE:

FLA011706 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

Melica M. Long

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

> > aus

Date

AMENDMENT OF STATEMENT OF BASIS FOR

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT (1" 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:

NAME OF PERMITTEE:

Interlachen
Putnam County

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	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
5 day, 20C (MG/L)	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	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
Suspended (MG/L)	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	62-600.445 FAC
		Maximum	
Total Residual	0.5	Minimum	62-610.510 & 62-600.440(4)(b) FAC
Chlorine (For			
Disinfection)			
(MG/L)			
Nitrogen, Nitrate,	12.0	Single Sample Max.	62-610.510(1) FAC
Total (as N) (MG/L)			

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

Other Limitations and Monitoring Requirements:

Parameter	Parameter Limit		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. <u>ADMINISTRIATIVE ORDERS (AO) AND CONSENT ORDERS (CO)</u>

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

7. <u>EFFECTS OF SURFACE WATER DISCHARGE ON THREATENED OR ENDANGERED SPECIES</u>

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

8. <u>APPLICABLE RULES</u>

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>	Effective Date
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

PERMIT NUMBER:

FLA011706

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

REPORT

Monthly

Leesburg, FL 34749

Park Manor WWTF

Interlachen, FL 32148

CLASS SIZE

Minor

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Percolation Ponds

NO DISCHARGE POINT NUMBER []

COUNTY

FACILITY:

LOCATION

Dutnam

Park Road

MONITORING PERIOD-From:

05/01/2008

Γο:

05/31/08

COUNTY:	Putnam			MONITORING I	PERIOD-From:	05/01/2008	10:		05/31/08	
Parameter		Quantity of Loading	Units	Q	uality or Co	ncentration		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	TO THE PARTY OF TH	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	and the second second	Monthly	Grab

Leartify 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/DE
Paul Thompson, Lead Operator

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

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

				MONITORING	PERIODFrom:	05/01/2008	To:		05/31/08	
Parameter		Quantity of Loading	Units Quality or Conce			centration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement		İ		7.5	1600.0	#/100mL	21	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		WWW.nationalists		Report (MoGeoMean)	800 M ax	#/100mL	TO THE PARTY OF TH	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		ALL CONTRACTOR OF THE PARTY OF	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	The second secon	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B PermitNumber: FLA011706 FACILITY: Park Manor WWTF COUNTY: Putnam MONITORING PERIOD--FI 05/01/2008 05/31/2008 To: CBOD5 CBOD5 Flow TSS TSS (mg/L) рН Fecal Coliform Nitrogen, Nitrate, TRC (For (mg/L)(mg/L) (MGD) (mg/L) (s.u.) Bacteria (#/100ml) Disinfect.) Total (as N) (mg\L) (mg/L) Code 80082 80082 50050 00530 00530 00400 50060 74055 00620 Mon.Site INF-I EFA-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I 1 0.003 7.4 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 0.75 1600,00 2.2 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

PLANT STAFFING Day Shift Operator Class: В Certification No.: 12476 Name: David Haring **Evening Shift Operator** С 9320 Class: Certification No.: Name: Ralph Marriott Night Shift Operator Class Certification No.: Name: Lead Operator Class: Certification No.: Name: Paul Thompson 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

7.5

7.6

7.6

7.5

7.5

2.00

1.00

1U

4.2

5.0

5.0

2.2

0 004

0.003

0.003

0.003

0.003

27

28

29

30

31

^{*} 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

PERMIT NUMBER:

FLA011706

MAILING ADDRESS:

PO Box 490310

Park Manor WWTF

LIMIT

Final

REPORT:

Monthly

Leesburg, FL 34749

CLASS SIZE:

Minor

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Percolation Ponds

NO DISCHARGE POINT NUMBER []

FACILITY: LOCATION:

Park Road

Interlachen, FL 32148

COUNTY:	Putnam		N	ONITORING	PERIOD-From:	06/01/2008	To:		06/30/08	
Parameter		Quantity of Loading	Units	(Quality or Cor	ncentration		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
рН	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

Locatify 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

Paul Thompson, Lead Operator

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

386-937-1143

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					S PERIODFrom:	06/01/2008	To:		06/30/08	
Parameter	4	Quantity of Loading	ing 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			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	And the second s	The second secon			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	The second section is a second	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			A CONTRACTOR OF THE PROPERTY O	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				The second secon	Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011706

FACILITY:

Park Manor WWTF

COUNTY: Putnam

MONITORING PERIOD-Fr 06/01/2008 To: 06/30/2008 CBOD5 Flow TSS TSS (mg/L) Fecal Coliform TRC (For Nitrogen, Nitrate, рН (MGD) Bacteria (#/100ml) (mg/L) (mg/L) Disinfect.) Total (as N) (mg\L) (mg/L) (s.u.) (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 2.2 0.004 7.3 10 0.003 7.4 2.2 11 0.006 7.4 2.2 12 0.003 7.5 4.0 13 7.5 2.2 0.004 14 0.004 15 0.003 16 2.2 0.003 7.6 17 7.5 2.2 0.004 18 7.5 2.2 0.005 19 0.003 7.6 2.2 20 7.4 2.2 0.003 21 0.003 22 0.003 23 0.004 7.5 2.2 24 2.2 0.007 7.3 25 2.2 0.003 7.3 26 0.003 7.4 2.2 27 2.2 0.004 75 28 0.004 29 0.005 30 0.005 7.3 1.5 31 PLANT STAFFING: В 12476 Name: David Haring Day Shift Operator Certification No.: Class: **Evening Shift Operator** C Certification No.: 9320 Name: Ralph Marriott Class: Certification No.: Night Shift Operator Class: Name: Name: Paul Thompson Lead Operator Certification No.: 4894 Class:

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

Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes:

Not Applicable:

If yes, cumulative days of wet weather discharge

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: MAILING ADDRESS: Aqua Utilities Florida

PERMIT NUMBER:

FLA011706

PO Box 490310

LIMIT:

Final

REPORT:

Monthly

Leesburg, FL 34749

CLASS SIZE:

Minor

GROUP:

Domestic

FACILITY:

Park Manor WWTF

Interlachen, FL 32148

MONITORING GROUP DESC:

Percolation Ponds

LOCATION:

Park Road

NO DISCHARGE POINT NUMBER []

MONITORING GROUP NUMBER: R-001

COUNTY:

Putnam

MONITORING PERIOD--From:

07/01/2008

To:

07/31/08

Parameter		Quantity of Loading	Units	G	Quality or Con	No. Ex.	Frequency	Sample Type		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			and the second s	2.5		mg/L	□ X.	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			000000000 A Control Manager (1977) Hereter	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			and the second s	30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
рН	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, 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 AUTHORIZE	ED 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 attachmen's here):	***************************************	

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

Parameter		Quantity o	floading	Units		Quality or Con-	contration		No.	Frequency	Sample Type
		Quantity 0	Loading	Onits	`	Quality of Con-	Centration		Ex.	, , , , , , , , , , , , , , , , , , , ,	
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	de contrar de la	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			· Control of the cont	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	/// Committee (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.)	64 (providing t) and managery to common come a stress (sept. 2 h) to the stress (sept. 2 h) to t	mgd	100°C (100 / 100)				100	5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				44.00	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			A Contract of Cont		Report (Mo.Avg.)	Control of the Contro	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		1 100 1 100 100 100 100 100 100 100 100				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011706

FACILITY: COUNTY:

Park Manor WWTF

Putnam

MONTORING FERIODFI	0770172000	10.	0713112000	
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\
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	8	2.2	
2			0.006			7.5		2.2	
3	· · · · · · · · · · · · · · · · · · ·		0.005	*******************************		7.3		2.2	i
4			0.004			7.4		2.2	·
5			0.005						
6			0.005	### ################################			V		
7			0.006			7.3		0.8	the bloom leadings of the costs of
8			0.006	A (7.3		2.2	
9	122	<2.0	0.003	100	2.01	7.5	<1.0	2.2	1.
10			0.006			7.4	1	2.2	
11			0.007	*** ** ***		7.4	1	2.2	
12			0.005						
13			0.005						
14			0.006			7.4	!	2.2	
15	a repending a second		0.011	e in Open Section (Apple 1999)	- Calmain - Chinima Parin (6) as	7.4		2.2	
16		and the same of th	0.011			7.4	l	2.2	
17	ere comment of the figure	ter a state of the	0.008	en Alexandro Adolesia Alexano	Access to the second se	7.4	THE THE LANGE MESSAGE SHOW SHOW THE	2.2	
18	1		0.011		*	7.4	<u> </u>	2.2	
19	CONTRACTOR AND COLUMN CONTRACTOR AND		0.009	na proposition de la company de la compa		no Mariangement Feer hand and sequenced from the control of the control			
20			0.009						<u> </u>
21			0.009			7.4		2.2	
22			0.008			7.5	5	2.2	
23			0.006			7.5		2.2	***************************************
24			0.008			7.5		2.2	
25			0.009	**************************************		7.2	2	2.2	
26			0.007						
27			0.007						aw - barrer - management
28			0.007			7.5	5	2.2	
29			0.008			7.5	5	2.2	
30			0.006			7.4		2.2	
31			0.009			7.5	5	2.2	
PLANT STAF							4.0		
Day Shift Ope		Class: _			rtification No.:	12476	_	David Haring	
Evening Shift	2000	Class:	С		rtification No.:	9320		Ralph Marriott	
Night Shift Op		Class:			rtification No.:	4004	Name:		
Lead Operato		Class: _ r Reclaimed Wa	A	Cei	rtification No.:	4894	_ Name:	Paul Thompson	

* Attach additional sheets if necessary to list all certified operators

7

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

PERMIT NUMBER

FLA011706

MAILING ADDRESS

PO Box 490310

LIMIT:

Final

REPORT

Monthly Domestic

Leesburg, FL 34749

CLASS SIZE

Minor

GROUP:

Dome

FACILITY:

Park Manor WWTF

Interlachen, FL 32148

Park Road

MONITORING GROUP DESC:

Percolation Ponds

NO DISCHARGE POINT NUMBER []

MONITORING GROUP NUMBER: R-001

COUNTY:

LOCATION:

Putnam

MONITORING PERIOD-From:

08/01/2008

)

08/31/08

COUNTY:	Putnam		MONIT	ORING PERIOD-From	08/01/2008	To:		08/31/08	NY XVIII DESCRIPTION OF THE PARTY OF THE PAR
Parameter		Quantity of Loading	Units	Quality or 0	ality or Concentration		No. Ex.		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	The second design of the secon	OV CONTRACTOR OF THE PROPERTY	<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	100	The second secon	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			5.9	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		1	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	The state of the s	Monthly	Grab

Locatify 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 AUTHO	RIZED AGENT TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/09/25
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	e all attachments here):	. It is a second of the second	1 1

1

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

		······································		N	IONITORING	PERIOD-From:	08/01/2008	To:		08/31/08	
Parameter		Quantity of I	Loading	Units		Quality or Con-		No. Ex.	Frequency	Sample Type	
Coliform, Fecal	Sample Measurement		- I The second of the second			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		71000		1.3		The second secon	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			100 E C C C C C C C C C C C C C C C C C C		0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An.Avg.)	<i>p</i> 1	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				TO THE PERSON NAMED IN COLUMN	Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement	100					40.0%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

PAILY SAMPLE RESULTS - PART P

PermitNumber:

FLA011706

FACILITY:

Park Manor WWTF

COUNTY: Putnam

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

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	1 1
2			0.007						
3			0.007					; excessor - Protection - Money or - Aproprior - complique plane plane present	
4			0.006	#(******** ***************************		7	.4	2.2	
5			0.009		4		.4	2.2	1
6	and the state of t		0.007			CONTRACTOR	.5	2,2	
7			0.008				.4	2.2	A Company of the Comp
8	No. and and a second se	B ((A	0.010	- Company of Company Security Security		7	.5	2.2	elegender i de
9			0.007						The state of the s
10	THE RESIDENCE OF CONTRACTOR AND ADMINISTRATION OF STREET	era en ambiente (* 1915), de l'antico (* 1947), de l'antico (* 1948), il de	0.007						
11	-Ch. (Corold Million		0,007		10 to	7	.3	2.2	
12		r. geranicae	0.008		disease the desired and the second		.2	2.2	
13			0.008			7	.3	2.2	
14			0.007			7	.3	2.2	
15			0.007	a and public to a second			.4	2.2	
16			0.006						
17			0.007						
18			0.007			7	.4	2.2	
19	Y		0.006			7	.4	2.2	
20			0.004			7	.4	2.2	4
21	259	<2.0	0.004	94	3.01	7	.4 3.00	2.2	0.4
22			0.009			7	.3	2.2	
23			0.008						
24		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.008						
25		5 2	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		The second of the second secon	7	.2	2.2	
30			0.009						
31			0.009		The same of the sa				

Day Shift Operator	Class:	В	Certification No.;	12476	_	Name:	David Haring
Evening Shift Operator	Class:	С	Certification No.:	9320		Name:	Ralph Marriott
Night Shift Operator	Class:		Certification No.:		_	Name:	
Lead Operator	Class:	Α	Certification No.:	4894	_	Name:	Paul Thompson
Type of Effluent Disposal or R	teclaimed Wate	er Reuse:					
Limited Wet Weather Dischar	ge Activated: Y	es:	No:	Not Applicable:		If yes, cu	mulative days of wet weather discharge

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

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

Park Manor WWTF

Interlachen, FL 32148

PERMIT NUMBER:

FLA011706

Final

REPORT:

Monthly

CLASS SIZE:

LIMIT:

Minor

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Percolation Ponds

NO DISCHARGE POINT NUMBER []

LOCATION: COLINITY

FACILITY:

Park Road

MONITORING PERIOD--From:

09/01/2008

To

09/30/2008

COUNTY:	Putnam			MONITORING	PERIODFrom:	09/01/2008	10,		09/30/2000	
Parameter		Quantity of Loading	Units	G	uality or Co	ncentration		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	- Alama	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

Paul Thompson, Lead Operator

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

386-937-1143

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

		Towardity of	l andiu-			PERIOD-From:	09/01/2008	To:	No.	09/30/2008	Sample Type
Parameter		Quantity of	Loading	Units		Quality or Con	centration		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				1.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 Min	110000000000000000000000000000000000000		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			999 - 1000			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	7.70					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.)	99000000000000000000000000000000000000	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

F 'LY SAMPLE RESULTS - PART E

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	angle or service or a service of the service of	rane eee maaaaaaaa ee	7.1		2.2	
2		· ·	0.005		\$000 mm	7.0		2.0	#1 T
3	- may related to the		800.0			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	a we consider a communication	1.5	
13			0.004		Control of the Contro		Janeary - Artistan		
14		-	0.004						
15			0.004			7.2	**************************************	1.5	
16			800.0		<u> </u>	7.2	**************************************	2.2	* ************************************
17			0.009	in anima processor was the control	1	7.2	We then the second second second second	2.2	
18			0.007	allines to the second second second second	1	7.2	A BOTTOM TO THE CONTRACT OF THE PARTY OF THE	2.2	
19		Conference of Charleson Conference of the Party of the Charleson Conference of the Cha	0.005	anic (yanganananin) - magar	1	7.1		2.2+	
20		Anna di da di d	0.004						2
21	- n - 1 - 1 - 1		0.004	-			on cons		
22			0.004		plat spring the six	7.2	18	2.2	
23	38	<2.0	0.006	1.	4 2.01	7.2		2.2	0.28
24			0.005			7.2		2.2	
25			0.005			7.2		2.2	
26 27			0.006		· .	7.2		2.2	
28	en a direct d		0.006						
11			0.006						
29			0.006			7.2		2.2	
30 31		- 43 - 4-1	0.006			7.2		2.2	*
PLANT STA	FFING:								
Day Shift Op		Class:	8	Ce	rtification No.:	12476	-	David Haring	
Evening Shi		Class:	С		rtification No.:	9320	Name:	Ralph Marriott	
Night Shift C		Class:	·		rtification No.:		Name:		
Lead Opera	tor	Class:	Α	Ce	rtification No.:	4894	Name:	Paul Thompson	

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

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

PERMIT NUMBER:

FLA011706

PO Box 490310 MAILING ADDRESS:

LIMIT:

Final

REPORT:

Monthly

Leesburg, FL 34749

CLASS SIZE:

Minor

GROUP:

Domestic

FACILITY: LOCATION: Park Manor WWTF

Park Road Interlachen, FL 32148 MONITORING GROUP DESC:

Percolation Ponds

NO DISCHARGE POINT NUMBER []

MONITORING GROUP NUMBER: R-001

COLINITY

MONITORING DEDICO From:

COUNTY:	Putnam			MONITORING	PERIODFrom:	10/01/2008	To:		10/31/2008	
Parameter		Quantity of Loading	Units	G	Quality or Concentration				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.)	1111111	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	44.4			20.0 (Ап. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	3.1			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 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

Learlify 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.

N	IAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE O	PRIN	CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	relephone no	DATE (YY/MM/DD)	
F	Paul Thompson, Lead Operator		0		386-937-1143	08/1	1/20	
(COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achmenta be	1			***************************************	1	P. P. Sandara

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

Parameter		Ougntitue	f Looding	Units		3 PERIODFrom:	10/01/2008	To:	No	10/31/2008	Camala T. no
Parameter		Quantity o	TLOading	Units		Quality or Con	centration		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				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				West of the second seco	0.47	0.47	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				TO THE STREET STREET,	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	11,000				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.)	Control Contro	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				The second secon		40.0%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement	7.2					Report (Mo.Total)	Percent		Monthly	Calculated

TAILY SAMPLE RESULTS - PART F

PermitNumber:

FLA011706

FACILITY: COUNTY: Park Manor WWTF Putnam

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

CBOD5 TSS CBOD5 Flow TSS (mg/L) рН Fecal Coliform TRC (For Nitrogen, Nitrate, (mg/L) (mg/L) (MGD) (mg/L) Bacteria (#/100ml) Disinfect.) Total (as N) (mg\L) (s.u.) (mg/L) 80082 80082 50050 00530 00530 00400 74055 50060 00620 Code EFA-I INF-I Mon.Site EFA-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I 0.007 7.2 2.2 2 7.2 2.2 0.006 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 0.005 11 12 0.005 13 2.2 0.006 7.3 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: Certification No.: 12476 Name: David Haring **Evening Shift Operator** Certification No.: Name: Ralph Marriott Night Shift Operator Certification No.: Name: Lead Operator Class: Certification No.: 4894 Name: Paul Thompson Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes: Not Applicable: If yes, cumulative days of wet weather discharge

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

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

PERMIT NUMBER:

FLA011706

REPORT:

Monthly

Leesburg, FL 34749

CLASS SIZE:

LIMIT:

Final Minor

GROUP:

Domestic

FACILITY: LOCATION: Park Manor WWTF

MONITORING GROUP DESC-

Percolation Ponds

Park Road Interlachen, FL 32148 NO DISCHARGE POINT NUMBER []

MONITORING GROUP NUMBER: R-001

COUNTY:

Putnam

MONITORING DEDIOD From:

COUNTY.	Putnam			MONITORIN	IG PERIODFrom:	11/01/2008	To:		11/30/08	
Parameter	A	Quantity of Loading	Units		Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			- Company (1997)	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 Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		The state of the s		2.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			The second second (a) (1) (1) (1) (1)	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 Mon.Site No. EFA-1	Permit Requirement			Annual materials (1997) Annual manual (1997) Annual manual (1997)	30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
оН	Sample Measurement			7.3		8.0	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			Walter Committee	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 AUT	HORIZED AGENT TELEPHONE NO	DATE ()	Y,Y/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/12/	122
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	e all attachments here):	The second secon		ALCOHOL STATE OF THE STATE OF T

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

						G PERIOD-From:	11/01/2008	To:		11/30/08	
Parameter		Quantity of L	Units	4	Quality or Con	centration		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		And the second		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				Manager of the first of the fir	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		4			0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd		Š.	and the state of t			5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		193		(10.75), (1	164	On the second supposes and a second supposes and a second suppose supp	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				The state of the s	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				en e		37.8%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

PAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011706

FACILITY:

Park Manor WWTF

COUNTY: Putnam

COUNTY: P

MONITORING PERIOD-Fr 11/01/2008 To: 11/30/2008 TSS CBOD5 CBOD5 Flow TSS (mg/L) Fecal Coliform TRC (For Nitrogen, Nitrate, (MGD) (mg/L) (mg/L) (mg/L) (s.u.) Bacteria (#/100ml) Disinfect.) Total (as N) (mg\L) (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 4 800.0 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 96 <1.0 0.74 0.006 4.0 7.4 2.2 2.2 13 0.005 7.6 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 7.4 0.6 0.007 21 7.7 2.2 0.006 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:	В	Certification No.:	12476	_	Name:	David Haring
Evening Shift Operator	Class:	С	Certification No.:	9320		Name:	Ralph Marriott
Night Shift Operator	Class:		Certification No.: _		_	Name:	
Lead Operator	Class:	Α	Certification No.: _	4894	_	Name:	Paul Thompson
Type of Effluent Disposal or I	Reclaimed Wate	er Reuse:					
Limited Wet Weather Discha	rge Activated: \	'es:	No:	Not Applicable:	3	If yes, cu	mulative days of wet weather discharge

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

CLASS SIZE:

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 PO Box 490310

PERMIT NUMBER: LIMIT:

FLA011706

Final Minor REPORT: GROUP:

Monthly Domestic

MAILING ADDRESS:

Leesburg, FL 34749

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Percolation Ponds

NO DISCHARGE POINT NUMBER []

FACILITY: LOCATION: Park Manor WWTF

Park Road

Interlachen, FL 32148

COUNTY:	Putnam				MONITORING	PERIOD-From:	12/01/2008	To:		12/31/08	The state of the s
Parameter		Quantity	of Loading	Units		Quality or Co	ncentration		No. Ex.	Frequency	Sample Typ
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.		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		1.	ō		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

Leartify 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 Paul Thompson, Lead Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

		Quantity o	f Loading	Units	MONITORING	PERIOD-From: 1 Quality or Conc	entration		No. Ex.	Frequency	Sample Type
Parameter						1 46	1.0	#/100mL	0	Monthly	Grab
oliform, Fecal	Sample Measurement					1.0 Report	800	#/100mL		Monthly	Grab
ARM Code 74055 I on.Site No. EFA-1	Permit Requirement		Company of the Compan		washing the state of the state	(MoGeoMean)	Max			5 On a March	Grab
otal Residual Chlorine For Disinfection)	Sample Measurement	and the second s			1.4			mg/L	0	5 Days/Week	
ARM Code 50060 A	Permit	And the second of the second o	approximate to a provide the second s		0.5 Min			mg/L		5 Days/Week	Grab
Aon Site No. EFA-1	Requirement				IAIIII	1.79	1.79	mg/L	0	Monthly	Grab
litrogen, Nitrate, Total as N)	Sample Measurement				And the second s	Report	12.0	mg/L		Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement		The second secon		3.4-	(Mo.Avg.)	Max		0	5 Days/Week	Elapsed time
low	Sample Measurement	0.005		mgd	WANTE.		127			5 Days/Week	Elapsed tim
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An.Avg.)		mgd	5/14 .EF		And the second s		0	5 Days/Week	Elapsed tim
Flow	Sample Measurement	0.007		mgd	311				-	5 Days/Week	Elapsed tim
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd		1 1	The same production of a Company of the same party of the same par	mg/L	a	Monthly	meter Grab
BOD, Carbonaceous	Sample Measurement				101111111111111111111111111111111111111	191 Report			-	Monthly	Grab
5 day, 20C PARM Code 80082 G	Permit Requirement	mount, as an elementary property of the same and account of the same account of the sa				(Mo.Avg.)		mg/L		-	Grab
Mon.Site No. INF-1 Solids, Total	Sample					98	Amount of the contract of the	mg/L	0	Monthly	And the second second second second second second second
Suspended PARM Code 00530 G	Measurement Permit					Report (Mo.Avg.)		mg/L	-	Monthly	Grab
Mon.Site No. INF-1 Percent Capacity, (TMADF/Permitted Capacity) x 100	Requirement Sample Measurement						42.2% Report	Percent	and the same of th	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement						(Mo.Total)	Percen		Widitity	Odiodide

PAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011706

FACILITY: COUNTY: Park Manor WWTF Putnam

MONITORING PERIOD--Fr 12/01/2008 To: 12/31/2008

11	BOD5 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\
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
5			0.004			7.	3;	1.4	The state of the s
6			0.006	0-000			**************************************	<u> </u>	1
7			0.006				TTO BENEFIT OF THE STATE OF THE		
8			0.006	**************************************		7.	3	2.2	The state of the s
9	and the second of the second of the	The control of the co	0.006	j-		7.	3	2.2	
10			0.007			7.	.5	2.2	Superior control de la control
11			0.005			7.	**************************************	2.2	okon
12			0.005			7.	.1	2.2	And Company Administrative Conference of Frankel Annual Conference and Conference Annual Conference and Conference Annual Conference and Conference Annual C
13	1	3	0.005						
14			0.006		American and an american and a second		The second secon		
15		3	0.006			7.	1	2.2	
16	** ***********************************		0.014	AUTOCALITATION OF THE STATE		7.	1	2.2	
17			0.005			7.	.3	2.2	
18	4	1	0.006			7.	.3	2.2	3
19			0.005			7	.3	2.2	
20			0.005			***************************************	700000000000000000000000000000000000000		
21	MANUAL MA		0.006				CONTROL OF THE CONTRO	* Committee of the control of the co	### (1.1
22			0.006			7	.3	2.2	
23			0.006			7	.3	2.2	
24			0.005		•	7	.3	2.2	
25			0.004		1	7.	2	2.2	AND THE STATE OF T
26			0.008			7	.1	2.2	
27		THE PARTY OF THE P	0.007						100000000000000000000000000000000000000
28			0.008		Non-contract of the second		- Mys		
29			0.008			7	.2	2.2	
30		THE CONTRACTOR OF THE CONTRACT	0.007				.2	2.2	
31		1	0.006			7	.3	2.2	rett i tre
PLANT STAFF	ING:								
Day Shift Oper	ator	Class:	В	Cer	tification No.:	12476	Name:	David Haring	
Evening Shift C	perator	Class:	С	Cer	tification No.:	9320	Name:	Ralph Marriott	
Night Shift Ope	erator	Class:		Cer	tification No.:		Name:		
ead Operator		Class:	А	Cer	tification No.:	4894	Name:	Paul Thompson	1

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

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

PERMITTEE NAME:

Aqua Utilities Florida

PO Box 490310

PERMIT NUMBER:

FLA011706

Final

REPORT:

Monthly

MAILING ADDRESS: Leesburg, FL 34749

CLASS SIZE:

LIMIT:

Minor

GROUP:

Domestic

Park Manor WWTF

Park Road

MONITORING GROUP DESC:

Percolation Ponds

LOCATION:

FACILITY:

Interlachen, FL 32148

NO DISCHARGE POINT NUMBER []

MONITORING GROUP NUMBER: R-001

COLINITY

COUNTY:	Putnam			MONITORING	PERIODFrom:	01/01/2009	To:		01/31/09	
Parameter		Quantity of Loading	Units	Quality or Concentration					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			of the latest and the	<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 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 1 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 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

1 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.

			1	I		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	TUR	e OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHON	ENO D	ATE (YY/M	M/DD)
Paul Thompson, Lead Operator		0	386-937-	143 <i>U9</i>	1021.	26
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achme	ents	here);		7	

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

				M	ONITORING	PERIODFrom:	01/01/2009	To:		01/31/09	
Parameter		Quantity of Lo	ading	Units	(Quality or Con	centration		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 1 Mon.Site No. EFA-1	Permit Regulrement					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 Regulrement	0.015 (An.Avg.)		mgd		A REAL PROPERTY OF THE PROPERT				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. (NF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				THE PERSON THE SECOND STATE OF SECOND STATE OF SECOND SECO	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

PAILY SAMPLE RESULTS - PART R

PermitNumber:

FLA011706

FACILITY:

Park Manor WWTF

COUNTY: Putnam

MONITORING PERIOD-FI 01/01/2009 To: 01/31/2009 CBOD5 CBOD5 Flow TSS TSS (mg/L) Fecal Coliform TRC (For Nitrogen, Nitrate, (mg/L) (mg/L) (MGD) (mg/L) (s.u.) Bacteria (#/100ml) Disinfect.) Total (as N) (mg\L) (mg/L) Code 80082 80082 50050 00530 00530 00400 00620 74055 50060 Mon.Site INF-I EFA-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I 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:	
-----------------	--

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

Day Shift Operator	Class:	В	Certification No.:	12476	Name:	David Haring
Evening Shift Operator	Class:	С	Certification No.:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	Α	Certification No.:	4894	Name:	Paul Thompson
Type of Effluent Disposal or Recia	imed Water F	Reuse:				

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

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

PERMIT NUMBER:

CLASS SIZE:

FLA011706

REPORT:

Monthly

PO Box 490310

LIMIT:

Final Minor

GROUP:

Domestic

MAILING ADDRESS:

Leesburg, FL 34749

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Percolation Ponds

FACILITY: LOCATION: Park Manor WWTF Park Road

NO DISCHARGE POINT NUMBER []

Interlachen, FL 32148

COUNTY:	Putnam			MONITORING	PERIOD-From:	02/01/2009	To:		02/28/09	
Parameter		Quantity of Loading	Units		Quality or Con	centration		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 1 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.

		\sim			,		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	ATU:	RE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ELEPHONE NO	DAT	E (YY	/#MM/DD)
Paul Thompson, Lead Operator		D		386-937-1143	09	03/	126
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achme	ent	ts here):		, ,	/	

DISCHARGE MONTORING REPORT - PART A (Continued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

				N.	ONITORING	S PERIODFrom:	02/01/2009	To:		02/28/09	
Parameter		Quantity o	of Loading	Units		Quality or Con	centration		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		1,100		600 A	0.91	0.91	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				AND THE PROPERTY OF THE PROPER	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			A ANILANIA		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 (Mc.Total)	Percent		Monthly	Calculated

" NILY SAMPLE RESULTS - PART P

PermitNumber:

FLA011706

FACILITY:

Park Manor WWTF

MONITORING PERIOD--Fr 02/01/2009 To: 02/28/2009

MC	MITORING	- PERIODFI	02/01/2	:003	To:	07	2/28/2009			
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS TS (mg/L)	SS (mg/L)	pH (s.u.)	Fecal Colifor Bacteria (#/10		TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate Total (as N) (mg)
	80082	80082	50050		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				.1		2.2	1
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4			0.005				.2	:	2.2	1
5			0.005			~	.2		2.2	
6			0.005	:			.2		2.2	Edition topogrammanappropriation
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25			0.003			7	.1		2.2	:
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29							and the second s			-
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31										
LANT STAFF										
ay Shift Opera		Class:	В		ation No.:	12476	Na	me: <u>D</u> a	avid Haring	
Evening Shift C		Class:	Ç		ation No.:	9320	Na	me: <u>Ra</u>	alph Marriott	
Night Shift Ope	rator	Class:			ation No.:		Na	me:		
ead Operator.		Class: _	Α	Certifica	ation No.:	4894	Na	me: Pa	ul Thompson	

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

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

PERMIT NUMBER:

CLASS SIZE:

FLA011706

MAILING ADDRESS: PO Box 49

PO Box 490310

LIMIT:

Final Minor REPORT: GROUP:

Monthly Domestic

Leesburg, FL 34749

Park Manor WWTF

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

: Percolation Ponds

NO DISCHARGE POINT NUMBER []

FACILITY: LOCATION:

Park Road

Interlachen, FL 32148

MONITORING PERIOD--From:

03/01/2009

.

COUNTY:	Putnam		N	ONITORING	PERIODFrom:	03/01/2009	To:		03/31/09	
Parameter		Quantity of Loading	Units	(Quality or Co	ncentration	:	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous	Sample	,			2.2	THE PROPERTY OF THE PROPERTY O	mg/L	0	Monthly	Grab
5 day, 20C	Measurement	. 	· •				****			· -
PARM Code 80082 Y	Permit				20.0		mg/L	:	Monthly	Grab
Mon.Site No. EFA-1	Requirement		ļ		(An. Avg.)					<u> </u>
BOD, Carbonaceous	Sample		:		<2.0	<2.0	mg/L	0	Monthly	Grab
5 day, 20C	Measurement		<u> </u>		30.0	60.0				İ
PARM Code 80082 1	Permit	ř					mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)				
Solids, Total	Sample		,		2.9		mg/L	0 ;	Monthly	Grab
Suspended	Measurement	<u> </u>	<u> </u>		20.0		1	··· · :		
PARM Code 00530 Y Mon.Site No. EFA-1	Permit				(An. Avg.)	*	mg/L	:	Monthly	Grab
The state of the s	Requirement		ļ		(All: AV9.)					L
Solids, Total	Sample	* :	:		3.0	3.0	mg/L	0	Monthly	Grab
Suspended PARM Code 00530	Measurement Permit		T 1		30.0	60.0				
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	mg/L	!	Monthly	Grab
pH	Sample	سنت مناحي والمناف والمنطونينيات والمناط	l		(MO.ATB.)			<u>-</u>		
μn	Measurement			7.1		7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I	Permit			6.0		8.5				
Mon.Site No. EFA-1	Requirement			Min	1	(Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample	i)	L 4 .			V******.	4			
oomomi, rees	Measurement		:		1.96		#/100mL	0	Monthly	Grab
	****** * * * * * * * * * * * * * * * * *				200					•
PARM Code 74055 Y	Permit	ŧ.					#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement	·			(An. Avg.)	1 4	1	- ;		ĺ

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 AS	GENT TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/04/27	1
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refe	rence all attachments here):		· / /	

DISCHARGE MONTORING 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	i	Quantity of Loading	Units	(Quality or Cor	ncentration		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		1	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					٥	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	g				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	1			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	:	1		-	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:

FLA01176

FACILITY: COUNTY:

If yes, cumulative days of wet weather discharge

Park Manor WWTF Putnām

MONITORING PERIOD-Fr 03/01/2009 03/31/2009

<u> </u>	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.)	Nitrogen, Nitrate, Total (as N) (mg\L)
								(mg/L)	
Code	80082	80082	500 50	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-J	EFA-I	EFA-I	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.		1.2	
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	8.0	
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 STA		~		_	-415 41 N	10470	b.	محنط المحنمة	
Day Shift O		Class: _	B		rtification No.:	12476	-	David Haring	
Evening Shi		Class:	<u> </u>		rtification No.:	9320		Ralph Marriott	
Night Shift (Class:			rtification No.:	4004	Name:	Daul Thamas	<u> </u>
Lead Opera	tor	Class:	A	Ce	rtification No.: _	4894	Name:	Paul Thompson	1

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

Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes:

No 🗌

Not Applicable:

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

FLA011706

LIMIT: CLASS SIZE:

PERMIT NUMBER

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Park Manor WWTF

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 o	r Loading	Units	Qua	lity or Concentr	ation	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							PER- CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				-	27% Report (Mo.Avg.)		PER- CENT	0	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 Nite 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-I	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 0	521

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.

7.0

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 o	or Loading	Units	Qua	tion	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	i i i i i i i i i i i i i i i i i i i				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.)	SÜ	4	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement	* * * * * * * * * * * * * * * * * * *				1.5		#/100MIL	0	Monthly	Grab
P. Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (Ал.Avg.)		#/100MIL	To the	Monthly	Grab
Coliform, Fecal	Sample Measurement						<1.0	#/100MIL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement						800 (Max.)	#/100MI		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			in Carlot (1971) Markaya (1971)	0.5 (Min.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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	1	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			W. L.		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	1.	Monthly	Grab

DAIL. SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011706

From: 4/1/09

To: 4/30/09

Facility:

Park Manor WWTF

	Flow (MGD)	CBODS (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-I	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	2.0 1	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		
8	.004								
19	004						<u> </u>		
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						ļ		
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:	В	Certificate No:	12476	Name:	David Haring
Evening Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:	AND	Name:	
Operator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson

When Completed mall this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMIT NUMBER FLA011706 PERMITTEE NAME: Aqua Utilities Florida MAILING ADDRESS: 1100 Thomas Road Leesburg, FL 34748 REPORT: Monthly LIMIT: Final CLASS SIZE: N/A GROUP: Domestic Park Manor WWTF FACILITY: LOCATION: Park Road MONITORING GROUP NUMBER: R-001 Interlachen, FL 32148 MONITORING GROUP DESC: , including Influent COUNTY: Putnam NO DISCHARGE FROM SITE:

MONITORING PERIOD From: May 1, 2009 May 31, 2009

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0.006		MGD					0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.015 (An.Avg.)		MGD		en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co				5 Days/Week	Meter
Flow	Sample Measurement	0.011	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/Weck	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					73%		PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement			ar, i		Report (Mo.Avg.)		PER- CENT		Monthly	Calculated
	Sample Measurement	,				2.2		MG/L	0	Monthly	Grab
1: Section 1. Sect	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Gnab
	Sample Measurement					2.0	2.0	MG/L	0	Monthly	Grab
	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
	Sample Measurement					3.0		MG/L	0	Monthly	Gnab
	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	SIGNAT	PRE 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 o	Quantity or Loading		Quality or Concentration				No. Ex.	1 4 4	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.)	MO/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
kM 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	14 . \$*1) \$ 	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		M/G/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-I	Permit Requirement					Report (Mo,Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					56		MG/L	0	Monthly	Grab
A Code 00530 G	Permit Requirement					Report (Mo.Avg.)	The first of the second of the	MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA011706

Park Manor WWTF

Facility: Monitoring Period From: May 1, 2009 To: May, 31, 2009 Flow (MGD) CBOD5 (MG/L) Fecal Coliform Nitrogen, Nitrate, pH (SU) TSS (MG/L) TRC (For TSS (MG/L) CBOD5 (MG/L) Bacteria Total (as N) Disinfect.) (#/100ML) (MG/L) (MG/L) Code 50050 80082 74055 00620 00400 00530 50060 00530 80082 INF-1 Mon. Site EFA-1 EFA-I EFA-1 EFA-1 EFA-1 EFA-1 INF-1 INF-1 i 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 <2.0 6 <1.0 0.16 2.0 0.004 56 93.6 7.3 1,9 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 8.0 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:	12476	Name:	David Haring
Evening Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:		Name:	
Operator Operator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail	this report to: Department of Environmental Protection, Northeas	t District, 7825 Baymeadows Way, Su	ite B200, Jacksonville, FL, 32256-7	590	
	Aqua Utilities Florida	PERMIT NUMBER	FLA011706		
MAILING ADDRESS:	Leesburg FL 34748	LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
FACILITY:	Park Manor WWTF				

LOCATION: Park Road MONITORING GROUP NUMBER: R-001 Interlachen, FL 32148 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 Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.007		MGD				0	5 Days/Week	Meter
Mon.Site No. INF-I	Permit Requirement	0,015 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.015	0.010	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				100%		PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report (Ma.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				<20	<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-I	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	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.

Paul Thompson, Lead Operator 352-787-0980 C9 /	1 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

PERMIT NUMBER: FLA011706

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

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				<1.0	<10	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		7.4	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
M Code 74055 Y 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.)	#/100MQ		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3		V	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-I	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
Code 00530 G	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

$\mathbf{D}\mathbf{A}$ 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/I
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Aon Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	INF-I	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			1	7.1		2.2		
10	0.014			1	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			1	7.2		2.2		
17	0.017			[7.2		2 1	1	
1.0	0.015				7.2		2.2		
	0.020			I	7.3		2.2		
20							1		
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	†	
36	0.008				7.4		2.2		
27					-				1
28					· ***	1		<u> </u>	
29	0 025				7 4		2.2		
30	0.009				7.1		2.2		
31							to s &r		
fotal o. Avg.	0 451								
o. Avg.	0.015							and the second s	

and Operator	Class	Δ	Certificate No:	4894	Name:	Paul Thompson
ight Shift Operator	Class		Certificate No:		Name:	
vening Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott
LANT STAFFING: ay Shift Operator	Class.	В	Certificate No:	12476	Name:	David Haring

67

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: LOCATION: Park Manor WWTF

Park Road

Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001

, including Influent MONITORING GROUP DESC:

COUNTY:

Putnam

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: July 1, 2009 To

July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentra	ition	Units	No. Frequency of Analysis S. Days/Week		Sample Type
Flows	Sample Measurement	.007		MGD				0	5 Days/Woek	Meter
PAISIM Code 500 50 Y Mon.Site No. INF-1	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 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	8/			73%		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				2.2		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)	<u> </u>	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/I.		Monthly	Grab
Sol ¹ Total Suspended	Sample Measurement				2.9	3 0 0 0 0 ft	MG/L	0	Monthly	Grab
PARM*Code 00530 Y Mon.Site No. EFA-I	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	SIGNATUR	ZOA	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 PERMIT NUMBI MONITORING PERIOD From: July 1, 2009 To July 31, 2009

PERMIT NUMBER: FLA011706

Parameter Solida Table Sanda		Quantity or Loading	Units	Qı	ality or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Typ
Solids, Total Suspended	Sample Measurement				1.0	0.1	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1 DH	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/I.		Monthly	Grab
² ARM Code 00400 A	Sample Measurement			7.0		7.4	SU	0	5 Days/Week	Grab
Mon. Site No. EFA-I	Permit Requirement			6,0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
✓ * Code 74055 Y	Sample Measurement Permit				1.0		#/100ML	0	Monthly	Grab
te No. EFA-1	Requirement	*			200 (An.Avg.)		#/100ML		Monthly	Grab
ARM Code 74055 A	Sample Measurement Permit					1.0	#/100ML	0	Monthly	Grab
Ion.Site No. EFA-1 otal Residual Chlorine (For	Requirement Sample			· · · · · · · · · · · · · · · · · · ·		800 (Max.)	#/100ML		Monthly	Grab
isinfection) ARM Code 50060 A	Measurement Permit			1.0			MG/L	0	5 Days/Week	Grab
Ion.Site No. EFA-I itrogen, Nitrate, Total (as N)	Requirement Sample			0,5 (Min.)			MO/L		5 Days/Week	Grab
ARM Code 00620 A	Measurement Permit					2.28	MG/L	0	Monthly	Grab
on.Site No. EFA-1 DD, Carbonaceous 5 day, 20C	Requirement Sample					12.0 (Max.)	MG/L		Monthly	Grab
ARM Code 80082 G	Measurement Permit				78		MG/L	0	Monthly	Grab
on Site No. INF-1 lids, Total Suspended	Requirement Sample				Report (Mo.Avg.)		MG/L		Monthly	Grab
ARM Code 00530 G	Measurement Permit				61		MG/L	0	Monthly	Grab
No. INF-1	Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

DA. SAMPLE RESULTS - PART B

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

luly 1, 2009 fo: 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/I
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Ion. Site	INF-I	EFA-1	EFA-L	EFA-1	EFA-I	EFA-1	EFA-1	INF-1	INF-I
ı	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									
13									ļ
13	0.037				7.3		2.2		
15	0.010	<2.0	1.0	2.28	7.2	1.0	2.2		120
16	0.011	~2.0	1.0	2,28	7.2	1.0	2.2	61	78
17	0.007				7.2		2,2		
18	0.009	 		-	7.3		2.2		
~`—		4-1-4-11						***************************************	
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									1
26									
27	0.031				7.1		2.2		
28	0.009	:			7.2	·	2.2		
29	0.017				7.1		1.0		1
30	0.015				7.2		1.4		1
31	0.013		***************************************		7.1		2.0		
Total	0.351	2000			, , , , , , , , , , , , , , , , , , ,		**************************************		
o. Avg.	0.011				*************				HODOWANIA HOMOTORNIA

AN'I STAFFING:						
y Shift Operator	Class:	_B	Certificate No:	12476	Name:	David Haring
ening Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott
ght Shift Operator	Class:		Certificate No:		Name:	
id Operator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson

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

PERMITTEE NAME: Aqua Utilities Florida PERMIT NUMBER FLA011706

MAILING ADDRESS: 1100 Thomas Road

Lessburg , FL 34748 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic

FACILITY: Park Manor WWTF
LOCATION: Park Road MONITORING GROUP NUMBER: R-001

Interlachen, FL 32148 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			No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.013		MGD				0	5 Days/Week	Meter
P Code 50050 Y M. ite No. INF-1	Permit Requirement	0.015 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0,017	.014	MGD				0	5 Days/Week	Meter
PARM Code 50050 G Mon.Site No. INF-I	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/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-I	Permit Requirement				20.0 (An,Avg.)		MG/L		Monthly	Grab
,	Sample Measurement				9.0	9.0	MG/L	0	Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60,0 (Max.)	MG/L		Monthly	Grab
	Sample Measurement				3.5		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 SIG			PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY	/MM/DE) ₁
Paul Thompson, Lead Operator		P		352-787-0980	05	09	12

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		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
Colitorm, 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	#/100M1.	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-I	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-I	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

Y SAMPLE RESULTS - PART B

Permit Number:

FLA011706

Monitoring Period

From:Augusst 1, 2009

To: August 31, 2009

Facility:

Park Manor WWTF

	Flow (MGD)	CBODS (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-I	EFA-1	FFA-1	EFA-I	EFA-I	EFA-1	EFA-1	INF-1	INF-1
ī									
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		
H	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		
20	0.021				7.3		5.6		
21	0.015				7,1		2.8		
22	0.019				7.3		2.6		
23			 						
24									
25	0.057				7.3		2.6		
26	0.020				7.3		3,4		
27	0.009				7.4		4.5	***************************************	-
28	0.020				7.1		1.4		
29	0.916				7.3		2.8		
30									
31	A 0.44		, , , , , , , , , , , , , , , , , , ,						
Total	0.042 0.536				7.5	<u> </u>	3.5	The second secon	
Mo. Avg.	0.536								
'LANT ST	/ / / / / / / / / / / / / / / / / / /			<u> </u>		The second secon		The state of the s	

LANT STAFFING:						
Day Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
vening Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
light Shift Operator	Class:		Certificate No:		Name:	
ead Operator	Class:	Α	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 PERMIT NUMBER FLA011706 MAILING ADDRESS: 1100 Thomas Road Leesburg, FL 34748 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Park Manor WWTF LOCATION: Park Road MONITORING GROUP NUMBER: R-001 Interlachen, FL 32148 MONITORING GROUP DESC: , including Influent COUNTY: Putnam NO DISCHARGE FROM SITE: MONITORING PERIOD From: September 1, 2009 September 30, 2009 Τo Parameter Quantity or Loading Units Frequency of Quality or Concentration Units Sample Type No. Analysis Ex Flow MGD Sample 5 Days/Week Meter Measurement 0.008 Code 50050 0.015 Y Permit MGD 5 Days/Week Meter ite No. INF-1 Requirement (An.Avg.) Flow Sample MGD 5 Days/Week Meter Measurement 0.0098 0.013 PARM Code 50050 G Pennit Report Report MGD 5 Days/Week Meter Mon.Site No. INF-1 Requirement (Mo.Avg.) (3-Mo.Avg.) Percent Capacity, Sample PER-Monthly Calculated (TMADF/Permitted Capacity) x 100 Measurement CENT 65% PARM Code 00180 Permit Report PER-Monthly Calculated Mon.Site No. CAL-L Requirement CENT (Mo,Avg.) BOD, Carbonaceous 5 day, 20C Sample MG/L Monthly Grab

2.9

20.0

(An.Avg.)

3.9

30.0

(Mo.Avg.)

3.9

20.0

(An.Avg.)

0

0

0

Monthly

Monthly

Monthly

Monthly

Monthly

Grab

Grab

Grab

Grab

Grab

MG/L

MG/L

MG/L

MG/L

MG/L

3.9

60.0

(Max.)

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	SIGNATU	JE OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		مي		352-787-0980	09/10/26

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

Measurement

Requirement

Measurement

Requirement

Measurement

Requirement

Permit

Sample

Permit

Sample

Permit

PARM Code 80082

Mon.Site No. EFA-1

PARM Code 80082

Mon.Site No. EFA-1

Mon. site No. EFA-1

Solids, Total Suspended

'ode 00530

Y

BOD, Carbonaceous 5 day, 20C

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Park Manor WWTF

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

PERMIT NUMBER: FLA011706 To September 30, 2009

Parameter		Quantity or Loading	Units	Qu	ality or Concentra	ition	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-I	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
ptI	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 M & No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
M g No. EFA-1 Com, 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-I	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 [©] ite No. INF-1	Permit Requirement				Report (Mo.Avg.)		MC/L		Monthly	Grab

LY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011706

From:September 1, 2009

To: September 30, 2009

Facility:

Park Marior WWTF

	Flow (MGD)	CBODS (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-I	EFA-I	EFA-1	EFA-1	EFA-I	EFA-1	EFA-I	INF-1	INF-1
1	0.0119		· ····································		7.4		3.5		- and the same construction of the same of
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		7.0		60	96
11	0.0068				7.5		3.8		
12					1,0				
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				
18	0.0101				7.5		2.8 2.1		
_ /					7.3		2,1		
20		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
21	0.0280				7,4		2.		
22	0.0085				7.4				
23	0.0110				7.4		2		
24	0.0051						2.1		
25	0.0085				7.5		2.3		
26	0.0003				7.5		2.2		
27									1
28	0.0246	· · · · · · · · · · · · · · · · · · ·			7.5		2.2		
29	0.0246				7.5		2.3		
30	0.0068				7.5		2,4		
31	0.0008				7.5		2.2		
Total	0.3023								
10. Avg.	0.3023					A SPECIAL PROPERTY OF THE SPEC	- 10 d d d d d d d d d d d d d d d d d d	mand i Anna a sasa si Josepha Amarona Amaro ya 1 a 10 a 2 agu	
ANEC CE	0.7078			<u> </u>				<u> </u>	J

ad-Operator (Class:	٨	Certificate No:	4894	Name:	Paul Thompson
ght Shift Operator	Class:		Certificate No:		Name:	
ening Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott
ANT STAFFING: y Shift Operator (Class:	В	Certificate No:	12476	Name:	David Haring

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

Putnam

Leesburg, FL 34748

LIMIT: CLASS SIZE.

PERMIT NUMBER

FLA011706

Final N/A

REPORT GROUP:

Monthly Domestic

FACILITY:

COUNTY.

Park Manor WWTF

Park Road LOCATION:

Interlachen, FL 32148

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

. including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: October 1, 2009

October 31, 2009 To

Parameter		Quantity	or Loading	Units	Quality or Concentra	tion	Units	No.	Frequency of	Sample Type
								Ex.	Analysis	
Flow	Sample			MGD					5 Days/Week	Meter
	Measurement	0.008		l				0		
P4 "M Code 50050 Y	Permit	0.015		MGD					5 Days/Week	Meter
! ite No. INF-1	Requirement	(An.Avg.)								
Flow	Sample			MGD					5 Days/Week	Meter
	Measurement	0.006	0.011					0		
PARM Code 50050 G	Permit	Report	Report	MGD				Ţ	5 Days/Week	Meter
Mon.Site No. INF-1	Requirement	(Mo.Avg.)	(3-Mo.Avg.)				1			
Percent Capacity,	Sample						PER-		Monthly	Calculated
(TMADF/Permitted Capacity) x	Measurement			f	İ		CENT			
100	1				40%		1			
PARM Code 00180 P	Permit				Report		PER-		Monthly	Calculated
Mon.Site No. CAL+1	Requirement				(Mo.Avg.)		CENT			
BOD. Carbonaceous 5 day, 20C	Sample				1		MG/L	[Monthly	Grab
·	Measurement				2.8			0		
PARM Code 80082 Y	Permit				20.0		MG/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An.Avg.)		ļ	}		
3OD. Carbonaceous 5 day, 20C	Sample						MG/L		Monthly	Grab
	Measurement				2.0	2.0		0	-	
PARM Code 80082 A	Permit				30.0	60.0	MG/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max.)			•	_
Solids, Total Suspended	Sample						MG/L		Monthly	Grab
•	Measurement				3.8			0		
. Code 00530 Y	Permit				20.0	11	MG/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An.Avg.)				·	

Lecrtify 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	NATURE 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	Qu	ality or Concentra	tion	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
rm. 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			MGAL	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

Γ . The sample results - part B

Permit Number: Monitoring Period FLA011706

From October 1, 2009 To October 31, 2009

Facility:

Park N or WWTF

	Flow (MGD)	CBOD3 (MG/L)	Feeal 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-I	EFA-I	EFA-1	INF-1	INF-I
ī	0.006		***		7.5		2.6		
2	0.012				7.5		2.4		
3									
4 5				<u> </u>					ļ
-6	0.020				7.6		2.4		
7	0.005				7.5		2 8		
8	0.005 0.006				7.5 7.5		0.8		
9	0.005				7.6		0.7		
10					7.2			· · · · · · · · · · · · · · · · · · ·	
11									
12	0.015				7.6		2.1		
13	0.005	1	<1.0	6.31	7.5	2.0	2.3	342	224
15	0.004				7.6		2.8		
16	0.005	***************************************			7.5		0.9		
17	0.005		1	<u> </u>	7.4		1.3		
18									
79	0.014				7.4		2.8		
	0.005				7.5		1.5		
21	0.005				7.4		0.7		
22	0,005				7.6		2.7		
24	0.005			<u> </u>	7.4		2.6		
25									
26	0.015				27 -				
27	0.003				7.5 7.6		3.2 2.5		
28	0.004				7.3		1.9	1	
29	0.004				7.4		1.7		
30	0.005				7.4		2.2	1	
31	0.014				7.4		2.2	1	
Total	0.175	S							
40. Avg.	0.006)							

ANT STAFFING.						
ay Shift Operator	Class:	В	Certificate No	12476	Name.	David Haring
ening Shift Operator	Class	С	Certificate No	9320	Name	Ralph Marriott
ght Shift Operator	Class		Certificate No		Name	
ad Operator	Class:	Α	Certificate No	4894	Name:	Paul Thompson

DEP Form 62-620 910(10), Effective November 29, 1994

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

PI-RMITTEE NAME: Agua Utilities Florida

PERMIT NUMBER

FLA011706

MAILING ADDRESS: 1100 Thomas Road

Leesbury, FL 34748

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Park Manor WWTF

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 Concentra	tion	Units	No. Ex.	A 1	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/Weck	Meter
Flow	Sample Measurement	0.005	0.007	MGD				0	5 Days/Weck	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				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
· ·	Sample Measurement				3.7		MG/L	0	Monthly	Gnab
Pr. 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	SIGNATUR	UF OF 1	RINCIPAL 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	Qu	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.0	3.0	MG/L	0	Monthly	Gnab
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.)	Sü		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mr Tite 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.)		MGL		Monthly	Grab

LY 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)	CBODS (MG/I
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-I	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	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		1.1		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							er er er er er er er er er er er er er e	
10. Avg.	0.005							**************************************	

PLANT STAFFING:						
Day Shift Operator	Class:	<u>B</u>	Certificate No:	12476	Name:	David Haring
Evening Shift Operator	Class:	<u> </u>	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:	47.11	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 PERMIT NUMBER FLA011706 MAILING ADDRESS: 1100 Thomas Road Leesburg, FL 34748 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Park Manor WWTF LOCATION: Park Road MONITORING GROUP NUMBER: R-001 Interlachen, FL 32148 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 Quality or Concentration Units Frequency of Units No. Sample Type Analysis Ex. Flow Sample MGD 5 Days/Week Meter Measurement 0.008 Code 50050 Υ Permit 0.015 MGD 5 Days/Week Meter Mon. Site No. INF-1 Requirement (An.Avg.) Flow Sample MGD 5 Days/Week Meter Measurement 0.005 .005 0 PARM Code 50050 G Permit Report Report MGD 5 Days/Week Meter Mon.Site No. INF-1 Requirement (Mo.Avg.) (3-Mo.Avg.) Percent Capacity. Sample PER-Monthly Calculated (TMADF/Permitted Capacity) x Measurement CENT 33% PARM Code 00180 Permit Report PER-Monthly Calculated Mon, Site No. CAL-1 Requirement CENT (Mo.Avg.) BOD, Carbonaceous 5 day, 20C Sample MG/L Monthly Grab

2.8

20.0

(An, Avg.)

2.0

30.0

(Mo.Avg.)

3.5

20.0

(An.Avg.)

0

0

Monthly

Monthly

Monthry

Monthly

Monthly

Grab

Grab

Grab

Grab

Grab

MG/L

MG/L

MG/L

MG/L

MG/L

2.0

60.0

(Max.)

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	M/DD)
Paul Thompson, Lead Operator		352-787-0980	10/01	/25

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

Measurement

Requirement

Measurement

Requirement

Measurement

Requirement

Permit

Sample

Permit

Sample

Permit

PARM Code 80082

Mon.Site No. EFA-1

PARM Code 80082

Mon.Site No. EFA-1

PANIA Code 00530

Mon.Site No. EFA-1

Solids, Total Suspended

BOD, Carbonaceous 5 day, 20C

Y

Α

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Park Manor WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011706 MONITORING PERIOD From: December 1, 2009 To December 31, 2009

Parameter		Quantity or Loading	Units	Qu	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.0	3.0	MG/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			· · · · · · · · · · · · · · · · · · ·	30.0	2.0 60.0	MG/L	0	Monthly	Grab
oH	Sample			***************************************	(Mo.Avg.)	(Max.)	SU		5 Days/Week	Grab
PARM Code 00400 A	Measurement Permit			7.1 6.0		7.6 8.5	SU	0	5 Days/Weck	Grab
Mon.Site No. EFA-1 Coliform, Fecal	Requirement Sample			(Min.)		(Max.)	#/100ML		Monthly	Grab
PARM Code 74055 Y	Measurement Permit				3.1			0	ĺ	
Mite No. EFA-1	Requirement				200 (An.Avg.)		#/100MI.		Monthly	Grab
	Sample Measurement					3.0	#/100MIL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-I	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			- Comment		6.36	MG/L	0	Monthly	Grab
ARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L	Ů	Monthly	Grab
IOD, Carbonaceous 5 day, 20C	Sample Measurement				75.0		MG/L	0	Monthly	Grab
ARM Code 80082 G Ion,Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				56	7.000	MG/L		Monthly	Grab
ARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)		MG/L	0	Monthly	Grab

TILY SAMPLE RESULTS - PART B

Permit Number Monitoring Period FLA011706

From: December 1, 2009

Facility To"

Parkor WWTF 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)	CBODS (MG/L)
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon Site	INF-I	EFA-I	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	INF-I	INF-I
Ī	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					111111			****	
7	0.018				7.3		1.5		
8	0.007	<2.0	3.0	6.36		2.0		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	·······	
9						4441-1111-1-2			
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		ì		
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		-						

TANT STAFFING: Pay Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
vening Shift Operator	Class.	С	Certificate No:	9320	Name:	Ralph Marriott
light Shift Operator	Class		Certificate No:		Name	
ead Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson

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

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

LIMIT:

FLA011706

CLASS SIZE:

PERMIT NUMBER

Final N/A

REPORT GROUP:

Monthly Domestic

FACILITY LOCATION. Park Manor WWTF

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

January 31, 2010

Parameter		Quantity (or Loading	Units	tion	Units		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	0.004	0.005	MGD				0	5 Days/Week	Meter
PARM Code 50050 G Mon.Site No. INF-I	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		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	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	4	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 THILF OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	(RE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY:M	M DD)
Paul Thompson, Lead Operator	ے	1		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

PERMIT NUMBER: FLA011706 MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading	Units	Qı	ality or Concentra	ntion	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.)	MGAL		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		#/100Mt.	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecul	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.1,	a	5 Days/Week	Grab
ARM 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
ARM Code 00620 A 4on.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				209		MG1.	0	Monthly	Grab
ARM Code 80082 G fon Site No. INF-1	Permit Requirement	•			Report (Mo.Avg.)		MG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				68		MG/L	0	Monthly	Grab
ARM Code 00530 G Ion Site No. INF-I	Permit Requirement				Report (Mo.Avg.)		MG4.		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Fermit 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	90530	80082
lun, Site	INF-1	EFA-1	EFA-I	EFA-1	EFA-I	EFA-1	EFA-1	INF-I	INF-1
ı	0,004		HATH .' cia		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		<u></u>
7	0.003				7.5		2.2		
8	0.000				7.6		2.2		<u> </u>
10									<u> </u>
11	·				****	***************************************			
12	0.014				7.4		2,2		
13	0.003	1			7.5		2.2		
14	0.004				7.3		2.2		
15	0.005				7,4		2.2	1	-
16	0.003			<u> </u>	7.4	······································	2.2		
17	· · · · · · · · · · · · · · · · · · ·								ļ
18			ļ,						
~	0.015				6.9		2.2	_	
20	0.006				7.2		2.2		
21	0.004			 	7.4		2.2		.
22	0.003				7.2		2.2		
23	0,007			1	7.2		2.2		
24				1				 	
25	D D C								
26	0.015				69		2.2	1	
27	0.005				7.4	1	2.2		
28	0.004				7.3		2.2	1	
29	0.007			+	7.3	1	2.2		
30	0.1403				7.4		2.2		
31									
Total	0.132				 				
o. Avg.	0.004	T		1					1

ay Shift Operator	Class:	В	Certificate No:	12476	Name	David Haring
ening Shift Operator	Class:	С	Certificate No	9320	Name.	Ralph Marriott
ght Shift Operator	Class:		Certificate No:		Name	
ad Operator	Class:	Α	Certificate No	4894	Name.	Paul Thompson

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

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

PERMIT NUMBER

CLASS SIZE:

FLA011706

MAILING ADDRESS: 1100 Thomas Road

Leesburg, FL 34748

LIMIT:

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: February 1, 2010

February 28, 2010

Parameter			or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008		MGD					0	5 Days/Week	Meter
	Permit : Requirement	# 0.015 (An Avg.)		MGD						5.Days/Week	Mater
Flow	Sample Measurement	0.005	0.005	MGD					0	5 Days/Week	Meter
Mon Site No. INF-1	Permit Réquirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD	y is so y dis			1665		5 Days/Week	Macr
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							PER- CENT	40	Monthly	Calculated
	Permit Requirement					33% Report (Mo.Avg.)		PER-	1000	Monthly	Calculated
SOD, Carbonaceous 5 day, 20C	Sample Measurement	(2) a 2 (3) (3) (3) (3) (3) (4)		OR THE CONTRACTOR	THE STREET STREET, STREET STREET, STREET STREET, STREE	2.8	25.50 (V.25.18) (V.25.15)	MO/L	0	Monthly	Grab
	Permit Requirement		A-18.70	ingi ciline Karawa s		20.0 (An.Avg.)		MO/L		Monthly	Grab -
BOD, Carbonaceous 5 day, 20C	Sample Measurement			,		2,3	2.3	MG/L	0	Monthly	Grab
	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement					3.1		MG/L	0	Monthly	Grab
さいしょう スタイルらば しむかいめがらればは ながりがらせんせんさん	Permit Réquirement					20.0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	YUR	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y	Y/MM	(/DD)
Paul Thompson, Lead Operator				352-787-0980	10%	3/2	دع

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, 2010

PERMIT NUMBER: FLA011706 To February 28, 2010

Parameter	,	Quantity	Quantity or Loading U		Qua	lity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Туре
Solids, Total Suspended	Sample Measurement					2.0	2.0	MG/L	0	Monthly	Grab
PARM Cole 00530 A A Mon Site No. EPA-1	Permit					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. EFA-1	Permit				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	10°	Monthly	Grab
Coliform, Fecal	Sample Measurement			The smith first dis			1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A. Mon Site No EPA-1	Permit Requirement						.800 (Max.)	#/100ML	Hayle Inc.	Monthly	Grab 3
Fotal Residual Chlorine (For Disinfection)	Sample Measurement		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1.7		more and the second	MG/L	0	5 Days/Week	Grab
ARM Côde 50060 A Jon Site No. EFA-1	Permitiges. Réquirement			5-140 S	0.5 (Min.)			MG/L	To the	5 Days/Week	Grab
Vitrogen, Nitrate, Total (as N)	Sample Measurement					**************************************	1.88	MG/L	0	Monthly	Grab
ARM Code 00620A	Permits Récourgnant						12,0 (Max.)	MG/L		Monthly	Дав ј
BOD, Carbonaceous 5 day, 20C	Sample Measurement					108		MG/L	Specific Control	Monthly	Grab
ARM Côde 80082 G Aon,Sife Ng, INF-1	Permit Requirement			April 200		Report (Mo.Avg.)		MG/L	70.7%	Monthly	Grab
folids, Total Suspended	Sample Measurement		The second of th			80	ar in the second second second second second second second second second second second second second second se	MG/L	8 6° 5	Monthly	Grab
ARM Code 00530 G Aon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MOVL		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011706

From: February 1, 2010 To: February 28, 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)	CBODs (MG/I
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	
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									<u></u>
14									
15	0.0231				7.4		2.2		
16	0,0060				7.4		2.2		
17	0.0077			<u> </u>	7,3		2.2	<u></u>	
18	0.0051			ļ	7.2		2.2		
19	0.0060				7.4		2.2	<u> </u>	
20									
21				·					
22	0.0171			ļ	7.3		2.2		
23	0.0043				7.4		2,2		
24	0.0060				7.3		2.2		
25 26	0.0051				7.5		6.8	1	
27	0.0060				7.3		1.7		
28									
28									
						·			
30									
31				<u> </u>					
Total	0.161	1							
Mo. Avg.	0.005								

Day Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Evening Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:		Name:	
ad 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 . PERMIT NUMBER FLA011706

MAILING ADDRESS: 1000 Thomas Road
Leesburg , FL 34748 LIMIT: Final REPORT: Monthly

FACILITY: Park Manor WWTF

LOCATION: Park Road 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 Loadin		Units	Quality or Concentra	tion	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	0.005	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				40%		PER- CENT		Monthly	Calculated
	Permit Requirement				Report (Mo.Avg.)		PER- CENT		Monthly	Calculated
_ ·	Sample Measurement				2.8		MG/L	0	Monthly	Grab
and the second s	Permit Requirement				20,0 (An Avg.)		MG/L	4.	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Mensurement				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.)	MO/L		Monthly	Gnab
-	Sample Measurement				3.1		MC/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	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 o	or Loading	Units	Qua	lity or Concentra	ation	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
рН	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	#/100M1	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	Gmah
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: March 1, 2010

To: March 31, 2010

Facility:

Park Manor WWTF

^	Flow (MGD)	CBODS (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/
Code	50050	80082	74055	00620	00400	00530	50060	00530	80082
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	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	hrii (11, 12, 12, 12, 12, 12, 12, 12, 12, 12,	
9	0.005	<2.0	5.0	1.9		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	un.	
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	71141	
27									
28									
29	0.020				7.2		2		
30	0.007				6.7		3.6		
31	0.008				6.8		4		
Total	0.184								
do. Avg.	0.006								
ANT STA		Class: B	Certificate	No: 12476	Name	" David H	aring		
ening Shif	l Operator	Class: C	Certificate		Name				

Day Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Evening Shift Operator	Class:	C	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:	***	Certificate No:		Name:	
d Operator	Class:	Α	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 PERMIT NUMBER FLA011706 MAILING ADDRESS: 1100 Thomas Road Leesburg, FL 34748 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Park Manor WWTF LOCATION: Park Road MONITORING GROUP NUMBER: R-001 Interlachen, FL 32148 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 Sample Type Units Quality or Concentration Units No Frequency of Analysis Ex. Flow Sample MGD 5 Days/Week Meter Measurement 800.0 0 PARM Code 50050 Y Permit. 0.015 MGD 5 Days/Week Meter Mon Site No. INF-1 Requirement (An.Avg.) Flow Sample MGD 5 Days/Week Meter Measurement 0.006 0.006 PARM Code 50050 G Permit Report Report MGD 5 Days/Week Maa Mon Site No. INF-1 Requirement (Mo.Avg.) (3-Mo.Avg.) Percent Capacity. Sample PER-Monthly Calculated (TMADF/Permitted Capacity) x 100 Measurement CENT 40% PARM Code 00180 P Permit Report PER-Monthly Calculated Mon.Site No. CAL-1 Requirement CENT (Mo.Avg.) BOD, Carbonaceous 5 day, 20C Sample MG/L Monthly Grab Measurement 2.8 PARM Code 80082 Y Parmit 20.0 MO/L Monthly Grab Mon.Site No. EFA-1 Requirement (An Avg.) BOD, Carbonaceous 5 day, 20C Sample MG/L Monthly Grab Measurement 2.0 2.0 PARM Code 80082 Permit 30.0 60.0 MC/L Monthly Grab Mon Site No. EFA-1 Requirement (Mo.Avg.) (Max.) Solids, Total Suspended Sample MG/L Monthly Grab Measurement 3.1 PARM Code 00530 Y Permit 20.0 MG/L Monthly Grab Mon.Site No. EFA-1 Requirement (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 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.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y)	Y/MM/1	(DD)
Paul Thompson, Lead Operator			352-787-0980	10/	15)	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	Qua	lity or Concentr	ation	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.)	MC/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.)	ŠU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement						(-22-1)	#/100ML		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement	v .				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement						2.0	#/100ML	0	Monthly	Gnab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement						800 (Max.)	#/100MI.		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		(174444)	MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mont Site No. EFA-1	Permit Requirement				0.5 (Min.)			MO/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
ARM Code 80082 G Aon Site No: INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab
solids, Total Suspended	Sample Measurement					70		MG/L	0	Monthly	Grab
ARM Code 00530 G Mon Site No. INF-1	Permit Requirement				a Migraj	Report (Mo.Avg.)		MG/L	J	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011706

From: April 1, 2010 To: April 30, 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-I	EFA-1	EFA-l	EFA-1	EFA-1	INF-1	INF-1
1	0.007				7		2.2		
2	0.007				7		2.2		
3				<u> </u>					
4									<u> </u>
5	0.018	<2.0	2.0	0.15	7	20	1		
7	0.007	2.0	2.0	0.13	7.1	2.0	2.6	70	114
8	0.005				7.3		2.8		
9	0.004				7.1		1.9		
10	0.004		<u> </u>	 	7		2.5		
11							<u> </u>		
12	0.016				7		2.6	_ 	ļ
13	0.051				7.1		2.6		
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				
22	0.007			ļ	7.2		2.2		<u> </u>
23	0.003			 	7		1.8		ļ
25									
26									
27	0.012			 			1.7		
28	0.003		<u> </u>		7.3		8.8		
29	0.003				7		8.4		
30	0.003				7.1		2.2		
31	0.004				7.2		2.2	<u> </u>	
Total	0.190				····				
Mo. Avg.	0.006			 					

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Evening Shift Operator	Class:	C	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:		Name:	
-d Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson



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 <u>Heather.Webber@dep.state.fl.us</u>.

Sincerely,

Heather Webber

Environmental Specialist

Heather Wesser

cc: Mr. David Haring, Operator, <u>IDHaring@aquaamerica.com</u> Mr. John Holmes, DOH, John_Holmes@doh.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION (a) = 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 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 Leesburg, FL 34748 JMLihvarcik@aquaamerica.com Inspection Type Samples Taken(Y/N): N @ Sample ID#: N/A Samples Split (Y/N); N/A X Domestic 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 FEET UNITORING PROGRAM FACILITY OPERATIONS 3. Laboratory 6. Facility Site Review IC IC NC IC 9. ◆ Effluent Quality 1. ♦ Permit 4. Sampling 7. Flow Measurement NA IC IC IC 10. ♦ Effluent Disposal 2. Compliance Schedules 11. Residuals/Sludge IC 5. ♦ Records & Reports IC 8. ♦ Operation & IC Maintenance 12. Groundwater NA 13. Other: NA Facility and/or Order Compliance _ Significant-Out-Of-Compliance _ In-Compliance X Out-Of-Compliance Recommended Actions: See attached Field Notes Name(s) and Signature(s) of Inspector(s) District Office/Phone Number Date NED/ (904)807-3316 01/26/10 Heathy Webber

Heather Webber

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.

- 5.1 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 <u>Observation</u>: *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 <u>Observation</u>: *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 <u>Observation</u>: 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 <u>Observation</u>: The elapsed time meter was installed properly.
- 7.2 <u>Observation</u>: 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 <u>Observation</u>: *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 <u>Observation</u>: 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: Subject: Householder, Harry; Williams, Patricia R. 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: imlihvarçik@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 you in advance for complete	e quality of service you received. fing the survey.	Simply click on this link	to the DEP Customer Surve	<u>v</u> . Thank
_				

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



DEP Form 62

00(3)Alternate

See Pages 4 for Instructions.

PWS Name: Pomona Park PWS Type:	Month: 181 Florida PO Box 490310 (352) 787-0980 beheath@aquaamerica.com	Transient Non-Comi	Total Contac	PWS Identification Number: Consecutive Population Served at End of Month: ct Person's Title: Area M State: Florida ct Person's Fax Number: (352) 7				
Number of Service Connections at End of PWS Owner: Aqua Utilities Contact Person: Brian Heath Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's E-Mail Address: Vater Treatment Plant Information Number: Plant Name: Pomona Park Plant Address: Church Street Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacitations Page 1. Page 2. Page 2. Page 2. Page 3. P	Month: 181 Florida PO Box 490310 (352) 787-0980 beheath@aquaamerica.com	Transient Non-Comi	Total Contac	Population Served at End of Month: ct Person's Title: Area M State: Florida	fanager Zip Code: 34749			
WS Owner: Aqua Utilities Contact Person: Brian Heath Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's E-Mail Address: Vater Treatment Plant Informa lant Name: Pomona Park lant Address: Church Street type of Water Treatment by Plant: ermitted Maximum Day Operating Capaci	PO Box 490310 (352) 787-0980 beheath@aquaamerica.com		Contai	ct Person's Title: Area M State: Florida	fanager Zip Code: 34749			
contact Person: Brian Heath contact Person's Mailing Address: contact Person's Telephone Number: contact Person's E-Mail Address: Vater Treatment Plant Information Name: Pomona Park lant Address: Church Street type of Water Treatment by Plant: cermitted Maximum Day Operating Capaci	PO Box 490310 (352) 787-0980 beheath@aquaamerica.com		City: Leesburg	State: Florida	Zip Code: 34749			
ontact Person's Mailing Address: ontact Person's Telephone Number: ontact Person's E-Mail Address: Vater Treatment Plant Informa lant Name: Pomona Park lant Address: Church Street type of Water Treatment by Plant: ermitted Maximum Day Operating Capaci	(352) 787-0980 beheath@aquaamerica.com		City: Leesburg	State: Florida	Zip Code: 34749			
ontact Person's Telephone Number: ontact Person's E-Mail Address: Vater Treatment Plant Informa ant Name: Pomona Park ant Address: Church Street ype of Water Treatment by Plant: ermitted Maximum Day Operating Capac	(352) 787-0980 beheath@aquaamerica.com							
Nater Treatment Plant Information Name: Pomona Park ant Address: Church Street Ope of Water Treatment by Plant: Committed Maximum Day Operating Capaci	beheath@aquaamerica.com		Conta	ct Person's Fax Number: (352) 7	787-6333			
Avater Treatment Plant Informs ant Name: Pomona Park ant Address: Church Street Ape of Water Treatment by Plant: Armitted Maximum Day Operating Capaci	ition							
ant Name: Pomona Park ant Address: Church Street rpe of Water Treatment by Plant: rmitted Maximum Day Operating Capaci								
ant Address: Church Street rpe of Water Treatment by Plant: rmitted Maximum Day Operating Capaci								
pe of Water Treatment by Plant: rmitted Maximum Day Operating Capac				Plant Telephone Number:	(352) 787-0980			
rmitted Maximum Day Operating Capac			City: Pomona Park	State: Florida	Zip Code: 32181			
		Purchased Finished Water						
		187,000						
ant Category (per subsection 62-699.310				Class (per subsection 62-699.310(4), F.A.C.): C				
Licensed Operators	Name	License Class	License Number	Day(s)/S	Shift(s) Worked			
ead/Chief Operator: Paul Thompso	n	A	7251	Days 1st Shift				
ther Operators: David Haring		C	14091	Days 1st Shift				
Ralph Marriot		C	7527	Days 1st Shift				
man amuruh mun								
ertification by Lead/Chief Ope								

Page 1

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

PWS I	dentificatio	n Number:		2540905		Plant Name:	Pomona Par	k	***************************************					
m	aily Data	for the N	lonth/Year	of:		May, 2008								
benzanianiani	-		g Virus Inacti		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED				r 0	-		(01)		
A CONTRACTOR OF THE CONTRACTOR						niorine 1	Chlorine Di	oxide	☐ Ozone	☐ Comb	ined Chlorii	ne (Chiorar	nines)	
L	traviolet R		Othe								· ·			
Type o	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chlo	orine	Combir	ned Chlorine	(Chloramine	s) 1	Chlorine I	Dioxide	
1.06034			Service alterest	C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if A	Applicable*			
			e si un store	30/40/2004	Seed by Cole (See	CT Calc	ulations				UVI	Oose	ASALITO STORY	
	No En			06145.08		MANUAL EN						377767		Commence of the control of the contr
16,341,63							Lowest CT Provided							
	D Plane				Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished	A A A D O SA	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	CONTRACTOR OF THE PROPERTY OF		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
7 4	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
h .1	Х	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											
ے ک	X	24.0	37,443		1.6								1.4	
6	X	24.0	38,330		1.7								1.4	
2.67.48	X	24.0	28,580		1.6								1.3	
8	Х	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										1.3	
12	X	24.0	39,703		1.6			-	-				1.3	
13	X	24.0 24.0	25,310 47,590		1.3								1.0	
15	X	24.0	47,390		0.5		 						1.3	
16	X	24.0	46,200		1.6	***************************************							1.1	
17	Α	24.0	38,413		1.0									
18		24.0	38,413						1					
19	Х	24.0	38,413		1,4								1.0	
	X	24.0	37,920		1.6				1				1.0	
h 5	X	24.0	39,870		1.4								1.1	
-22	Х	24.0	33,960		1.5	25.00							1,1	
23	Х	24.0	39,010		1.4								1.1	
24		24.0	35,787											
25		24.0	35,787											
26	Х	24.0	35,787		0.4								0.2	
27	X	24.0	37,850		1.7								1.4	
28	Χ	24.0	45,200		1.9								1.6	
29	Х	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											
Avgerag	e		38,466											

52,580

DEP Form 67 '00(3)Alternate

Maximum

^{*} 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.

900(3)Alternate

WS Name:	Pomona Park						PWS Identification Number:	2540905	
WS Type:	✓ Community	Non-Transient Non-Comn	nunity	Transient Non-Com	munity		Consecutive	2210703	
umber of Service Conn	nections at End of Month	n: 181				Total	Population Served at End of Mon	th: 672	
WS Owner:	Aqua Utilities Florid	la				1		0.2	
ontact Person:	Brian Heath					Conta	ict Person's Title: Area	Manager	
ontact Person's Mailing	g Address:	PO Box 490310			City: Leesbu		State: Florida	Zip Code:	34749
ontact Person's Telepho	one Number:	(352) 787-0980	THE PARTY OF THE P			T		787-6333	
ontact Person's E-Mail	Address:	beheath@aquaamerica.c	om		***************************************	-		/	
Vater Treatment 1	Plant Information				***************************************				
ant Name:	Pomona Park						Plant Telephone Number:	(352) 787-0	980
ant Address:	Church Street				City: Pomon	a Park	State: Florida	Zip Code:	32181
pe of Water Treatment		✓ Raw Ground Water	Purchased Fin	nished Water					
	Operating Capacity of			187,000		17-27-1-280		***************************************	·
	ection 62-699.310(4), F.	A.C.): V				Plant C	lass (per subsection 62-699.310(4), F.A.C.): C	
icensed Operator		Name		License Class				Shift(s) Worked	
ead/Chief Operator				А	7251		Days 1st Shift		
ther Operators:	David Haring			C	14091		Days 1st Shift		
	Ralph Marriott			C	7527		Days 1st Shift		
								······································	

	ad/Chief Operator								
he undersigned wa	ater treatment plant	operator licensed in Florida,	am the lead/chie	ef operator of the	water treatm	nent p	lant identified in part I of th	is report. I certify	that the
ormation provided	d in this report is tru	e and accurate to the best of	my knowledge a	nd belief. I certi	fy that all dr	inkins	water treatment chemicals	used at this plant	conform to N
ernational Standar	d 60 or other applic	cable standards referenced in	subsection 62-5	55 320(3) FAC	l also cert	ify the	at the following additional of	nerations records	for this plant
re prepared each o	lay that a licensed o	perator staffed or visited this	s plant during the	month indicated	Labova: (1)	rocor	ds of amounts of abomicals	operations records	G1
if applicable app	ropriete treatment r	reases performance records	Furthamman 1	month marcatet	labove. (1)	recon	us of amounts of chemicals	used and chemical	rates; a
in applicable, app	with applies of this	process performance records.	ruitieimore, i	agree to provide	mese additio	mai o	perations records to the PW	S owner so the PV	vS owner car
all thein, together	with copies of this	report, at a convenient locati	on for at least ter	n years.					
$\lfloor n \rfloor$		-1.212							
		07 10V 10V	David Theorem					4.7351	
		0 (100100	Paul Thompso	on.	**************************************			A7251	

Page 1

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

PWS I	dentification	n Number:		2540905		Plant Name:	Pomona Par	k					
1. 1	aily Data	for the N	lonth/Year	of:		June, 2008					7		
	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P		Virus Inactiv		val: ▼ Free C	Chlorine [Chlorine Di	oxide	ne F Com	bined Chlori	na (Chlara	ninacl	
	traviolet R	The state of the s		r (Describe):	****	,	CHIOTHE DI	0.XIGC 0.Z0	ic i com	omed Cinon	ne (Chiorai	mies)	
					ibution System:	▼ Free Chk	orina [Combined Chlor	ine (Chloromin	ec)	Chlorine l	Diovida	
ype (oi Disiniec	tant Resid	luai Maintai									Joxide	The second secon
				(T Calculations, or			our-Log Virus I	activation, if				
	State Charles		Section of the section of		317	CT Calc	culations	2.44	7	UV	Dose		
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of pH of Wa	Minimum C		Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work: Involves Taking Water System Componer
'th	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	- minutes	min/L	Water, OC if Applica		mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
		24.0	55,225	, 61			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,				, ,	
2	Х	24.0	55,225		0,8	-				1		0.5	
3	Х	24.0	41,260		2.0							1.8	
4	X	24.0	32,850		1.8							1.4	
5	Х	24.0	33,470		1.9							1.5	
6	Х	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		<u> </u>					0.4	
10	X	24.0	35,300		0.6				_			0.3	
11	X	24.0	37,970 33,710		2,2 1.2							1.5 0.8	
12 13	X	24.0	39,860		1.2					 		0.8	
14		24.0	37,530		1.2						<u> </u>	0.0	
15		24.0	37,530							-			
16	Х	24.0	37,530		1.5	***************************************			1	 		1.0	
17	X	24.0	36,290		1.3					 		0.9	
18	X	24.0	24,220		1.2				1		İ	0.8	
19	Х	24.0	43,830		1.1				1			0.7	
7.55	Х	24.0	34,990		1.3							0.9	
∠1.		24.0	38,020										
22		24.0	38,020										
23	Х	24.0	38,020	v · w www.aaasaaaa	1.1							0.6	
24	Х	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	Х	24.0	34,390		1.4							1.0	
28		24.0	38,043										
29	X	24.0	38,043 38,043		1.3							0.8	
30 == 31 ==	_ <u>^</u>	24.0	38,043		1.3					 		0.8	
otal ***		24.0	1,144,740				L						
gerag			36,927										

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form
 100(3)Alternate

55,225

Maximum

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



DEP Form 62-

100(3)Alternate

See Pages 4 for Instructions.

General Informatio	n for the Month.	/Year of: July, 2008				
. Public Water System	m (PWS) Inform	ation				
PWS Name:	Pomona Park		AND WELL OF THE PARTY OF THE PA		PWS Identification Number:	2540905
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Conne	ctions at End of Mon	th: 181		Total	Population Served at End of Month:	672
PWS Owner:	Aqua Utilities Flori	ida				
Contact Person:	Brian Heath		William Communication All Communication Comm	Conta	act Person's Title: Area Mana	ger
Contact Person's Mailing	Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	ne Number:	(352) 787-0980		Conta	ict Person's Fax Number: (352) 787-6	5333
Contact Person's E-Mail A	ddress:	beheath@aquaamerica.com			75	
/ater Treatment P	lant Information	1				
Plant Name:	Pomona Park		Prince - 49 1579 - 25 1525		Plant Telephone Number:	(352) 787-0980
Plant Address:	Church Street			City: Pomona Park	State: Florida	Zip Code: 32181
Type of Water Treatment I	by Plant:	✓ Raw Ground Water Purchased Fi	nished Water	*		
Permitted Maximum Day	Operating Capacity o	f Plant, gallons per day:	187,000		0	
Plant Category (per subsec	tion 62-699.310(4), I	F.A.C.): V		Plant C	lass (per subsection 62-699.310(4), F.A.	C.): C
Licensed Operators	Marie to the co	Name	License Class	License Number	Day(s) / Shift	t(s) Worked
Lead/Chief Operator:	Paul Thompson		A	7251	Days 1st Shift	
Other Operators:	David Haring		С	14091	Days 1st Shift	
	Ralph Marriott		С	7527	Days 1st Shift	

					1	
	•					
eres does a secure filter						
(All the Colonial Colonia Colonial Colonial Colonial Colo			The second secon			

Certification by Lea						
		nt operator licensed in Florida, am the lead/chi				
nformation provided	in this report is to	rue and accurate to the best of my knowledge	and belief. I cert	ify that all drinking	g water treatment chemicals used	at this plant conform to NS
nternational Standard	d 60 or other appl	licable standards referenced in subsection 62-5	555.320(3), F.A.(C. I also certify the	at the following additional operat	tions records for this plant
vere prepared each d	av that a licensed	operator staffed or visited this plant during th	e month indicate	d above: (1) recor	ds of amounts of chemicals used	and chemical feed rates: and
		process performance records. Furthermore, I				
		s report, at a convenient location for at least to		these madicional o	petations records to the 1 11 5 611	ner so the range owner can
ordan ment together	mai copies of thi	. I	on yours.			
dd		8 7 VR Paul Thomps	son			A7251
Signature and Date		+ 1 - 2				License Number
~						www.iigo / tonitous

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

PWS I	dentificatio	n Number:		2540905		Plant Name:	Pomona Pa	k						
III. D	aily Data	for the N	Ionth/Year	of:		July, 2008								
			·	ivation/Remov			~							
	traviolet R	0.000		er (Describe):		morne	Chlorine D	ioxide	☐ Ozone	Com	bined Chlori	ne (Chlorar	nines)	

Гуре с	of Disinfe	ctant Resid				Free Chlo				(Chloramine		Chlorine I		
St. W	A TOSLA	A 1816-1	140000	SHEET AND C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	•	MARCHER WANTS	Search Control of the
	100	American	0.000	A 35 M 1 TO	Markey Waller	CT Calc	ulations		SERVICE C	a grada a sa	1 JUV	Dose		1 全位,2000年10日本共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共
	South Service	444		Grand Grand	COMPANY OF THE PARK	SERVICE OF	Lowest CT		\$240×1340×20	200 100 100 20	100	20.4	177546	
				15,170						412		100	1000	建设是发展的基本。
	Days Plant				Lowest Residual	Disinfectant Contact Time	Provided Before or at	200 年					The second second second second second	2006年1月20日 1月20日
	Staffed or	 Color 2009/2000 (School Account) 	Net Quantity		Disinfectant	(T) at C	First					Minimum	Lowest Residual Disinfectant	
	Visited by		of Fmished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	10000000000000000000000000000000000000	Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	
the	(Place	in E	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	Required mg	UV Dose,	mW-	Distribution	Involves Taking Water System Component
٧×	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	38,470		1.2				# JA # 1				0.6	
2.4	Х	24.0	36,030		1.1							r	0.6	
3 :	X	24.0	38,050	X	1.5				1.1				1.0	
4	Х	24.0	31,260		1.5								1.0	
- 5		24.0	35,250	Maria Para di										
6	V	24.0	35,250			:								
-7 -8 -4	X	24.0 24.0	35,250		1.1								0.6	
9	X	24.0	18,670 53,420	31	1.2								0.8	
10	X	24.0	37,100		1.5								1.1	
11	$\frac{\lambda}{X}$	24.0	52,320		1.3								1.0	
12 %		24.0	27,673		1.2								0.8	
×13		24,0	27,673										·	
14	Х	24.0	27,673		1.2								0.8	
15	X	24.0	27,630		1.2								0.8	
16	Х	24.0	25,530		1.5								0.8	
17	Х	24.0	23,310		1.5								1.0	
18	Х	24.0	23,670		1.4								1.0	
19 -		24.0	26,310											
4	- ,,	24.0	26,310											
22	X	24.0	26,310		1.0								0,6	
23	X	24.0 24.0	31,360 25,260		1.0								0.6	
24	X	24.0	25,260		0.5								0.3	
25	X	24.0	21,100		2.0								0.7	
26		24.0	22,753		2.0								1.6	
27		24.0	22,753				w							
28	X	24.0	22,753		1.1								0.5	
29	Х	24.0	20,320		1.5								0.9	
30	Х	24.0	30,040		1.5								1.0	
31	Х	24.0	26,710		1,4								0.8	
otal 💮	9392		922,150	A.							1		2.01	
vgerage		100000	29,747											

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

53,420

DEP Form 62-5° '0(3)Alternate

Maximum ****

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



DEP Form 62

700(3)Alternate

See	Dogge A	for	Instructions.
DEE	FARES 4	101	HISH UCHOUS.

WS Name:	Pomona Park					T	PWS Identification Number:	254090)5										
WS Type:	✓ Community	Non-Transient Non-Comm	nunity T	ransient Non-Com	munity		Consecutive												
	nections at End of Mon					Total P	opulation Served at End of M	onth: 672											
VS Owner:	Aqua Utilities Flori	ida						***************************************											
ntact Person:	Brian Heath				[0	Contac	t Person's Title: A	rea Manager	AND THE RESIDENCE OF THE PROPERTY OF THE PARTY	ntact Person's Mailing	Address:	PO Box 490310			City: Leesburg		State: Florida	Zip Co	de: 34749
ntact Person's Telepho		(352) 787-0980			**************************************		t Person's Fax Number: (3	52) 787-6333											
ntact Person's E-Mail	Address:	beheath@aquaamerica.c	om	Marie San Company															
ater Treatment	Plant Information				**************************************		······································												
nt Name:	Pomona Park						Plant Telephone Number:	(352) 7	87-0980										
nt Address:	Church Street				City: Pomona	Park	State: Florida	Zip Co	de: 32181										
e of Water Treatmen	t by Plant:	✓ Raw Ground Water	Purchased Fini	shed Water		-													
mitted Maximum Day	y Operating Capacity of	f Plant, gallons per day:	MENTAL MANAGEMENT OF THE STATE	187,000															
nt Category (per subs	ection 62-699.310(4), F	F.A.C.): V	***************************************		Pla	ant Cla	ass (per subsection 62-699.310	0(4), F.A.C.): C	Commence of the second										
icensed Operator	ST COMMENTS OF STREET	Name	Control of the	License Class	License Nun)/Shift(s) Work	ed										
ad/Chief Operato	r; Paul Thompson			A	7251		Days 1st Shift												
ier Operators:	David Haring	74- 3		C	14091		Days 1st Shift												
	Ralph Marriott	2017 FF		C	7527		Days 1st Shift	***************************************											

	Asia Comment																		

					·														
	200 m							***************************************											
	***						***************************************	Western Company of the Company of th											
																			
The second second						-+													
	<u> </u>																		
rtification by Le	ad/Chief Operato)r			100 - 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to														
THE RESIDENCE OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	WHITE PROPERTY AND ADDRESS OF THE PERSON WAS	at operator licensed in Florida,	am the lead/ship	f anaratar of the	water treatme	ent ml	ant identified in next Laf	this report I am	tifuthat tha										
		rue and accurate to the best of																	
		icable standards referenced in																	
e prepared each	day that a licensed	operator staffed or visited thi	s plant during the	month indicated	dabove: (1) re	ecord	s of amounts of chemica	als used and chem	nical feed rates;										
if applicable, app	propriate treatment	process performance records.	. Furthermore, I a	agree to provide	these addition	al or	perations records to the F	WS owner so the	PWS owner c										
in them together	with copies of this	s report, at a convenient locati	ion for at least ter	vears		F													
in dieni, logothe	with copies of the	I /	ion for at least tel	i years.															
1 1		1 1																	
		00/12/02	Paul Thompso																

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

PWS I	dentification	n Number:		2540905		Plant Name:	Pomona Par	k						
III. D	aily Data	for the N	lonth/Year	of:		August, 2008								
Means	of Achievi	ng Four-Los	Virus Inacti	vation/Remov	/al:	hlorine [Chlorine Di	ovide	□ Ozone	Comb	sined Chlori	ne (Chlorar	nines)	
	traviolet R	-	-	r (Describe):			Canorine D.	0.000	1 OLONG) Com	AIRCI CIIKA I	ne (emora	114103)	
						EZ Essa Chile		Combin	ad Chlorina	(Chloramine	(e) [Chlorine I	Novida	
	7	ctant Kesic			ibution System:									
					T Calculations, or							and the second s		
		to see The co			ANGU STAL		ulations				w UV.J		1000000	
				146.00	4.66		Lowest CT				117.55	over the same	3.0	
95.5	6.3.66.14	Tarin Sylve	30000			Disinfectant	Provided	46.675	9.0	44,536.5	20 A 10 A 100		10 mm	with the control of the control of the control of
	Days Plant		a special section		Lowest Residual	Contact Time	Before or at	41.55	Targette St.	1500000	764 - 164		Lowest Residual	Section with the section of the sect
	Staffed or		Net Quantity	10 A	Disinfectant	(T) at C	First:	19.	0.00	73 7 5 6	Acceptance	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	« Measurement	Customer	6.0		1000	Lowest	UV Dose	Concentration at	
		Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,		Conditions, Repair or Maintenance Work the
-the_	(Place	in-	 Producted, 	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
1 1	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
Trans. 40	X	24.0	30,980		1.5								1.0	
1,244		24.0	31,050											
3 4	V	24.0 24.0	31,050 31,050		1.4								1,0	
3=5+3	X	24.0	23,600		1.4			-					0.9	
-6	X	24.0	18,970		1.3	27-27							1.0	
7.33	X	24.0	20,720		1.4								1.0	
. 8	X	24.0	27,250		1.4		1.54						1.0	
. 9		24.0	23,707	5 A										
410 kg		24.0	23,707											
V118	Х	24.0	23,707		1.2						1-47		0.7	1.7
- 12	X	24.0	23,240		1.0								0.5	
13	X	24.0	22,280		1.5	CHANGE OF THE PARTY OF THE PART							0.9	
14)%	X	24.0	23,650		1.4								0.9	
15	X	24.0	26,860		1.5								1.0	
≠16∌ 117**		24.0 24.0	26,477											
18	х	24.0	26,477 26,477		1.4								1.0	
19	X	24.0	19,000		1.4								1.1	
	X	24.0	25,740		1.0		<u> </u>						0.6	
	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	Х	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	Х	24.0	34,420		1.5								0.9	
30 ···		24.0 24.0	35,913 35,913											
Total	The state of		810,756				L	L			L	<u> </u>		
Avgerag			26,153											

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

35,913

DEP Form 62-F 70(3)Alternate

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



DEP Form 62-555 900(3)Alternate

See Pages 4 for I						
. General Informa	tion for the Month/Year of:	September, 2008				
A. Public Water Sys	tem (PWS) Information					
PWS Name:	Pomona Park				PWS Identification Number	r: 2540905
PWS Type:	✓ Community No	n-Transient Non-Community	Transient Non-Comr	nunity	Consecutive	
Number of Service Co	nnections at End of Month:	181		Total	Population Served at End of	Month: 672
PWS Owner:	Aqua Utilities Florida					Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian
Contact Person:	Brian Heath			Conta	act Person's Title:	Area Manager
Contact Person's Maili	ng Address: PO Box 49	90310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telep	hone Number: (352) 787-	0980		Conta	act Person's Fax Number:	(352) 787-6333
Contact Person's E-Ma	il Address: <u>beheat</u> l	@aquaamerica.com				
Vater Treatmen	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 Treatme			ased Finished Water			
	ay Operating Capacity of Plant, gallo	ns per day:	187,000			
	section 62-699.310(4), F.A.C.):	V .			Class (per subsection 62-699.)	
Licensed Operato	270	Name	License Class	License Number	Day	(s) / Shift(s) Worked
Lead/Chief Operat			A	7251	Days 1st Shift	
Other Operators:	David Haring		C	14091	Days 1st Shift	
	Ralph Marriott		C	7527	Days 1st Shift	
White the State of						
	·					
the artist of the second and					<u> </u>	
Certification by I	ead/Chief Operator					
		licensed in Florida am the la	and/ahiaf anaratar of the	woter treetment o	lantidantified in most T	of this report. I certify that the
information provide	ad in this report is true and as	incensed in Florida, am the le	adventer operator of the	water treatment p	plant identified in part i	of this report. I certify that the
International Ct	ed in this report is true and ac	curate to the best of my know	leage and belief. I certi	ly that all drinking	g water treatment chemi	cals used at this plant conform to
						nal operations records for this pla
were prepared each	day that a licensed operator :	staffed or visited this plant du	ring the month indicated	above: (1) recor	ds of amounts of chemi	cals used and chemical feed rates
(2) if applicable, ap	propriate treatment process p	erformance records. Furthern	nore, I agree to provide	these additional o	perations records to the	PWS owner so the PWS owner
retain them, togeth	er with copies of this report, a	t a convenient location for at	least ten years.			
()		1 1				
		108 108 Paul	Thompson			A7251
Signature and Date						License Number

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

PWS I	dentificatio	n Number:		2540905		Plant Name:	Pomona Par	k						
I. D	aily Data	for the N	lonth/Year o	of:		September, 200)8			.,				
***************************************			y Virus Inactiv	The state of the s			Chlorine Di	iovida	Г О200e	Com!	bined Chlori	na (Chlorer	nines)	
	traviolet R	-		r (Describe):		mornic 1	Chiorine Di	oxide	1 Ozone	1 Com	oined Chiori	ne (Cinorai	nuies)	
						▼ Free Chlo	·	Cambia	ad Chlarina	(Chloramine	»«\	Chlorine I	Nineida	
pe (of Disinfe	ctant Resid	lual Maintair		ibution System:								Jioxide	
	save an	Professional	red his	A PART C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	100 mm (40) pr	Water Drawn	Recognition of the Season
	學學家			1.00	Harrist Land Co. St.	CT Calc	ulations	HE REVAIL	A66 (1)	11000	UV	Dose	March Color	3. 电压力 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图
						国 建位为中	Lowest CT	(1) (1)	de la companya della companya della companya de la companya della	1000000	最为可含 数	(4) (4)	F-9-017 10-4	
						Disinfectant	Provided			17.7				
	Days Plant				Lowest Residual	Contact Time	Before or at			1.7		Total State	Lowest Residual	
7.77	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum		
74.4	Visited by	250-5022	of Finished		Concentration (C)	Measurement	Customer			Section 2	Lowest	UV Dose	Concentration at	
ay of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CI	Operating	Required,	Remote Point in	
the	(Place	in Sec.	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		mW-	Distribution	Involves Taking Water System Compon
h	(X')			Rate, gpd.	Peak Flow, mg/L	minutes	€min/L	Water, "C	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
-240	Х	24.0	35,913	e instant, fin	1.8								1.4	
2	X	24.0	43,450		0.8							<u> </u>	0.4	
3 🐑	X	24.0	46,700		1.5			 					0.8	
4	X	24.0	39,530		1.4				 		1	<u> </u>	0.8	
5.00	Х	24.0 24.0	46,350 28,297		1.2		 	 					0,6	
6 s		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	
14%	X	24.0	28,930		2.5						AND S	 	1.7	
12	Х	24.0	25,600		2.0								1.4	
13		24.0	30,530		Page 1						10-11			
14		24.0	30,530								La,			
5	X	24.0	30,530	2.00	1.6								1.3	
6	X	24.0	41,300		1.7								1.3	
17,50	X	24.0	15,610	- 48	1.4									Outage - Tank Cleaning and Inspection
8	X	24.0	32,920		1,8						111111111111111111111111111111111111111		1.0	
9	X	24.0	21,400		1.7								1,0	
		24.0	28,887											
12	- 7	24.0	28,887 28,887		1.6								1.0	
23	X	24.0 24.0	28,887		1.7							-	1.0	
24	X	24.0	23,080		1.7							-	1.0	
25	X	24.0	28,140		1.5						<u> </u>	-	1.0	
6	X	24.0	24,380		1.5						<u> </u>		0.8	
7		24.0	31,920		1.3								7.0	
8		24.0	31,920			tute value annual annual annual annual annual annual annual annual annual annual annual annual annual annual a								,
9	X	24.0	31,920		1.5	y 							0.8	
30	Х	24.0	23,990		1.5	CASSA - MARKET MARKET AND THE CASSA							0.7	
11±		24.0												
al :	1. in 1.5h		922,743	***************************************					***************************************			***************************************		
gerag	e di la la la la la la la la la la la la la	35,445	29,766											

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

46,700

DEP Form 62 00(3)Alternate

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



See Pages 4 for Instructions.

General Informa	tion for the Mont	n/Year of: Octobe	er, 2008						
Public Water Sys	stem (PWS) Inform	nation	-						
PWS Name:	Pomona Park					PWS Identification Numb	per:	2540905	
PWS Type:	✓ Community	Non-Transient Non-Cor	mmunity	ransient Non-Comm	unity	Consecutive			
Number of Service Co	nnections at End of Mo	nth: 181			Tota	Population Served at End of	of Month:	672	**************************************
PWS Owner:	Aqua Utilities Flo	rida							
Contact Person:	Edward Pellenz				Con	act Person's Title:	Manager of Ope	erations	
Contact Person's Maili	ng Address:	PO Box 490310		10	lity: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telep	hone Number:	(352) 787-0980			Con	tact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Ma	nil Address:	ejpellenz@aquaamerica	a.com		***************************************				
Vater Treatmen	t Plant Informatio	n				·	**************************************		
lant Name:	Pomona Park		5.15			Plant Telephone Number:		(352) 787-09	80
Plant Address:	Church Street			IC	ity: Pomona Par	State: Florida		Zip Code:	32181
ype of Water Treatme		✓ Raw Ground Water	Purchased Fini	shed Water				hami'a	
		of Plant, gallons per day:		187,000					
	bsection 62-699.310(4),		V		Plant	Class (per subsection 62-699	.310(4), F.A.C.):	С	
Licensed Operate	ors	Name	Telescope States	License Class	License Numbe	r Da	ry(s) / Shift(s)	Worked	
	tor: Paul Thompson			A	7251	Days 1st Shift			
Other Operators:	David Haring	24.75		C	14091	Days 1st Shift		***************************************	
Transport of	Ralph Marriott			C	7527	Days 1st Shift			
Property Section 1							***************************************	***************************************	
							· · · · · · · · · · · · · · · · · · ·		

Addition to the									
A STATE OF THE STA								***************************************	***************************************
entre de la companya de la companya de la companya de la companya de la companya de la companya de la companya									
Carried Street									
Contification by I									
	.ead/Chief Operat								
, the undersigned	water treatment pla	nt operator licensed in Florid	da, am the lead/chie	f operator of the v	vater treatment	plant identified in part	I of this report.	. I certify t	that the
itermation provid	led in this report is	true and accurate to the best	of my knowledge ar	nd belief. I certify	that all drinkir	g water treatment chen	nicals used at t	his plant co	onform to NS
nternational Stand	lard 60 or other app	olicable standards referenced	in subsection 62-55	55.320(3), F.A.C.	I also certify th	at the following addition	onal operations	s records fo	or this plant
ere prepared each	n day that a licensed	d operator staffed or visited to	his plant during the	month indicated a	bove: (1) reco	rds of amounts of chem	icals used and	chemical	feed rates: an
2) if applicable, ap	ppropriate treatmen	t process performance record	ds. Furthermore, La	gree to provide th	ese additional	operations records to th	e PWS owner	so the PW	S owner can
etain them, togeth	er with copies of th	is report, at a convenient loca	ation for at least ten	vears.				oo me i	o o milos cum
7	1	1 1		7					
10	1	11/1/8	Doub Theorem	_					
ignature and Date		- 1,16/10	Paul Thompso	11				A7251	
ignature and Date							i i	License Num	ber
				D 1					- (
DEP Form 62-F 90	O(3)Atternate			Page 1					

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

PWS I	dentificatio	on Number:		2540905		Plant Name:	Pomona Par	k						
Ш. Г	aily Data	a for the N	lonth/Year	of:		October, 2008								
The same of the sa	Mariana, American Maria	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	g Virus Inacti				Chlorina D	ovida	C Ozone	┌ Comt	inal Chlad	no (Chlorau	uinaa\	
			Othe			anorme ₁	Chiorine D	OXIGE	1 Ozone	Com	nnea Cniori	ne (Chiorai	nines)	
See.					ibution System:	▼ Free Chlo	orine 「	Combin	ned Chlorine	(Chloramine	es) Γ	Chlorine I	Dioxide	
1 Jpc	J. Dismire									<u> </u>			1.5	
104		10.43	Net Quantity of Finished Water Producted, gal.	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	T Calculations, or							Dose .	5227 2132	
	1000		6.51	ACCUPATION OF THE PROPERTY OF	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		uiations			Extra man	UV	JUSC	R Table Gala	
100	1 (A)	t A			and a second		Lowest CT	1200	4000	753199	9 6 6 7			新加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加
				1		Disinfectant	Provided					1000		经验证证明 (1)
4.35	Days Plant	t e	May Owner the		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First	Sec. Sec.				Minimum	Lowest Residual Disinfectant	
1	Staffed or Visited by		of Finished	30.00	Concentration (C)	Measurement	Customer	1000			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	2 1 2 m and	Before or at First	Point During	During Peak		Sanda a	Minimum CT	Operating	Required,	Remote Point in	
the .	age of the control of	in	Producted	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of		Required, mg		mW-	Distribution	Involves Taking Water System Components
, ,	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	
15	Х	24.0	24,550		1.4								0.7	
- 2	X	24.0	32,240		1.5								0.7	
	X	24.0	25,260		1.5					CONTROL OF THE CONTRO			0.7	
4 .		24.0	25,413											
5.		24.0	25,413					<u> </u>						
6	Х	24.0	25,413		1.5								0.7	
8	X	24.0	21,270	<u> </u>	1.4								0.7	
- 9	X	24,0 24.0	37,280 20,010		1.7				<u> </u>				0.7	
10	X	24.0	22,600		1.8				 				0.8	
11		24.0	29,320	 	1.0								0.0	
12 g		24.0	29,320					 	-					
13	X	24.0	29,320		1.9								0.8	
14	Х	24,0	21,460		1.7								0.8	
15	Х	24.0	23,810		1.9								0.8	
. 16	X	24.0	25,690		1.8								0.8	
: 17 6	X	24.0	23,730		1.8								0.8	
18		24.0	28,263											
19		24.0	28,263		1.7			-					0.0	
1	X	24.0	28,263 22,110		1.7			-					0,8	
22	X	24.0	21,420		1.6								0.8	
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.	Х	24.0	25,443		1.5								0.8	
28	Х	24.0	21,770		1.4								0.7	
29	X	24.0	24,800		1.3								0,5	
30	Х	24.0	30,640		1.7								1.5	
-31	Х	24.0	74,120		1.4			L					1.0	
Total	apole Merci		852,200	I										

27,490 74,120

DEP Form 62-57- 900(3)Alternate

^{*} 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.

WS Name:	r System (PWS) Inform	III ATTOM	~~~				
	Pomona Park					PWS Identification Number	2540905
WS Type:	✓ Community		nmunity [_]1	ransient Non-Com		Consecutive	
	ce Connections at End of Mo				Tota	l Population Served at End of N	Month: 672
WS Owner:	Aqua Utilities Flo	orida	4044				
ntact Person:	Edward Pellenz	DO D 400010					Manager of Operations
	Mailing Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
	Telephone Number:	(352) 787-0980			Con	tact Person's Fax Number: ((352) 787-6333
	E-Mail Address:	ejpellenz@aquaamerica	i.com			***************************************	
	ment Plant Informatio)n				7	
nt Name:	Pomona Park					Plant Telephone Number:	(352) 787-0980
nt Address:	Church Street	T-1			City: Pomona Par	State: Florida	Zip Code: 32181
	reatment by Plant:	Raw Ground Water	Purchased Fin				
	num Day Operating Capacity			187,000			
	per subsection 62-699.310(4),		V			Class (per subsection 62-699.3	
icensed Op	perators	Name Name		License Class	License Numbe		(s) / Shift(s) Worked
	perator: Paul Thompson		·	A	7251	Days 1st Shift	
ner Operato	2012/25/25/25/25/25		415	С	14091	Days 1st Shift	
And Company	Ralph Marriott			С	7527	Days 1st Shift	
	7 SACTOR (2007), 10 CO.			Committee of the commit			
Same and							
ar charles and	Symples						
	** ** ** ** ** ** ** ** ** ** ** ** **						
	by Lead/Chief Operat						
he undersig	ned water treatment pla	ant operator licensed in Florid	a, am the lead/chie	f operator of the	water treatment	plant identified in part I o	of this report. I certify that the
rmation pr	ovided in this report is	true and accurate to the best of	of my knowledge a	nd belief. I certi	fy that all drinking	ng water treatment chemic	cals used at this plant conform to
ernational S	Standard 60 or other app	olicable standards referenced	in subsection 62-5:	55.320(3), F.A.C	. I also certify the	at the following addition	al operations records for this plan
re prepared	each day that a license	d operator staffed or visited th	nis plant during the	month indicated	above: (1) reco	rds of amounts of chemic	als used and chemical feed rates;
if applicab	le, appropriate treatmer	nt process performance record	s Furthermore I	agree to provide	these additional	operations records to the	PWS owner so the PWS owner ca
in them	gether with conies of th	nis report, at a convenient loca	ation for at least to	Noore	these additional	operations records to the	r w 5 owner so the r w 5 owner ca
LICIII, 10	Senier with copies of th	is report, at a convenient loca	ition for at least ter	i years.			
	.)	1-1-0					
	\sim	1 / 2 / /33	Paul Thompso				

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

WS Ide	entification	n Number:		2540905		Plant Name:	Pomona Par	k						
I. Da	ilv Data	for the M	lonth/Year	of:		November, 20)8							
				vation/Remov			Chlorine Di	ovide	Ozone	T Comb	sined Chlori	na (Chlorer	nines)	
	aviolet R			er (Describe):		, morate	Chlorine Di	OAIGE	Ozone	1 Come	med Chiori	ne (Chorai	innes)	
					ibution System:	☑ Free Chl	rine T	Combine	d Chlorine	(Chloramine	·s) [Chlorine I	Dioxide	
ype or	Distilled	I I I KESIU	iuai iviaiiitai	licu III Disti	TOURION System.	THE								
					T Calculations, or	U.V.Dose, to	Demostate.	rour-Log	virus inac	uvation, 11 2	Applicable	D		Principal Control
			A contract	100		Tale C1 Cale	culations - 3	a wall	15 10 10 10 10 10 10 10 10 10 10 10 10 10	A	- 37 U V	Dose	MARKET ST	Service Control of the Son
					and the second		Lowest CT			**************************************				
		100	2000		Lowest Residual Disinfectant	Disinfectant	Lowest CT Provided Before or at First Customer	W. W. C.		11-14-121-14-14		And Control	Anna Santa da Lacare.	
1	Days Plant Staffed or Visited by		7.0		Lowest Residual	Contact Time	Before or at	4.5					Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	Sent Lead			Lowest	UV Dose	Disinfectant Concentration at	
ay of	VISITED DV	725	OFLURZHER		1 Concentration (C)	Measurement Point During	During Peak			Minimum CT	Operating	The second second second second		Conditions, Repair or Maintenance Wor
he	(Place	in	- Producted	Peak Flow	Customer During	- Peak Flow,	Flow mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Compo
1	- "X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L		min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
		24.0	26,580											
2		24.0	26,580		Per III									
3	X	24.0	26,580		1.4								1.0	
4; 5	X	24.0	33,510 26,400	 	1.3								0.8	
6	X	24.0	28,110		1.6							 	1,1	
765.	X	24.0	27,730		1.8								1.2	
81,22		24.0	28,250											
925		24.0	28,250	100	side a					3 96.2				
0 🖫	Х	24,0	28,250		1.4					and the state of the state of	1111		1.0	
1199	X	24.0	29,540		1.3								0.8	
3	X	24.0	26,840		1.6								1.0	
4	X	24.0	23,910 27,390		1.7								1.2	
5111		24.0	27,053		1.0					***************************************			1.0	· · · · · · · · · · · · · · · · · · ·
6		24.0	27,053											
7 🔠	Х	24.0	27,053		1,5								1.1	
8	Х	24.0	26,230		1.4								1.0	
9 🐣	X	24.0	30,900		1.5						-		1.0	
Aprile .	X	24.0	26,940 28,710		1.3								0.9	
2	A	24.0	29,500		1,4								0.9	
23 8		24.0	29,500					_						
4	Х	24.0	29,500		1.2								0.7	
5 🐃	Х	24.0	34,410		1.4								0.8	
6%	Х	24.0	30,930		1.4	11.		4 -					1.0	
7.6	Х	24.0	34,680		1.5								1.2	
8	X	24.0	32,870		1.3								1.0	Anna de la companya de la companya de la companya de la companya de la companya de la companya de la companya
9		24.0	34,617											
U ₂₀₀		24.0	34,617											
2262,7904			872,483		L				1			L		
	K LAWA (A)	100	28,145											
The state of the s		The state of the s		i .										

^{*} Refer to the instructions for this report to determine which plants must provide this information. 1(3)Alternate

34,680

DEP Form 62-1

Maximum

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



DEP Form 62

900(3)Alternate

			Polymer Page 3	Due in December					
-	See Pages 4 for Inst								
l.	General Information	n for the Month/Y	ear of:	December, 2008					
A.	Public Water System	n (PWS) Informa	tion						
	PWS Name:	Pomona Park					PWS Identification Number:	2540905	
	PWS Type:	✓ Community	Non-Transien	t Non-Community	Transient Non-Com	munity	Consecutive		
	Number of Service Connec	ctions at End of Month		181			Population Served at End of M	Ionth: 672	
	PWS Owner:	Aqua Utilities Florida	a						
	Contact Person:	Edward Pellenz				Cont	act Person's Title: M	fanager of Operations	
-	Contact Person's Mailing /	Address:	PO Box 490310			City: Leesburg	State: Florida	Zîp Code:	34749
	Contact Person's Telephon		(352) 787-0980			Cont	act Person's Fax Number: (3	352) 787-6333	
. 1	Contact Person's E-Mail A		ejpellenz@aqua	america.com					
	Water Treatment Pl	lant Information							
- }	Plant Name:	Pomona Park					Plant Telephone Number:	(352) 787-0	1980
1	Plant Address:	Church Street				City: Pomona Park	State: Florida	Zip Code:	32181
,	Type of Water Treatment b		✓ Raw Ground V		chased Finished Water				
	Permitted Maximum Day (The state of the s	187,000				
_}	Plant Category (per subsec			· (Vi:			Class (per subsection 62-699.31)		
}	Licensed Operators		Name			***************************************	Day(s	s)/Shitt(s)/Worked	el describe describe
	Lead/Chief Operator:			The state of the s	I A	7251	Days 1st Shift		
-	Other Operators:	David Haring	and the state of t	· Carrie	C	14091	Days 1st Shift		
		Ralph Marriott		- LV2	C	7527	Days 1st Shift		
-	the Mark States								
-	AND THE PROPERTY.								
	regulation of a property of the second								
							 		
1				***************************************					
Į	Marie and the Orientalian section (Section					***************************************			
	Certification by Lead	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	THE RESIDENCE OF THE PARTY OF T						
							plant identified in part I of		
							g water treatment chemica		
	International Standard	d 60 or other applic	able standards re	ferenced in subsect	ion 62-555.320(3), F.A.C	C. I also certify th	at the following additiona	al operations records	for this plant
							ds of amounts of chemica		
							perations records to the F		
	retain them, together v								
		**	1 1		TO STANDARD OF STANDARD STANDA				
	10		01/08/1) 9 Pa	ul Thompson			A7251	
-	Signature and Date				<u> </u>			License Nu	mber

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

WS Id	entification	n Number:		2540905		Plant Name:	Pomona Par	k						
I. D	aily Data	for the M	onth/Year	of:	01.500000000000000000000000000000000000	December, 200	18			***************************************		***************************************		
-	_		Virus Inactiv					ovida	C Ozone	☐ Coml	-:1 Chi:	(Chl		
	raviolet R	-33		r (Describe):		inoruic ₁	Chiorine Di	oxide	Ozone	I Comi	bined Chlori	ne (Chlorar	nines)	
						EZ E CIV	·	Combin	and Chlorina	(Chloramine		Chlorine I	· · · · ·	
ype o	I Disinted	tant Kesid	uai Maintaii	ned in Distr	ibution System:									
1000	45.000	May 25	Net Quantity of Finished	Contract C	T Calculations, or									
		10.6.17		3000 mg	THE COURSE			Grant St	March Control		UV	Dose 📉		是自由的基本的主要还是国际
							Lowest CT			Michael Ci				
*1.2					Lowest Residual Disinfectant Concentration (C)	= Disinfectant						in the second	to the same of the same	Section 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Days Plant	Contract Contract	Section Control		Lowest Residual	Contact Time	Provided Before or at First		1000	1000-000	A CHE		Lowest Residual	sanga kalang kalang di sanga ang bala
1.477	Staffed or	100	Net Quaritity	Harage H	Disinfectant	(T) at C	First	message a	14-4-14 A.	Barrieri	Marie	Minimum	*Disinfectant	each service and all all
	Visited by	a constraint	of Finished	0.04 (27.55-17	Concentration (C)	* Measurement	Customet,	1000	11 - 2000	700000	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
	Operator	Trours plant	Hatel	3.00	Perote of at Little	Point During	During Peak	1000	100 mg / 100	DATHITICAL COL	Det alling	Required,	Remote Point in	Conditions; Repair or Maintenance Work
the *	(Place		Producted,		Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Compon Out of Operation
n				Kate, gpd,	Peak Flow, mg/L	minutes	min/L	water, C	III Applicable	min/L	mW-sec/cmf	sec/cm ²		Out of Operation
2	X	24.0	34,617 36,750		1.4				 	-			1.0	
3	X	24.0	25,380		1.3				<u> </u>				1.0	
4*	X	24.0	32,810		1.3				3.0				1.0	\$ * x \ \
5	X	24.0	26,310		1.6								1.2	
6		24.0	27,963	·					A.					The face.
7. 1		24.0	27,963°	ř.					;*				15	* \$
8	Х	⇒ 24.0	27,963	No.	1.6		1.3		177				1.3	
9	X	24.0	26,050	L.,	1.4				A 1944		10.4		. 1.0	- 40 June
10%	Х	24.0	28,760		1.5	·			1.11				1.1	
11:	X	24.0	24,950		1.4								1.0	. 13
12*- 13	X	24.0	26,600 28,473	f-	1.5								1.2	
148		24.0	28,473											
5***	Х	24.0	28,473		1.5	***************************************							1.0	
16	Х	24.0	28,430		1.5								1.2	
7.5	Х	24.0	33,910		1.5								1.3	
18	Х	24.0	25,400		1.5								1.2	
9	X	24.0	24,250		1.5								1.2	
1200		24.0	29,753											
22.30	~	24.0	29,753		1.1									
22.3	X	24.0	29,753 26,480		1.4								1.0	
24	X	24.0	27,150		1.6	- in the second second second second							1.1	
5	X	24.0	26,160		1.5								1.0	
6	X	24.0	31,140		1.3								0.9	
7.55		24.0	25,640							***************************************				
8.		24.0	25,640											
29 **	Х	24.0	25,640		1,4								0.9	
0	Х	24.0	31,630		1.5								0,8	
1	Х	24.0	25,050		1.4								0.8	
al - :		OFFICE	877,317 28,301											
***************************************		100000000000000000000000000000000000000	36,750											

^{*} Refer to the instructions for this report to determine which plants must provide this information 00(3)Atternate

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 Poly	mer Containing Acrylam	ide, Polymer C	ontaining E	pichlorohyd <mark>rin,</mark> an	d Iron	or Manganese Sequestrant for the Year: * 2008
A. Is any polymer containing the n follows:	nonomer acrylamide used at the w	ater treatment plant	1?	☑ No	s, and th	ne polymer dose and the acry lamide level in the polymer are as
Polymer Dose ppm =				Acrylamide Level, %1 =		
B. Is any polymer containing the n polymer are as follows:	nonomer <u>epichlorohydrin</u> used at t	he water treatment	plant?	☑ No	┌ Yes	, and the polymer dose and the epichlorohydrin level in the
Polymer Dose ppm =				Epichlorohydrin Level,	% ¹ =	
C. Is any iron or manganese seques	strant used at the water treatment	olant?	✓ No		e of sec	questrant, sequestrant dose, ect., are as follows:
Type of Sequestrant (polyphosp	hate or sodium silicate):					
Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	s SiO ₂ =				
If sodium silicate is used, the ar	nount of added plus naturally occu	urring silicate, in m	g/L as SiO ₂ =			

19

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

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

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



DEP Form 62

700(3)Alternate

See Pages 4 for Instructions.

General Informatio	n for the Month	/Year of: Janu	ary, 2009					
Public Water System	m (PWS) Inform	nation						
PWS Name:	Pomona Park	1				PWS Identification Numb	er: 254090	5
PWS Type:	✓ Community	Non-Transient Non-C	Community	Transient Non-Com	munity	Consecutive	*	
Number of Service Conne	ctions at End of Mon	th: 181			Total	Population Served at End o	f Month: 672	
PWS Owner:	Aqua Utilities Flor	ida						
Contact Person:	Edward Pellenz				Conta	act Person's Title:	Manager of Operations	
Contact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Coo	le: 34749
Contact Person's Telephor	ie Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A	ddress:	ejpellenz@aquaameri	ca.com					
Water Treatment P	lant Information	1						
clant Name:	Pomona Park					Plant Telephone Number:	(352) 7	87-0980
Plant Address:	Church Street				City: Pomona Park	State: Florida	Zip Coo	le: 32181
Type of Water Treatment I		✓ Raw Ground Water	Purchased F	inished Water				
Permitted Maximum Day				187,000				
Plant Category (per subsec			V			lass (per subsection 62-699	.310(4), F.A.C.): C	
		Name		License Class	License Number	Da	y(s)/Shift(s) Worke	d
Lead/Chief Operator:				Α	7251	Days 1st Shift		
Other Operators:	David Haring			C	14091	Days 1st Shift		
	Ralph Marriott			С	7527	Days 1st Shift		
Marte Could In the								
		•						22. i
					and SAISSAIN SANSASSASSASSASSASSASSASSASSASSASSASSASS			
Certification by Lea								
, the undersigned wa	ter treatment plan	nt operator licensed in Flor	rida, am the lead/ch	ief operator of the	water treatment p	lant identified in part I	of this report. I cer	tify that the
		rue and accurate to the bes						
nternational Standard	d 60 or other appl	licable standards reference	ed in subsection 62-	555.320(3), F.A.(C. I also certify the	at the following addition	onal operations recor	ds for this plant
		operator staffed or visited						
		process performance reco						
etain them together	with copies of thi	s report, at a convenient lo	ocation for at least t	en vears	additional v	paramono revolus to an	o I and o milet so the	o omici can
A, regetiles	copies of th	. I	opation for at reast t	on jours.				
/ \		1 1 0						
1 1			Paul Thomp				A7251	

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

PWS 10	dentification	n Number:		2540905		Plant Name:	Pomona Par	k						
III. D	aily Data	for the N	lonth/Year	of:		January, 2009		***************************************					***************************************	
A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO			vation/Remov			Chlorine Di	avida	r 02000	r c	1.611	((21.1		
	traviolet R			er (Describe):		morate 1	Chiorine Di	oxide	1 Ozone	1 Comi	oined Chiori	ne (Chiorar	nines)	
						[7 E 011	· /-		. J (21-1 - 1	77NL 1		Oracle de la company		
ype o	of Disinfec	tant Kesic	luai Maintai		ibution System:			NAME OF TAXABLE PARTY.	Acres and the part of the control of the con-	(Chloramine		Chlorine I	Dioxide	
000146	Report I		to the		T Calculations, or									2.60 c.624 6.000 3.42
						CT Calc	ulations				UV	Dose.		
						F-12164-6-1	Lowest CT			1.56.	100 33			
www.	Restance of	Sign		100		Disinfectant	Provided		100 A 400				San Park	and the second of the second of the second
	Days Plant	estroca á	benesis.		Lowest Residual	Contact Time	Before or at			60 Sec. 40			Lowest Residual	NUMBER BUILDING
	Staffed or		Net Quantity	1,447,930	Disinfectant	(T) at C	First			B13 115	Name of	Minimum		基础外接收的出版的数据
	Visited by	94050	of Finished	10000	Concentration (C)	Measurement	Customer		440.00	(alternation	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak		100	Minimum CT		Required,		Conditions, Repair or Maintenance Work t
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Component
A " "L	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
-	X	24.0	25,970		1,5								1.1	
2 = 3	X	24.0 24.0	25,290 29,750		1.4								1.1	
4		24.0	29,750						<u> </u>					
5	X	24.0	29,750		1.3								0.9	
6	X	24.0	29,590		1.3								0.9	
7	X	24.0	24,570		1.8								1.2	
8	X	24.0	29,820		1.5								1.1	
9 -	Х	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	Х	24.0	31,550		1,6								1.2	
15	X	24.0	32,220		1.7								1.4	
16	X	24.0 24.0	29,320 33,387		1.5								1.2	
17		24.0	33,387											
19	х	24.0	33,387		1.3								1.0	
	X	24.0	40,800		1.3								0.9	
+	X	24.0	30,950		1.3								0.8	
22.	X	24.0	42,470		1.3								0.9	
23 🐩	Х	24.0	35,300		1.3								0.8	
24		24.0	41,843											
25 -		24.0	41,843											
26 =	Х	24.0	41,843		1.1						. 23		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 % 31	X	24.0	33,860		1.6								1.1	
CONTRACTOR OF THE PARTY OF THE		24.0	32,762			l								
			995,492											

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

DEP Form 62- \(\frac{1}{3} \) Attemate

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Maximum

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



See Pages 4 for Instructions.

DEP Form 62 900(3)Alternate

General Informat	ion for the Month/	Year of: Februa	ary, 2009						
Public Water Sys	tem (PWS) Informa	ation							
WS Name:	Pomona Park				week approximate the second	PWS Identification Nu	imber:	2540905	
WS Type:	✓ Community	Non-Transient Non-Co	mmunity	Transient Non-Com	nunity	Consecutive			
umber of Service Cor	nnections at End of Month	h: 181	**************************************		Tota	al Population Served at En	d of Month	672	
WS Owner:	Aqua Utilities Florio	ia						***************************************	
ontact Person:	Paul Thompson				Con	tact Person's Title:	Field Coordinat	or	
ontact Person's Mailin	ng Address:	PO Box 490310			City: Leesburg	State: Florida		Zip Code:	34749
ontact Person's Telepl	hone Number:	(352) 787-0980			Cor	tact Person's Fax Number	(352) 787-6333	***************************************	
ontact Person's E-Ma	il Address:	pdthompson@aquaam	erica.com				The state of the s		
	Plant Information								
ant Name:	Pomona Park					Plant Telephone Numb	per;	(352) 787-09	80
ant Address:	Church Street				City: Pomona Par	k State: Florida		Zip Code:	32181
pe of Water Treatme	nt by Plant:	✓ Raw Ground Water	Purchased Fir	nished Water					***************************************
mitted Maximum D	ay Operating Capacity of	Plant, gallons per day:		187,000					
int Category (per sub	section 62-699.310(4), F	.A.C.):	٧		Plant	Class (per subsection 62-	699.310(4), F.A.C.):	С	
icensed Operato	rs	Name		License Class	License Number	er a service a service a	Day(s) / Shift(s)	Worked	
ad/Chief Operat	or: Paul Thompson			A	7251	Days 1st Shift		La character v.A. market same	
her Operators:	David Haring		20 - CONT. 100 - CONT. 100	C	14091	Days 1st Shift		***************************************	
	Ralph Marriott			C .	7527	Days 1st Shift	r, - o mayba wanaa 110 11 maanaa		
					The second secon			***************************************	
									
					MINICON CONTRACTOR CON				

				1			*************************************	***************************************	
									- Hand - Hand
ertification by L	ead/Chief Operato	r a caracter a casa de la caracter de la caracter de la caracter de la caracter de la caracter de la caracter d							
THE RESIDENCE OF THE PARTY OF T		t operator licensed in Flori	da, am the lead/chi	ef operator of the	water treatment	plant identified in na	rt L of this report	L certify t	hat the
	A reserved to a contract of the second of th	ue and accurate to the best					The state of the s		
The second secon			270						
	* *	icable standards referenced			The second secon				
A		operator staffed or visited	A CONTRACTOR OF THE CONTRACTOR						
		process performance recor			these additional	operations records to	the PWS owner	so the PW	S owner car
tain them, togeth	er with copies of this	report, at a convenient loc	cation for at least te	n years.					
		11		G.					
1		2/6/09							
()	and the second s	2 (111/1	Paul Thomps	On.				A7251	

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

WS I	dentification	n Number:		2540905		Plant Name:	Pomona Par	k						
	aily Data	for the M	lonth/Year	of:		February, 2009								
			y Virus Inactiv		ral:	hlorine [Chlorine Di	ovide	C Ozone	r Comi	bined Chloric	ne (Chlorar	nines)	
	traviolet R			r (Describe):		inoruic 1	Chiorine Di	Oxide	1 020110) Com	omed Chlorn	ne (Cinorai	inites)	
						▼ Free Chlo	. г	Combin	ned Chlorine	(Chloramine	ac) [Chlorine I	Novida	
pe c	of Disinfed	ctant Resid	lual Maintai		ibution System:									
3000	STATE OF STATE	5.45.70			T Calculations, or									
				Section 1	Constitution of the	CT Calc	ulations		PARKETON,		UV.1	Oose		
	75.00			2.00			Lowest CT			State 1				
	1.32			5-00-0-00 miles		Disinfectant	Provided			a discon		1.00		Service Control of the Control
	Days Plant	16000			Lowest Residual	Contact Time	Before or at		and and the second	基础的	Again shift		Lowest Residual	TO THE SHAPE OF THE STATE OF TH
4	Staffed or		Net Quantity		Disinfectant	(T) at C	First	Sections of	1000000	最後的		Minimum	Disinfectant	and the state of t
	Visited by	Contract Contract	of Finished		Concentration (C)	Measurement	Customer	100		aren en su	Lowest	UV Dose	Concentration at	
ay of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum C1	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Compone
4	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm*	sec/cm ²	System, mg/L	Out of Operation
		24.0	49,145								ļ		1.1	
2	X	24.0	49,145		1.5		ļ				 		1.1	
3	Х	24.0	36,490		1.1		 						1.2	
4	X	24.0	33,360		1.8		 		 		<u> </u>		1.0	
5	X	24.0 24.0	32,020 36,230		1.3	***************************************	-						0.7	
6 · · · · · · · · · · · · · · · · · · ·	Χ	24.0	35,143		7,1		 				<u> </u>		V.,	
8		24.0	35,143											
9 34	Х	24.0	35,143		1.5				1		t		1.1	
10	X	24.0	39,690		1.1				DATE DE LA				0.8	
11	X	24.0	30,700		0.5			100					0.3	
12	Х	24.0	37,960		1.5								0.8	
13	Х	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			-	-		<u> </u>		1.0	
19	X	24.0	31,690		1.4								1.0	
1	X	24.0 24.0	28,610 33,347		1.3								1.0	
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. 5	X	24.0	30,780		1.4								0.9	
28		24.0	29,703		•									
29		24.0												
30 🕢		24.0												
31 🦟		24.0							<u> </u>					
al	0.000		962,493		VMOX (0.1%)									
	Committee of the second	Contract of the	31.048											

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

49,145

DEP Form 62 900(3)Alternate

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



63	-		*	
400	Pages 4	IOF	Instructions	

PWS Name: Pomona Park PWS Type:	PWS Type:	Transient Non-Community Consecutive Total Population Served at End of Month: 672 Contact Person's Title: Field Coordinator City: Leesburg State: Florida Zip Code: 34749 Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-6980 City: Pomona Park State: Florida Zip Code 32181 inished Water 187,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Number Day(s) / Shift(s) Worked A 7251 Days 1st Shift C 14091 Days 1st Shift
PWS Name: Pomona Park PWS Type:	PWS Name: Pomona Park PWS Type:	Transient Non-Community
PWS Type:	PWS Type:	Total Population Served at End of Month: 672 Contact Person's Title: Field Coordinator City: Leesburg State: Florida Zip Code: 34749 Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City: Pomona Park State: Florida Zip Code: 32181 Inished Water
Total Population Served at End of Month: 672 WS Owner Aqua Utilities Florida Formact Person: Paul Thompson Formact Person's Mailing Address: PO Box 490310 Formact Person's Telephone Number: (352) 787-0980 Formact Person's Telephone Number: (352) 787-0980 Formact Person's Telephone Number: (352) 787-0980 Formact Person's Telephone Number: (352) 787-0980 Formact Person's Telephone Number: (352) 787-0980 Formact Person's Fax Number: (352) 787-0980 Formact Pers	Total Population Served at End of Month: 181 Total Population Served at End of Month: 672	Total Population Served at End of Month: 672
WS Owner Aqua Utilities Florida Field Coordinator Person's Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Thompson Paul Terson's Telephone Number: (352) 787-0980 Paul Terson's Fax Number: (352) 787-6933 Paul Terson's E-Mail Address: Portona Park Paul Terson Paul Thormation Portona Park Paul Terson	WS Owner Aqua Utilities Florida	Contact Person's Title: Field Coordinator City: Leesburg State: Florida Zip Code: 34749
City Leesburg State Florida Zip Code 3474	City Leesburg State Florida Zip Code 3	City: Leesburg State: Florida Zip Code: 34749
City Leesburg State Florida City Leesburg State Florida City Contact Person's Fax Number: (352) 787-6980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: pdthompson@aquaamerica.com pdthompson@aquaamerica.com Pomona Park Plant Telephone Number: (352) 787-6980 City Pomona Park State Florida City Pomona Park Plant Telephone Number: (352) 787-0980 City Pomona Park State Florida City Code City Pomona Park City Pomona Park State Florida City Code City Pomona Park City Pomona Park City Pomona Park City Pomona Park City Pomona Park City Pomona Park City Pomona Park City Pomona Park City Pomona Park City Pomona Park City City Code City	City: Leesburg State: Florida Zip Code: 3	Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City: Pomona Park State: Florida Zip Code 32181 Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Number Day(s) / Shift(s) Worked A 7251 Days 1st Shift C 14091 Days 1st Shift
Contact Person's Fax Number: (352) 787-0980 Interest Treatment Plant Information Interest Treatment Plant	Contact Person's Fax Number: (352) 787-6333 Interest Treatment Plant Information and Name: Pomona Park and Address: Church Street	Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City: Pomona Park State: Florida Zip Code 32181 Inished Water
potatet Person's E-Mail Address: pdthompson@aquaamerica.com ant Name: Pomona Park ant Address: Church Street Treatment by Plant: Pomona Park Treatment by Plant: Park Ground Water Treatment by Plant: Purchased Finished Water Treatment by Plant: Purchased Finished Water Treatment Day Operating Capacity of Plant, gallons per day: 187,000 The Category (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: Name License Class License Number Day(s) / Shift(s) Worked The Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C The Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: Day(s) / Shift(s) Worked The Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: Day(s) / Shift(s) Worked The Operators: Day(d) Haring Day(s) / Shift(s) Worked License Class License Number Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked Day(s) / Shift(s) Worked	Description Description	City: Pomona Park State: Florida Zip Code 32181
ant Name: Pomona Park Church Street City: Pomona Park State: Florida Zip Code 3218 Purchased Finished Water Treatment by Plant: Purchased Finished Water Tre	ant Name: Pomona Park Church Street City: Pomona Park State: Florida Zip Code 3. Address: Church Street Plant Telephone Number: (352) 787-0980 (252) 787-098	City: Pomona Park State: Florida Zip Code: 32181
And Address: Church Street The properties of Water Treatment by Plant:	And Address: Church Street The properties of Water Treatment by Plant: The properties of Water Treatment by P	City: Pomona Park State: Florida Zip Code: 32181
And Address: Church Street The period Water Treatment by Plant: The	And Address: Church Street The period Water Treatment by Plant: The	City: Pomona Park State: Florida Zip Code: 32181
rmitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators: Paul Thompson A 7251 Days 1st Shift The Operators: Dayid Haring Purchased Finished Water Purchased Finis	rmitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators: Paul Thompson A 7251 Days 1st Shift David Haring Purchased Finished Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Purchased Finished Water Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): C Days 1st Shift Dayid Haring C 14091 Days 1st Shift	Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Number Day(s) / Shift(s) Worked A 7251 Days 1st Shift C 14091 Days 1st Shift
emitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Capacity of Plant, gallons per day: A Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Number C Day(s) / Shift(s) Worked C Days 1st Shift C 14091 Days 1st Shift	emitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Capacity of Plant, gallons per day: A Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Number C Day(s) / Shift(s) Worked C Days 1st Shift C Days 1st Shift	Plant Class (per subsection 62-699.310(4), F.A.C.): C License Class License Number Day(s) / Shift(s) Worked A 7251 Days 1st Shift C 14091 Days 1st Shift
ant Category (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift ther Operators: David Haring C 14091 Days 1st Shift	ant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift ther Operators: David Haring C 14091 Days 1st Shift	License Class License Number Day(s) / Shift(s) Worked A 7251 Days 1st Shift C 14091 Days 1st Shift
ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift ther Operators: David Haring C 14091 Days 1st Shift	ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift ther Operators: David Haring C 14091 Days 1st Shift	A 7251 Days 1st Shift C 14091 Days 1st Shift
ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift ther Operators: David Haring C 14091 Days 1st Shift	ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift ther Operators: David Haring C 14091 Days 1st Shift	A 7251 Days 1st Shift C 14091 Days 1st Shift
Ralph Marriott C 7527 Days 1st Shift	Ralph Marriott C 7527 Days 1st Shift	C 7527 Days 1st Shift
ertification by Lead/Chief Operator		

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

PWS I	dentificatio	n Number:		2540905		Plant Name:	Pomona Par	k						
			lonth/Year	of:	CONTROL OF THE RESERVE OF	March, 2009								
			y Virus Inactiv				Chlorine Di	oxide	☐ Ozone	Comb	oined Chlori	ne (Chloran	nines)	
	traviolet R			r (Describe):			Cinorane or							
					ibution System:	▼ Free Chlo	orine [Combin	ed Chlorine	(Chloramine	:s)	Chlorine [Dioxide	
Type (of Disinfed	ctant Resid	iuai iviaintai	ned in Distr	T Calculations, or									
					I Calculations, or			rour-Log	viius mac	tivation, ii		Dose		
						CT Calc	ulations	Г	1	I	UV	I		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Laurent	Minimum UV Dose	Disinfectant	Emergency or Absorption
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest		Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Tomas	67 2000	Minimum CT		Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work tha Involves Taking Water System Components
the	(Place	ın	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		1	Distribution	Out of Operation
M	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ⁴	sec/cm ²	System, mg/L	Out of Operation
1		24.0	29,704				 	-			-		1.2	
2	X	24.0	29,704		1.5								1.0	
3	X	24.0	33,940		1.5		 						1.0	
4	X	24.0	36,910		1.4		 						1.1	
- 5	X	24.0	37,810		1.3		 						1.1	
7	X	24.0 24.0	32,240 35,057		1,3		 							
8		24.0	35,057				 							
9	X	24.0	35,057		1.3		<u> </u>						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		12		1						0.8	
13	X	24.0	37,700		1.1								0.6	
14		24.0	44,360											
15		24.0	44,360											
16	Х	24.0	44,360		1.5								1,0	
17	Х	24.0	37,160		1.5								1.2	
18	X	24.0	41,180		1,4								1.2	
••	X	24.0	32,410		1.4								1.1	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X	24.0	33,150		1.3		TO THE REAL PROPERTY.						10	
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 26	X	24.0	25,520		1.4								1.0	
27	X	24:0 24:0	35,020 31,860		1.3								1.0	
28	^	24.0	25,977		1.4								1.1	
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		24.0	1,045,478		1.4		L	L	I	L	<u> </u>	<u> </u>	1.1	L
Avgerag			33,725											
rifeigh	U		33,743											

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

DEP Form 62-95.

(3)Alternate

44,360

Avgerage Maximum

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



DEP Form 6

900(3)Alternate

See Pages 4 for Instr			ıi barımını					
. General Information	for the Month/	Year of: April, 2009)					
A. Public Water System	(PWS) Informa	ation						
PWS Name:	Pomona Park			, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		PWS Identification Number	er: 2540	905
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month					Population Served at End of	Month: 672	
PWS Owner:	Aqua Utilities Florid	la			- Andrewson - Anna Anna Anna Anna Anna Anna Anna A			
Contact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip C	Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980				ct Person's Fax Number:	(352) 787-6333	A CONTRACTOR OF THE PROPERTY O
Contact Person's E-Mail Ad	ldress:	pdthompson@aquaameric	a,com					
Vater Treatment Pla	ant Information						***************************************	harmon and the second s
Plant Name:	Pomona Park					Plant Telephone Number:	(352)	787-0980
Plant Address:	Church Street				City: Pomona Park	State: Florida	Zip C	Code: 32181
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		187,000				
Plant Category (per subsecti	ion 62-699.310(4), F.	A.C.): V			Plant Cl	ass (per subsection 62-699.	310(4), F.A.C.):	C
Licensed Operators	in Certain Survey on a	Name		License Class	License Number	Day	v(s) / Shift(s) Wor	ked
Lead/Chief Operator:	Paul Thompson			Α	7251	Days 1st Shift		
Other Operators:	David Haring			С	14091	Days 1st Shift		
Action of the second	Ralph Marriott			C	7527	Days 1st Shift		
A CONTRACTOR OF THE STATE OF								
Cortification by Land	/Chi-CO							
Certification by Lead			1 1 1/1/					
i, the undersigned water	er treatment plant	operator licensed in Florida,	am the lead/chie	t operator of the	water treatment pl	ant identified in part I	of this report. I co	ertify that the
information provided in	n this report is tru	ue and accurate to the best of r	ny knowledge a	nd belief. I certi	fy that all drinking	water treatment chem	icals used at this p	lant conform to NSF
International Standard	60 or other applie	cable standards referenced in s	subsection 62-5:	55.320(3), F.A.C	 I also certify that 	t the following additio	nal operations reco	ords for this plant
were prepared each day	y that a licensed of	operator staffed or visited this	plant during the	month indicated	dabove: (1) record	ls of amounts of chemi	cals used and cher	mical feed rates; and
(2) if applicable, appro	priate treatment p	process performance records.	Furthermore, I	agree to provide	these additional or	perations records to the	PWS owner so th	ie PWS owner can
retain them together w	ith copies of this	report, at a convenient location	on for at least ter	years.				
		/ 1		100				
		5/6/09	Paul Thompso	on			A725	1
Signature and Date								se Number
							Licens	No. 1 SMITTON

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

PWS Id	lentification	n Number:		2540905		Plant Name:	Pomona Par	k						
III. D	aily Data	for the M	lonth/Year	of:	Manager Hallace	April, 2009		Haraman Pro-						
	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN		Virus Inactiv				Chlorine Di	ovida	┌ Ozone	C	ined Chlorit	as (Chloren	nin og \	
	raviolet R			r (Describe):		morate 1	Chiornie Di	Oxide	Ozone	i Como	inea Chiorii	ie (Chiorai	nuies)	
						F 5 60		Cambin	ad Chlorina	(Chloramine	a) F	Chlorine I	Ninedala	
Type c	t Disinted	ctant Resid	lual Maintaii		bution System:	Free Chlo							Jioxide	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if A				
			li si			CT Calc	ulations	·		γ	UVI	Oose		*
							Lowest CT							
						Disinfectant	Provided				5			
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished	i i	Concentration (C)	Measurement	Customer			- 4	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
<u>'</u> <u>h</u>	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	Х	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		0.4								0.2	
6	X	24.0	28,183		0.4				<u> </u>				0.2	
7	X	24.0	34,220 30,100		1.7								1.5	
8	X	24.0 24.0	27,870		1.5								1.3	
10	X	24.0	33,570		1.5								1.2	
11	^	24.0	32,993		1.5								1.2	
12		24.0	32,993											
13	Х	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											
)	X	24.0	26,137		1.6								1.2	
21	Х	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	v	24.0 24.0	28,088 28,088		1.3								0.9	
28	X	24.0	30,141		1.3								1.1	
29	X	24.0	27,224		1.4								1.1	
30	X	24.0	32,410		1,1								0.8	
31	^	24.0	22,710		1,1								0.6	
Total	A STATE OF	24.0	867,477					<u> </u>					L	
Avgerag		Control Management	27,983											

39,850

DEP Form 62

Maximum

70(3)Alternate

^{*} 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



Public Water System (PWS) In Public Water System (PWS) In PWS Name: Pomona Park PWS Type: Communication of Service Connections at End of In PWS Owner: Aqua Utilitie Paul Thomps Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's Telephone Number: Contact Person's E-Mail Address: Water Treatment Plant Inform Plant Name: Pomona Park Plant Address: Church Street Pype of Water Treatment by Plant: Contact Person's Powonary Park Pomona Park Plant Address: Church Street Pype of Water Treatment by Plant: Contact Person's Powonary Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Pomona Park Park Pomona Park Park Park Park Pomona Park Park Park Pomona Park Park Park Park Park Park Park Park	Inity Non-Transient Non-Com Month: 181 Florida INDICATE OF TRANSIENT NON-COM MONTH: 181 PO Box 490310 (352) 787-0980 pdthompson@aguaame	nmunity [Transient Non-Comm	nunity City: Leesbur	PWS Identificatio Consecutive Total Population Served a Contact Person's Title: rg State: Florida Contact Person's Fax Nun	at End of Month: Field Coordinat	Zip Code: 34	749
WS Name: Pomona Park WS Type:	nity Non-Translent Non-Com Month: 181 Florida PO Box 490310 (352) 787-0980 pdthompson@aguaame				Contact Person's Title: rg State: Florida	at End of Month: Field Coordinat	672 or Zip Code: 34	749
WS Type: with the second of t	Month: 181 Florida m PO Box 490310 (352) 787-0980 pdthompson@aquaame				Contact Person's Title: rg State: Florida	at End of Month: Field Coordinat	672 or Zip Code: 34	749
Imber of Service Connections at End of IVS Owner: Aqua Utilitie Intact Person: Paul Thomps Intact Person's Mailing Address: Intact Person's Telephone Number: Intact Person's E-Mail Address: Intact Person's E-Mail Address: Intact Person's E-Mail Address: Pomona Park Int Name: Pomona Park Int Address: Church Streep pe of Water Treatment by Plant:	Month: 181 Florida m PO Box 490310 (352) 787-0980 pdthompson@aquaame				Total Population Served a Contact Person's Title: rg State: Florida	Field Coordinat	or Zip Code: 34	749
VS Owner: Aqua Utilitie ntact Person: Paul Thomps intact Person's Mailing Address: ntact Person's Telephone Number: ntact Person's E-Mail Address: (ater Treatment Plant Inform int Name: Pomona Park int Address: Church Stree pe of Water Treatment by Plant:	Florida PO Box 490310 (352) 787-0980 pdthompson@aguaame	erica.com		City: Leesbur	Contact Person's Title: rg State: Florida	Field Coordinat	or Zip Code: 34	749
ntact Person: Paul Thomps intact Person's Mailing Address: intact Person's Telephone Number: intact Person's E-Mail Address: (ater Treatment Plant Inform int Name: Pomona Park int Address: Church Stree pe of Water Treatment by Plant:	PO Box 490310 (352) 787-0980 pdthompson@aguaame	erica.com		City: Leesbur	rg State: Florida		Zip Code: 34	749
ontact Person's Mailing Address: ontact Person's Telephone Number: ontact Person's E-Mail Address: Ater Treatment Plant Inform ontact Name: Pomona Park ont Address: Church Stree pe of Water Treatment by Plant:	PO Box 490310 (352) 787-0980 pdthompson@aguaame	erica.com		City: Leesbu.	rg State: Florida		Zip Code: 34	749
ntact Person's Telephone Number: Intact Person's E-Mail Address: Atter Treatment Plant Inform Int Name: Pomona Park Int Address: Church Street pe of Water Treatment by Plant:	(352) 787-0980 pdthompson@aguaame	erica.com				ober: (352) 787-6313	<u> </u>	
rentact Person's E-Mail Address: Vater Treatment Plant Inform ant Name: Pomona Park ant Address: Church Street pe of Water Treatment by Plant:	pdthompson@aquaame	erica.com						
ater Treatment Plant Inform Int Name: Pomona Park Int Address: Church Street pe of Water Treatment by Plant:			A STATE OF THE PARTY OF THE PAR				en kalendari kalendari	100
nt Address: Church Stree pe of Water Treatment by Plant:								
pe of Water Treatment by Plant:					Plant Telephone N	lumber:	(352) 787-0980	
				City: Pomona	a Park State: Florida		Zip Code: 321	181
	✓ Raw Ground Water	Purchased Fir	nished Water					
mitted maximum Day Operating Capac	ty of Plant, gallons per day:		187,000		医电影运用 海道 传教	体系位置使有效。		1 - 4 -
nt Category (per subsection 62-699.310	(4), F.A.C.):	γ			Plant Class (per subsection			
icensed Operators	Name		License Class	License Nu	mber	Day(s) / Shift(s)	Worked	
ad/Chief Operator: Paul Thomps	n .	LANCE VINE	A	7251	Days 1st Shift			
her Operators: David Haring			Comment	14091	Days 1st Shift			
Ralph Marrio	t de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		C	7527	Days 1st Shift		and removed the first	
					The second secon			
		Balance British		BULLEY OF THE			Esta Santina Caracana	Propression
			A REPORT OF THE	Problems to	And a State of the	Exite and residue	阿斯森特斯 克勒	erana a
			A CONTRACTOR		A SEA SEASON SERVICES	The second second second		- 100
							4 1 2 1 1 1 1 1 1	
service and Architecture and Architecture		Alexander Company		Rode Business	5	AND SOME FAMILIE		
ARABANTA BARBANTA		Note to be the		Art Contract		All the state of the control	AMERICA ENLIGICA	9.4.3%
			17.75 34.39 72.50 74.3					

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

PWS I	dentification	Number:		2540905		Plant Name:	Pomona Par	k						
1. [aily Data	for the N	lonth/Year	of:		May, 2009								
eans	of Achievin	ng Four-Log	y Virus Inactiv	vation/Remov	al: Free C	Chlorine [Chlorine D	oxide	☐ Ozone	Com!	bined Chlori	ne (Chlora	nines)	
	traviolet R		T	er (Describe):			Cinordia a		1	,	omed Cilion	ne (emora	mines)	
					ibution System:	Free Chlo	rina [Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Diavide	
ype () Disilife	tain Nesic	luai iviaiiitaj							•			Jioxide	
reithic	50.43.55		CONTRACTOR	1	CT Calculations, or			Four-Log	Virus Inac	tivation, if			92/92/1986 Se	delineration of the state
11796	0.000		19 65 6	40.00 CONTRACTOR		CT Calc	ulations	645E-640		A VENEZ HOLES	UV	Dose	44 50 46 48	医多数原理学 医皮肤 医多种原
			TO SERVER	FF-9-19	4.6600000	3555	Lowest CT	10000	determine	2 4 4 4 6	1905.00	1500000000	电路电话	O BANGALAN SAPERTS SANS
					1 E 1 5 S S 1 1 1 1	Disinfectant	Provided	100	200	525 10 100	1000		F 1	THE THE PERSON
	Days Plant	100		34.500.00	Lowest Residual	Contact Time	Before or at	1000	difference of	E. E. TAN		State of	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		March 9	7 7 7 7	1000	Minimum	Disinfectant	Edvarda Edvarda State
	Visited by		of Finished	250	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	100000000000000000000000000000000000000	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	 Control of the Control of Table 2 Page 2 Page 2 Page 3 Page
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Compone
onth	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	· min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	Х	24.0	32,086		1.6				11.0	S 45			1.2	
2		24.0	34,786	\$1.00		146 5 3 3						3 15 5 3	17856	
3		24.0	34,787		SAC TANKS IN THE SAC	4.2-2-2-2					1546 475 481 7	3.0		
4	X	-24.0	34,787		1.9	Section 1				152 Car	1,38,27,36		1.5	
5	Х	24.0	42,457	583847	1,2	STATE OF STREET	S. Carlo S.			Article State	0.0000000000000000000000000000000000000		1.0	
6	X	24.0	30,141	March Carlot	1,4	46 4 P. China			ARTERIO PO	Kanton Chi			1.1	
7	X	24.0	30,465		1.3				20 10 10 10	All Sauti C			1.1	Santonia (Angelia) bizanta da di pandibilia
8	Х	24.0	29,817 34,786		1.3						Comments of the St		1.0	
10		24.0 24.0	34,780		September 6 of Eth	-845000000000000000000000000000000000000								
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	50000000	1.2	CONTRACTOR PORTS					E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.8	
16 -		24.0	34,138						3.45.41.8					
17		24.0	34,138											
18	X	24.0	34,139		1.2							50,000	0.8	A CONTRACTOR
19.	X	24.0	26,516		1.2								0.7	
20 ;	X	24.0	23,659		1.2		STATE OF THE STATE OF				1-5-6-5-		0.7	
1	X	24.0	27,549	2-4-13-0-60	1.5				A Company				1.4	
22	X	24.0	26,900	50 Mer. 1, 12 miles	1,3		2-10 5 4						1.1	
23 24		24.0	26,360											
25	X	24.0 24.0	26,360 26,360		1.2								0.8	
26	X	24.0	20,300		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		ACCUSED FOR EACH						0.4	
30		24.0	27,224										U.T.	
31		24.0	27,224											
tal	0.5752.50.5		932,047	one me Visited Management										
gerag			30,066											
-														

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

42,457

DEP Form 900(3)Alternate

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



DEP Form 62-5

(3)Alternate

See Pages 4 for Instructions.

WS Name:	Pomona Park					PWS Identification Number	per: 2540905	
WS Type:	✓ Community	Non-Transient Non-Com	munity Tr	ansient Non-Comr	nunity	Consecutive		
umber of Service Connec	tions at End of Month:					Population Served at End e	of Month: 672	
WS Owner:	Aqua Utilities Florio	la	**************************************					
ontact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator	
ontact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
ontact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	
ontact Person's E-Mail Ac	ldress:	pdthompson@aquaame	rica.com					
ater Treatment P	lant Information							
ant Name:	Pomona Park					Plant Telephone Number	(352) 787	-0980
ant Address:	Church Street				City: Pomona Park	State: Florida	Zip Code:	32181
ype of Water Treatment b		Raw Ground Water	Purchased Finis	shed Water				,
ermitted Maximum Day (perating Capacity of I	Plant, gallons per day:		187,000				
ant Category (per subsect	ion 62-699,310(4), F.		1		Plant	Class (per subsection 62-69	9.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number	D	ay(s) / Shift(s) Worked	
ead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift		
ther Operators:	David Haring			C '	14091	Days 1st Shift		
	Ralph Marriott			C	7527	Days 1st Shift		
ertification by Lea	d/Chief Operate		V (2005) 4 (2004) 24 (2005) 5 (20					
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.								
Grander Signed wa	ter treatment plan	nt operator licensed in Flori	da, am the lead/chi	er operator of the	ie water treatmen	t plant identified in p	part I of this report. I ce	ertify that the
ormation provided	in this report is t	rue and accurate to the best	of my knowledge	and belief. I cer	tify that all drink	ing water treatment c	hemicals used at this pl	lant conform to
F International Sta	indard 60 or othe	r applicable standards refere	enced in subsection	62-555.320(3),	F.A.C. I also ce	rtify that the followin	ig additional operations	records for th
nt were prepared e	ach day that a lic	ensed operator staffed or vis	sited this plant duri	ing the month in	ndicated above: (1) records of amounts	s of chemicals used and	chemical feed
es; and (2) if applie	cable, appropriate	treatment process performa	ance records. Furth	nermore, I agree	to provide these	additional operations	records to the PWS ow	vner so the PW
ner cap retain then	n, together with c	opies of this report, at a con	venient location for	or at least ten ve	ars.	L	. , , , , ,	
		10/	Name was new pagents sond also suppressed to the second se	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·			

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

PWS I	dentification	n Number:		2540905		Plant Name:	Pomona Par	k						
II. D	aily Data	for the M	lonth/Year	of:		June, 2009								
-			Virus Inactiv	The second secon	al:	hlorine	Chlorine Di	oxide	□ Ozone	Comb	oined Chlori	ne (Chlorat	nines)	
	traviolet R			er (Describe):			Cancarate Di	Onice	i control	i Come	mica Chorn	ne (Chana	imico)	
					ibution System:	▼ Free Chk	vrine [Combin	ed Chlorine	(Chloramine	×ς) Γ	Chlorine I	Dioxida	
ype	n Distilled	Tant Resid	luai iviailitai										T	·
				(CT Calculations, or			our-Log	Virus Inac	tivation, if A	-			
					,	CT Calc	ulations				UVI	Jose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work to
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Componen
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
	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 13	X	24.0 24.0	16,840 55,003		1.2								0.8	
14		24.0	55,003											
15	X	24.0	55,003		1.2								1.0	
16	X	24.0	30,850		1.3								1.0	
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										17:2	
		24.0	31,890											
	X	24.0	31,890		2.5								2.2	
23	Х	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	1 X	24.0	32,070		1,7								1.4	
30	X	24.0	27,270		1.4								1.1	
31		24.0												
otal	4.4.4.4.6.66		914,733											
vgerage		\$1.00 m	29,508											
laximur	n		55.003											

^{*} 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



DEP Form 62

00(3)Alternate

See Pages 4 for Instructions.

PWS Name:	m (PWS) Informa Pomona Park					PWS Identification Num	ber: 2540905
PWS Type:	✓ Community	Non-Transient Non-Com	munity T	ransient Non-Com	munity	Consecutive	2240702
Number of Service Connec						Population Served at End	of Month: 672
PWS Owner:	Aqua Utilities Florid				1.0.3	· · · · · · · · · · · · · · · · · · ·	
Contact Person:	Paul Thompson				Conta	ct Person's Title	Field Coordinator
Contact Person's Mailing		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	e Number:	(352) 787-0980			A	ct Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail A	ddress:	pdthompson@aquaamer	rica.com				
Water Treatment Pl	ant Information			***************************************		***************************************	
lant Name:	Pomona Park					Plant Telephone Number	(352) 787-0980
lant Address:	Church Street				City: Pomona Park	State: Florida	Zip Code: 32181
ype of Water Treatment b	y Plant:	Raw Ground Water	Purchased Finis	shed Water			<u> </u>
ermitted Maximum Day (Operating Capacity of	Plant, gallons per day:		187,000			
lant Category (per subsec	tion 62-699_310(4), F.				Plant C	lass (per subsection 62-69	9.310(4), F.A.C.): C
Licensed Operators		Name		License Class	License Number	D	ay(s) / Shift(s) Worked
ead/Chief Operator:	Paul Thompson			Α	7251	Days 1st Shift	
Other Operators:	David Haring			C	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
		3					
	<u> </u>						
ertification by Lead	I/Chief Operator		100000000000000000000000000000000000000	ar Son Bern			
				6.1			
famorial and the difference of	er treatment plant	operator licensed in Florida.	, am the lead/chief	operator of the	water treatment p	ant identified in part	I of this report. I certify that the
iormation provided	in this report is tru	ie and accurate to the best of	my knowledge an	d belief. I certi	ty that all drinking	water treatment cher	nicals used at this plant conform to
ernational Standard	60 or other applic	cable standards referenced in	subsection 62-55	5.320(3), F.A.C	. I also certify tha	t the following additi	onal operations records for this plan
ere prepared each da	y that a licensed of	perator staffed or visited thi	s plant during the	month indicated	above: (1) record	is of amounts of chen	nicals used and chemical feed rates;
	priate treatment p	process performance records	. Furthermore, I a	gree to provide	these additional of	perations records to the	ne PWS owner so the PWS owner ca
) if applicable, appro	with naming of this	report, at a convenient locati	ion for at least ten	years.			
) if applicable, approtain them together w	viui copies of uns						
e) if applicable, approstain them together w	viui copies of titis	((
f) if applicable, approtain them together w	vitil copies of this	8/2/118	Paul Thompson				A7251

Page 1 (

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

PWS I	dentification	n Number:		2540905		Plant Name:	Pomona Par	k						
11.51	Daily Data	for the N	lonth/Year	of:		July, 2009								
STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	STATE OF THE PERSON NAMED IN COLUMN		g Virus Inacti		Management of the Party of the		Chlorine Di	oxide	□ Ozone	[Com	ined Chlori	ne (Chlora	nines)	
	traviolet R	77	7.	er (Describe)			CHOINE DI	o.auc	OZONE	Com	med Chorn	ne (Cinora	mics)	
						▼ Free Chle		Cambin	ad Chlorina	(Chloramine	ie) [Chlorine l	Navida	
ype	of Disinfed	ctant Resid	luai Maintai		ibution System:								TONGE	T
				(CT Calculations, or			Four-Log	Virus Inac	tivation, if				
						CT Calc	culations		,		UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work to
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Componen
th	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	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				ļ							
6	X	24.0	34,717		1.4		ļ						1.0	
7 8	X	24.0	39,950		1.6 1.4		ļ						10	
9	X	24.0 24.0	30,420 36,800		1.4	***************************************	 						1.0	
10	X	24.0	37,860		1.8		 						1.1	
11	A	24.0	26,033		4.4		 							
12		24.0	26,033									,		
13	X	24.0	26,033		0.8								0.2	
14	X	24.0	35,060		1.4								10	
15	Х	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								0.7	
23	X	24.0	27,970		1.1								1.0	
24 25	<u> </u>	24.0	28,640		1.5								1.0	
26		24.0	29,077 29,077											
27	X	24.0	29,077		1.0								0.7	
28	$\frac{\hat{x}}{x}$	24.0	27,990		0.8			-					0.5	
29	$\frac{x}{x}$	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	
otal		1.0	921,120				· · · · · · · · · · · · · · · · · · ·		L				······································	
gerag			29,714											
			20.050											

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

39,950

Maximum

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



See Pages 4 for Instructions.

WS Type:	General Information	n for the Month	/Year of: August, 20	009			
WS Type:	Public Water System	n (PWS) Inform	ation	Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market			
Total Population Served at End of Month 181 Total Population Served at End of Month 672	PWS Name:	Pomona Park				PWS Identification Number	2540905
Some Aqua Utilities Florida Some Aqua Utilities Florida Some Paul Thompson Paul Thompson Paul Th	PWS Type:	✓ Community	Non-Transient Non-Commi	unity Transient Non-Con	nmunity	Consecutive	
Source Aqua Ufilities Floridano Source	Number of Service Connec	ctions at End of Mont	h: 181		Total	Population Served at End of N	Month: 672
Ontact Person's Mailing Address PO Box 490310 City Leesburg State Florida Zip Code 34749	PWS Owner:	Aqua Utilities Flori	da				
Ontact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-693 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-6933 Ontact Person's Fax Number: (352) 787-693 Ontact Person's Fax Number: (352) 787-693 Ontact Person's Fax Number: (352) 787-693 Ontact Person's Fax Number: (352) 787-693 Ontact Person's Fax Number: (352) 787-693 Ontact Person's Fax Number: (352) 787-693 Ontact Person's Fax Num	Contact Person:	Paul Thompson			Conta	ct Person's Title:	Field Coordinator
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6933	Contact Person's Mailing A	Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Vater Treatment Plant Information Jam Name	Contact Person's Telephone	e Number:	(352) 787-0980		Conta	ct Person's Fax Number: (
lant Name Pomona Park lant Address Church Street Purchased Finished Water remitted Maximum Day Operating Capacity of Plant, gallons per day lant Category (per subsection 62-699 310(4), F.A.C.) V Plant Class (per subsection 62-699 310(4), F.A.C.) C License Operators Name License Class License Number Day(s) / Shift(s) Worked ead/Chief Operators: David Haring C 14091 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift	Contact Person's E-Mail A	ddress:	pdthompson@aquaameric	ca.com			
Ident Address: Church Street State: Florida	Vater Treatment Pl	ant Information					
ype of Water Treatment by Plant:	Plant Name:	Pomona Park				Plant Telephone Number	(352) 787-0980
yee of Water Treatment by Plant: Raw Ground Water Purchased Finished Water	Plant Address:	Church Street			City: Pomona Park	State: Florida	Zip Code: 32181
Ant Category (per subsection 62-699.310(4), F.A.C.) Licensed Operators Ead/Chief Operators: David Haring David Haring Ralph Marriott C The Operators: David Haring	ype of Water Treatment b	y Plant:	Raw Ground Water	Purchased Finished Water	***************************************	**************************************	
Licensed Operators ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift Cher Operators: Dayid Haring C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift				187,000			
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked ead/Chief Operators Paul Thompson A 7251 Days 1st Shift ther Operators David Haring C 14091 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift		tion 62-699.310(4), F	.A.C.). V		Plant C	lass (per subsection 62-699.3	10(4), F.A.C.): C
ead/Chief Operators: Paul Thompson A 7251 Days 1st Shift Dayid Haring C 14091 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift	Licensed Operators		Name	License Class			
David Haring C 14091 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift	ead/Chief Operator:	Paul Thompson		A	7251		
Ralph Marriott C 7527 Days 1st Shift	Other Operators;			C	14091		
		Ralph Marriott		C	7527	 	
ertification by Lead/Chief Operator							
ertification by Lead/Chief Operator							
ertification by Lead/Chief Operator							
ertification by Lead/Chief Operator							
ertification by Lead/Chief Operator							
ertification by Load/Chief Operator							
ertification by Lead/Chief Operator							
ertification by Lead/Chief Operator							
ertification by Load/Chief Operator							
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the							
	formation provided i	n this report is tri	ue and accurate to the best of n	ny knowledge and belief. I cert	ify that all drinking	water treatment chemic	als used at this plant conform to
formation 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	ternational Standard	60 or other appli	cable standards referenced in s	subsection 62-555.320(3), F.A.(. I also certify tha	t the following addition:	al operations records for this pla
formation 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	ere prepared each da	v that a licensed	operator staffed or visited this	nlant during the month indicate	above: (1) record	de of amounts of chamic	ale used and chamical feed rates
formation 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 ternational 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 particular.) if applicable appro	priate treatment	process performance records	Furthermore Lagree to provide	these additional or	as of amounts of chemic	als used and chemical feed fales.
formation 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 the ternational 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 during the month indicated above: (1) records of amounts of chemicals used and chemical feed rate	tain them Agether w	ith conier of this	report at a convenient leastic	or for at least ten vene	mese additional of	perations records to the	PWS owner so the PWS owner c
formation 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 ternational 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 pare 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 rate if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner.	tant them stopenies w	itil copies of this	report, at a convenient locatio	on for at least ten years.			
formation 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 the ternational 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 during the month indicated above: (1) records of amounts of chemicals used and chemical feed rate							
formation 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 ternational 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 pere 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 rate if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner tain them, together with copies of this report, at a convenient location for at least ten years.	JA.		09/04/09	Paul Thompson			A7251
formation 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 ternational 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 pere 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 rate in applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner tain them together with copies of this report, at a convenient location for at least ten years. Paul Thompson	gnature and Date		1 th 18			***************************************	License Number
formation 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 ternational 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 pare 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 rate if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner tain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251							(
formation 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 ternational 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 pare 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 rate if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner tain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251	DEP Form 62-5/ 0(3)A	Iternate		Page 1			

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

PWS I	dentificatio	n Number:		2540905		Plant Name:	Pomona Par	k						
III. D	aily Data	for the N	Ionth/Year	of:		August, 2009								
MANUSCRIPTION OF STREET	CONTRACTOR OF THE PERSON NAMED IN	A THE RESERVE AND A STREET OF THE PARTY OF T	g Virus Inactiv		val: Free C	`hlorine —	Chlorine Di	oxide	☐ Ozone	Comb	ined Chlorin	ne (Chlorar	nines)	
	traviolet R			r (Describe)		,,,,,,,	Cinorine or	OXIGE	1 Ozone	1 Come	med Chlorn	ic (cinora	inics)	
-						▼ Free Chlo	T.	Combin	and Chlorina	(Chloramine	e) F	Chlorine I	Viovida	
Type	of Disinter	ctant Resid	duai Maintai		ibution System:								r	T
					CT Calculations, or	UV Dose, to	Demóstate	Four-Log	Virus Inac	tivation, if A				
						CT Calc	ulations	·	·	·	UVI	Oose		
							Lowest CT						2000	1. 1
						Disinfectant	Provided				7.			
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				,	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
LM 1	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
		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 24.0	20,050 20,750		1,3				1				0.8	
7	X	24.0	23,840		1.3				<u> </u>				0.9	
8		24.0	30,633		1.4				<u> </u>				V.2	
9		24.0	30,633											
10	X	24.0	30,633		1.5								1.1	
11	X	24.0	27,250		1.5		7						1.0	
12	Х	24.0	27,820		1.4								1.1	
13	Х	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								0.8	
	X	24.0 24.0	23,090 19,000		1.2								0.8	
22	^	24.0	26,357		1.2								0.8	
23		24.0	26,357											
24	Х	24.0	26,357		1.3		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						3.77 480					
31	X	24 0	29,013		1.7								1.4	
Total			820,000											
Avgerage			26,452											

36,310

Avgerage Maximum

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



900(3)Alternate

See Pages 4 for Inst	ructions.							
I. General Information	n for the Month/	Year of: Septemb	er, 2009					
A. Public Water Syster	n (PWS) Informa	ation						
PWS Name:	Pomona Park				·	PWS Identification Number	er. 2540905	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity []	Transient Non-Com	munity	Consecutive	2540705	
Number of Service Connec	ctions at End of Month			, , , , , , , , , , , , , , , , , , ,		tal Population Served at End of	Month: 672	
PWS Owner:	Aqua Utilities Florid	da					0.2	
Contact Person:	Paul Thompson				ICo	ntact Person's Title:	Field Coordinator	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980		J		ntact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		pdthompson@aquaameri	ca.com					
3. Water Treatment Pl	ant Information			The state of the s				
Plant Name:	Pomona Park					Plant Telephone Number:	(352) 787-09	980
Plant Address:	Church Street				City: Pomona Pa		Zip Code:	32181
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fir	nished Water	*			
Permitted Maximum Day C				187,000				
Plant Category (per subsect	tion 62-699.310(4), F.				Plan	Class (per subsection 62-699.3	310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Numb		(s) / Shift(s) Worked	
Lead/Chief Operator:				A	7251	Days 1st Shift		***************************************
Other Operators:	David Haring			С	14091	Days 1st Shift		
29 年50年2月 (4.0)	Ralph Marriott			C	7527	Days 1st Shift		· · · · · · · · · · · · · · · · · · ·
Section 2018								
100 B 100 B								
1 Sec. 1986 1987 1987 1987				l				
THE TABLE OF STREET								
Conticional	I/CL: CO							
. Certification by Lead								
i, the undersigned water	er treatment plant	operator licensed in Florida,	am the lead/chie	f operator of the	water treatment	plant identified in part I	of this report. I certify t	hat the
information provided i	n this report is tru	ne and accurate to the best of	my knowledge a	nd belief. I certi	fy that all drinki	ng water treatment chemi	cals used at this plant co	onform to NSF
International Standard	60 or other applic	cable standards referenced in	subsection 62-55	55.320(3), F.A.C	. I also certify t	hat the following addition	nal operations records fo	or this plant
were prepared each da	y that a licensed o	pperator staffed or visited this	plant during the	month indicated	above: (1) rece	ords of amounts of chemic	cals used and chemical f	eed rates; and
(2) if applicable, appro	priate treatment p	process performance records.	Furthermore, I	agree to provide	these additional	operations records to the	PWS owner so the PWS	S owner can
retain them, together w	ith copies of this	report, at a convenient location	on for at least ter	years.				
		. 1						
1		00/2/09	Paul Thompso	n			A7251	
Signature and Date		1114					License Numb	Not.
9 70 70 80 80 80 80 80 80 80 80 80 80 80 80 80							License Nume	

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

PWS I	lentification	n Number:		2540905		Plant Name:	Pomona Par	k						
III. D	aily Data	for the N	lonth/Year	of:		September, 200)9							
-			Virus Inactiv		ral: ▼ Free C	hlorine _	Chlorine Di	oxide	Ozone	T Comb	oined Chlori	ne (Chlora	nines)	
T U	traviolet R	adiation	□ Othe	r (Describe):		•			,	Come	and emoin	ine (Cincina	itmics)	
Type o	of Disinfed	etant Resid	lual Maintair	ned in Distr	ibution System:	Free Chlo	rine /	Combin	ed Chlorine	(Chloramine	·s)	Chlorine I	Dioxide	
7,1					T Calculations, or			Four-Los	Virus Inac	tivation if			r -	
					1 Calculations, or	CT Calc		. Our-Log	VII US IIIUC	rivation, n	UVI			
			. All			C i Caic	Litations	ľ	T	T	071	7/30		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant		N - 0		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Lowest Residual Disinfectant	
	Staffed or		Net Quantity of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Visited by Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
1e	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
-1	Х	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	
7		24.0 24.0	34,095 34,095		0.8		V						0.3	
-8	X	24.0	25,590		1.3								09	
9	$\frac{\lambda}{X}$	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		0.8								0.7	
17	X	24.0 24.0	29,310 31,340		1.1								0.7	
,	^	24.0	30,750		1 - 1									
20		24.0	30,750											
21	Х	24.0	30,750		0.4								0.2	
22	Х	24.0	32,420		1.2								0.6	
23	Х	24.0	27,350		1.0								0.6	
24	Х	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	-	1.1								1.1	
28	X	24.0	32,073 29,340		1.1								1.0	
30	X	24.0	38,570		1.2			-					1.1	
31		24.0	30,370											
otal			908,170											

40,240

Maximum

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

DEP Form 1900(3)Alternate

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



See Pages 4 for Instructions.

General Informatio	on for the Month	/Year of: October, 2	2009							
. Public Water System	m (PWS) Inform	ation								
PWS Name:	Pomona Park		***************************************				PWS Identification Num	ber:	2540905	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity T	ransient Non-Com	munity	,	Consecutive			
Number of Service Conne				· · · · · · · · · · · · · · · · · · ·			Population Served at End	of Month:	672	
PWS Owner:	Aqua Utilities Flor	ida	***************************************							
Contact Person:	Paul Thompson					Conta	ct Person's Title:	Field Coordin	nator	
Contact Person's Mailing	Address:	PO Box 490310	***************************************		City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephon	ne Number:	(352) 787-0980					ct Person's Fax Number.	(352) 787-63		
intact Person's E-Mail A	Address:	pdthompson@aquaameric	ca.com							
Water Treatment P	lant Information	l				·				
Plant Name:	Pomona Park						Plant Telephone Number	-	(352) 787-0	980
Plant Address:	Church Street		***************************************		City:	Pomona Park	State: Florida		Zip Code:	32181
Type of Water Treatment b	by Plant:	✓ Raw Ground Water	Purchased Fini	shed Water					Tarif 2000	
Permitted Maximum Day (Operating Capacity o	f Plant, gallons per day:	***************************************	187,000						
lant Category (per subsec			***************************************			Plant C	lass (per subsection 62-69	9.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	Lice	nse Number		ay(s) / Shift(s		
.ead/Chief Operator:	Paul Thompson			Α		7251	Days 1st Shift	200	2 -1 -1 -1 -1	
Other Operators:						14091	Days 1st Shift			
	Ralph Marriott			С		7527	Days 1st Shift			
				······································						
								Methodol (1) The House		
								_		

ertification by Lead										
the undersigned wat	ter treatment plan	t operator licensed in Florida,	am the lead/chief	operator of the	water	treatment pl	ant identified in part	I of this repo	rt. I certify	that the
formation provided	in this report is tr	ue and accurate to the best of r	ny knowledge an	d belief. I certi	fy that	t all drinking	water treatment cher	nicals used at	this plant c	onform to N
ternational Standard	60 or other appli	cable standards referenced in	subsection 62-55	5.320(3), F.A.C	. Lal	so certify tha	t the following additi	onal operatio	ns records fo	or this plant
ere prepared each da	av that a licensed	operator staffed or visited this	nlant during the	month indicated	ahov	e: (1) record	le of amounts of chen	sicals used ar	nd chemical	food rates: o
) if applicable appro	opriate treatment	process performance records.	Furthermore 1 a	aree to provide	theca	edditional or	sorations records to the	nears used ar	in chemical	Comments, al
tain them, together u	with copies of this	report, at a convenient location	n for at land ton	gree to provide	litese	additional of	retations records to tr	ie rws owne	r so the PW	5 owner can
iam, together v	and copies of this	report, at a convenient location	on for at least ten	years.						
12		1,1								
4		1.16/09	Paul Thompson	l				-	A7251	
gnature and Date		M 179							License Num	ber
										1
DEP Form 62-57 10(3)A	Alternate			Page 1						

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

PWS I	denti ficatio	n Number		2540905		Plant Name:	Pomona Par	·k						
III. D	aily Data	for the N	lonth/Year	of:		October, 2009								
Section 1997		-	g Virus Inactiv		ral:	hlorine —	Chlorine D	lovide	□ Ozone	Com!	oined Chlori	ne (Chlora	mines)	
	traviolet R		•	r (Describe):		1	CHIOTHIC D	OAGC	, Ozone	i Com	Jinea Chiori	ne (Carona	inics)	
-						▼ Free Chlo		Combin	ad Chlorina	(Chloramine	se) [Chlorine I	Dioxide	
Type c	of Disinte	ctant Resid	jual Maintai		ibution System:						4		T	
				C	T Calculations, or	· UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if			4	
					y	CT Calc	ulations				UV	Dose	1	
							Lowest CT							
						Disinfectant	Provided							i i i i i i i i i i i i i i i i i i i
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity	=	Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Dec of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Nouth	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	31,400		1.1								0.7	
2	Х	24.0	26,390		1.2					ļ			0.8	
3		24.0	29,200						<u></u>					
4		24.0	29,200										0.8	<u> </u>
5	X	24.0	29,200		1.2		 						0.8	
6 7	X	24.0 24.0	34,790 28,810		1.4								0.7	
8	X	24.0	29,230		1.3								1.0	
9	X	24.0	25,580		1.3								10	
10		24.0	28,123			···								
ii i		24.0	28,123										<u> </u>	
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								10	
16	X	24.0	26,110		1.2								0.8	
17		24.0	30,180											
_ '^ l		24.0	30,180										0.9	
- t	X	24.0	30,180		1.1					.,			0.8	
20	X	24.0	42,020 23,130		1.2								1.0	
22	$\frac{A}{X}$	24.0	29,600		1.1								0.8	
23	$\frac{\lambda}{x}$	24.0	32,750		0.9								0.7	
24		24.0	29,593											
25		24.0	29,593										300000	
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		I				J					
Total			911,682											
Avgerage			29,409											

42,020

DEP Form 6 00(3)Alternate

Maximum

^{*} 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 Instr	uctions.						
General Information	for the Month/Year of: Nove	ember, 2009					
. Public Water Systen	(PWS) Information						
PWS Name:	Pomona Park				PWS Identification Numb	per: 2540905	
PWS Type.	✓ Community Non-Transient Non-C	Community T	ransient Non-Comi	munity	Consecutive		
Number of Service Connec	tions at End of Month: 181			Total	Population Served at End of	of Month: 672	
PWS Owner:	Aqua Utilities Florida					The state of the s	
Contact Person:	Paul Thompson			Conta	et Person's Title:	Field Coordinator	
Contact Person's Mailing A	Address: PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34	4749
ontact Person's Telephone				Conta	et Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		merica.com					
Water Treatment Pl							
Plant Name:	Pomona Park				Plant Telephone Number:	(352) 787-0980	
Plant Address:	Church Street			City: Pomona Park	State: Florida	Zip Code: 32	2181
Type of Water Treatment b		Purchased Fini	ished Water	<u> </u>	X		
	Operating Capacity of Plant, gallons per day:		187,000				
	tion 62-699.310(4), F.A.C.):	V		Plant C	lass (per subsection 62-699	9.310(4), F.A.C.): C	
Licensed Operators	Name		License Class	License Number	Da	ay(s) / Shift(s) Worked	
Other Operators:	Paul Thompson David Haring		C	7251 14091	Days 1st Shift Days 1st Shift		
Other Operators.	Ralph Marriott		C	7527	Days 1st Shift		
175x55 4x274.1	Raiph Mariot			1 47 840 1			
34.2				·			
						The second secon	
			1				
	L		1		L		
Certification by Lea	d/Chief Operator						
	er treatment plant operator licensed in Flo	oride am the lead/chie	f operator of the	water treatment n	lant identified in part	Lof this report Logitify the	at the
	in this report is true and accurate to the be						
	l 60 or other applicable standards referenc						
were prepared each da	ly that a licensed operator staffed or visite	d this plant during the	month indicated	dabove: (1) recor	ds of amounts of cher	nicals used and chemical fee	ed rates; and
(2) if applicable, appr	opriate treatment process performance rec	ords. Furthermore, La	agree to provide	these additional o	perations records to the	he PWS owner so the PWS	owner can
	with copies of this report, at a convenient I						
	/ /		- J				
12	12/8/16	D 177	567			A 7061	
	10/07	Paul Thompso	on			A7251	
Signature and Date						License Number	Ī.
DEP Form 5 900(3)	Alternate		Page 1				(

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

PWS I	dentification	n Number:		2540905		Plant Name	Pomona Par	k						
III. D	aily Data	for the N	ionth/Year	of:		November, 200)9	-						
The state of the s	The second secon	All the second s	g Virus Inacti		val: ▼ Free C	'hlorine r	Chlorine Di	ovide	Ozone	Camb	ined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):			Cinorine Di	Oxide	Ozone	Come	med emori	ne (emora	mics/	
-						▼ Free Chle		Combin	ed Chlorina	(Chloramine	e) T	Chlorine I	Dioxide	
Type	of Disinfe	ctant Resid	Juai Maintai		ibution System:								JOAGC	r
				C	T Calculations, or			Four-Log	Virus Inac	tivation, if A				2.7
						CT Calc	ulations	7	,	y	UV	Dose		
							Lowest CT						V	
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
əf	1	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
ine	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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							-			0.0	
9	X	24.0	26,437		1.2								0.8	
10	X	24.0	30,310		1.6								1.1	
12	X	24.0 24.0	22,630 21,820		1.5								1.1	
13	X	24.0	19,800		1.5								1.2	
14		24.0	27,973		1.3								1.2	<u> </u>
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						ika namana asara wa mana a sa a		1.1	
20	X	24.0	27,060		1.6								1.3	
21		24.0	25,623											
22		24.0	25,623											
23	Х	24.0	25,623		1.5								1.1	
24	Х	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	www.manueranium.need.need.need.need.need.need.need.nee
31 Total		24.0	200 220							1				
Avgerage			788,520 25,436											
Maximur	THE PROPERTY AND PERSONS ASSESSED.		40,880											

DEP Form 900(3)Alternate

^{*} 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



DEP Form \$5 900(3)Alternate

Polymer Page 3 Due in December

See Pages 4 for Inst		rolymer rage 3 D	de in December							
. General Informatio		ear of:	December, 2009							
					······································					
A. Public Water Syste		tion					PWS Identification Numb		2540905	
PWS Name:	Pomona Park	T 100 - 7 - 1 - 1		Transient New Com			Consecutive	001.	2340903	
PWS Type:	✓ Community	Non-Transient f		Transient Non-Com	munity	TT		£M anth	672	
Number of Service Conne			181			Total	Population Served at End o	i Monui.	072	
PWS Owner:	Aqua Utilities Florid	<u>a</u>				Ta	. D I. T. I.	Field Coordina		
Contact Person:	Paul Thompson	NO D 400210			0 1 1 1		ct Person's Title:	Field Coordina	Zip Code:	34749
Contact Person's Mailing		PO Box 490310			City Lee	sburg	State: Florida	(252) 797 (22		34/49
Contact Person's Telephor		(352) 787-0980				Conta	et Person's Fax Number:	(352) 787-633	3	
ontact Person's E-Mail /		pdthompson@aq	uaamerica.com							
s. Water Treatment P							Di Til I		(252) 202 0	1000
Plant Name	Pomona Park						Plant Telephone Number.		(352) 787-0	
Plant Address:	Church Street		——————————————————————————————————————		City: Pon	nona Park	State: Florida		Zip Code:	32181
Type of Water Treatment		Raw Ground Wa	ter Purcha	ised Finished Water						
Permitted Maximum Day	AND DESCRIPTION OF THE PERSON			187,000						
Plant Category (per subsec			<u> </u>		Plant Class (per subsection 62-699.310					
Licensed Operators		Name		License Class	License			ıy(s) / Shift(s)	Worked	
Lead/Chief Operator:				A	72:		Days 1st Shift			
Other Operators:	David Haring			C	140		Days 1st Shift			
	Ralph Marriott			C	752	27	Days 1st Shift			
							<u> </u>			
1										
L'	1									
Contification bull-	A/Chi-FO				Charles Inc. Albert					NATIONAL AND DESCRIPTION OF STREET
. Certification by Lea				1/ 1 1 2 2 2 1						
				ad/chief operator of the						
				edge and belief. I certi					,	
				n 62-555.320(3), F.A.C						
were prepared each da	ay that a licensed o	perator staffed or vi	isited this plant dur	ing the month indicated	labove: (1) record	ds of amounts of chem	ricals used an	d chemical	feed rates; and
(2) if applicable, appr	opriate treatment p	rocess performance	records. Furtherm	ore, I agree to provide	these add	itional o	perations records to th	e PWS owner	r so the PW	VS owner can
retain them, together	with copies of this i	report, at a convenie	ent location for at le	east ten years.			'			
		1 1								
		- 1/7/10	Paul 1	hompson					A7251	
Signature and Date			1 dul	nompson				-	License Nun	wher
									Ticelise Mill	IUCI

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														
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*														
					CT Calculations Or UV Dose, to Demostate Four-Log virus macrivation, if Application UV Dose						-			
						Ci Caic	uiations		I		T		= .7	.07
Dec of	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required, mg	Lowest Operating UV Dose,	Mínimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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 7	. X	24.0 24.0	27,957 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		14								0.8	
12		24.0	29,643	1										
13		24.0	29,643		4									
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	
-	X	24.0	24,430 28,370		1 3								1.0	
20		24.0	28,370											
21	X	24.0	28,370		1.4								1.2	
22	X	24.0	22,600		1.5								10	
23	X	24.0	29,070		1.6								1.3	
24	X	24.0	35,670		21							***************************************	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		21								1.8	
29	X	24.0	30,210		2.2								1.8	
30 31	X	24.0	31,170		16								15	
Total	X	24.0	28,690 893,930		21]								15	

28,836

35,670

Avgerage Maximum

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

OEP Form 61 10(3)Alternate

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



See Pages 4 for Ins General Information	on for the Month/	Year of: January, 2010				
Public Water Syste	em (PWS) Informa	tion				
WS Name:	Pomona Park	ition			PWS Identification Number:	2540905
WS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
	ections at End of Month			Total	Population Served at End of Month:	672
WS Owner:	Aqua Utilities Florid					
ontact Person:	Paul Thompson			Conta	net Person's Title Field C	Coordinator
ontact Person's Mailing	Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code 34749
ontact Person's Telepho		(352) 787-0980		***************************************	act Person's Fax Number: (352) 7	87-6333
ntact Person's E-Mail	Address:	pdthompson@aquaamerica.com		······································		
ater Treatment F	Plant Information					
ant Name:	Pomona Park				Plant Telephone Number:	(352) 787-0980
ant Address:	Church Street			City: Pomona Park	State: Florida	Zip Code: 32181
pe of Water Treatment			ased Finished Water		Management and the second seco	
mitted Maximum Day	Operating Capacity of	Plant, gallons per day:	187,000			
	ction 62-699.310(4), F.	A.C.): V		Plant C	lass (per subsection 62-699.310(4),	F.A.C.): C
icensed Operators.		Name	License Class	License Number	Day(s)/S	hift(s) Worked
ad/Chief Operator	Paul Thompson		A	7251	Days 1st Shift	
her Operators:	David Haring		C	14091	Days 1st Shift	
	Ralph Marriott		С	7527	Days 1st Shift	
		2010 - 3864 (1220) - 1249 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) - 1240 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240) 900 (1240				
	NOT CO					
	d/Chief Operator				and the second second second second second second second second second second second second second second second	
		operator licensed in Florida, am the le				
		e and accurate to the best of my know				
ernational Standar	d 60 or other applic	able standards referenced in subsection	on 62-555.320(3), F.A.C	. I also certify tha	at the following additional ope	erations records for this plan
e prepared each d	ay that a licensed o	perator staffed or visited this plant du	ring the month indicated	labove: (1) record	ds of amounts of chemicals us	sed and chemical feed rates;
	ropriate treatment p	rocess performance records. Furthern	nore, I agree to provide	these additional of	perations records to the PWS	owner so the PWS owner ca
ii applicable, appl		report, at a convenient location for at l		The control of the second seco		
	with copies of this		1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N			
	with copies of this)				
	oz)	Thompson			A7251

Page 1

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

II. D	aily Data	for the M	lonth/Year	of:		January, 2010								
AND DESCRIPTION OF THE PARTY OF	THE RESIDENCE OF THE PERSON NAMED IN		Virus Inactiv	Water Street Commission of the	/al:	Chlorine [Chlorine Di	oxide	□ Ozone	┌ Comb	ined Chlorii	ne (Chlorar	nines)	
Uh	raviolet Ra	adiation	☐ Othe	r (Describe):										
ype o	f Disinfec	tant Resid	lual Maintai	ned in Distr	ibution System;	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
					T Calculations, or	LIV Dose, to	Demostate	Four-Los	Virus Inac	tivation, if	Applicable*		1	
					1 Carculations, of		culations	our sog	, Thue mue		UVI			
					I	I CI Caic	anations			T	011	203C		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work t
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Componer
Month	"X")	Operation	gal,	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	26,850		1.3			(14) - (000) (000) - (15) - (PROFESSIONAL PROFE				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	(Market 14 - 1422)	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								13	
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 al		24.0	032.316											
315		No. of the same	933,310											

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

52,880

3(3)Alternate

DEP Form 624

Maximum

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



DEP Form 6 5 900(3)Alternate

See Pages 4 for Instr								
. General Information	for the Month/	Year of: February, 2	2010					
A. Public Water System	(PWS) Informa	ation						
PWS Name:	Pomona Park					PWS Identification Number:	2540905	
PWS Type:	✓ Community	Non-Transient Non-Commu	inity T	ransient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Month	181			Total	Population Served at End of Me	onth: 672	
PWS Owner:	Aqua Utilities Florid	la						
Contact Person:	Paul Thompson				Conta	act Person's Title: Fi	eld Coordinator	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number: (3	52) 787-6333	
Contact Person's E-Mail Ac		pdthompson@aquaameric	a.com					
. Water Treatment Pla	ant Information							
Plant Name:	Pomona Park					Plant Telephone Number:	(352) 787-0	980
Plant Address:	Church Street		211		City: Pomona Park	State: Florida	Zip Code:	32181
Type of Water Treatment by	,	Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day C			····	187,000				
Plant Category (per subsect						lass (per subsection 62-699.310		
Licensed Operators		Name		License Class	License Number	Day(s	s) / Shift(s) Worked	5 94.2 (2.5)
Lead/Chief Operator:				A	7251	Days 1st Shift		
Other Operators:	David Haring			С	14091	Days 1st Shift		
ARTON PROPERTY.	Ralph Marriott			С	7527	Days 1st Shift		
TARREST SOLES								***************************************
About Englishing								

				<u> </u>		1		
Certification by Lead	I/Chief Operator							
		operator licensed in Florida, a	m the lead/chie	f operator of the	water treatment n	lant identified in part Lof	this report Leartify	that the
		ue and accurate to the best of n						
		cable standards referenced in s						
		operator staffed or visited this						
(2) if applicable, appro	opriate treatment	process performance records.	Furthermore, I a	agree to provide	these additional o	perations records to the P	WS owner so the PW	/S owner can
retain them, together w	vith copies of this	report, at a convenient locatio	n for at least ten	years.				
		1 (
		- 3/9/10	Paul Thompso	n			A7251	
Signature and Date		1 -7-					License Nun	nber

Page 1

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

PWS I	dentification	n Number:		2540905		Plant Name:	Pomona Par	k						
П. П	Daily Data	for the N	lonth/Year	of:		February, 2010								
			g Virus Inactiv				Chlorine Di	iovide [Ozone	Comb	oined Chlori	ne (Chlorar	ninec)	
	traviolet R		T.	r (Describe):		1	CHOILE LA	ioxide j	CZONC) Come	onica Cinori	ne (emorai	itures)	
						▼ Free Chlo	rina T	" Combine	d Chlorine	(Chloramine	e) [Chlorine I	Viovide	
ype (of Disinfed	ctant Resid	dual Maintai		ibution System:								noxide	
	45.30	the country	5 51 6 78 46	22 A C	T Calculations, or			Four-Log \	Virus Inac	tivation, if			E TENNEL	and the second property of the second second
5 4 3 4	KA STORY	1.56	The state of	Arthur the	rasalvi šatiališ	CT Calc	ulations		68.583 No. 05.5	that although	UV	Dose		· 图1986年2月1日 - 2月1日 - 2月
	45.00			birth the sail	Administration of the	54455	Lowest CT	100 girtis 7		11.00	18/5 (2.5)	98 C.		
						Disinfectant	Provided							位置的过去式和过去分词
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity	266.53	Disinfectant	(T) at C	First		Propagation of the Control of the Co		California de	Minimum	Disinfectant	
	Visited by	stron de est	of Finished	\$ 10 mm (5 d)	Concentration (C)	Measurement	- Customer	10000		321.2585	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant		Policy	Before or at First	Point During	During Peak	77	September 1	Minimum	Operating	Required,		Conditions, Repair or Maintenance Work
the	-(Place	in .	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Water, OC i	oH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Componer
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, Ci	I Applicable	mg-min/L	mW-sec/cm²	sec/cm ²	System, mg/L	Out of Operation
1	- X	24.0	32,717		1.3			-					0.8	
3	X	24.0 24.0	30,120 22,730		1.0						<u> </u>		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		•••			1						
7 :	14.10	24.0	34,293											
8	X	24.0	34,293		1,2	P-1							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	V	24.0 24.0	33,627 33,627		1.0			-					0,5	
15 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											
21/08		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	Х	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 ± 30		24.0					 	 			 			
31		24.0 24.0												
tal		24.0	883,003			L	L				I			
/gerag	ie - I		28,484											
OFTE	77		20,707	Į.										

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Alternate

55,000

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



DEP Form 62, 900(3) Alternate

See Pages 4 for Instr								
. General Information	i for the Month/	Year of: March, 201	10					
A. Public Water System	(PWS) Inform	ation						
PWS Name:	Pomona Park					PWS Identification Number	2540905	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Mont				То	al Population Served at End of N	Month: 672	
PWS Owner:	Aqua Utilities Flori	da						
Contact Person:	Paul Thompson				Co	ntact Person's Title:	Field Coordinator	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980	*		Co	ntact Person's Fax Number: ((352) 787-6333	
Contact Person's E-Mail Ac	ddress:	pdthompson@aquaameric	a.com					
. Water Treatment Pl	ant Information							
Plant Name:	Pomona Park					Plant Telephone Number:	(352) 787-0)980
Plant Address:	Church Street				City: Pomona Pa	rk State: Florida	Zip Code:	32181
Type of Water Treatment b		Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C				187,000				
Plant Category (per subsect						t Class (per subsection 62-699.3		
Licensed Operators		Name		License Class	June 11 and 11 a		(s) / Shift(s) Worked	
Lead/Chief Operator:			***************************************	A	7251	Days 1st Shift		
Other Operators:	David Haring			С	14091	Days 1st Shift		
	Ralph Marriott			С	7527	Days 1st Shift		
Care Company (1997)				ļ				
THE STATE OF STATES				<u> </u>				
	<u> 1 </u>			<u> </u>	<u> </u>			
Certification by Lead	I/Chief Operato							1968
		t operator licensed in Florida, a	am the lead/chie	famorator of the	Water treatmen	nlant identified in next L	of this report I sertifi	that the
		rue and accurate to the best of n						
	75.75	icable standards referenced in s					and the second s	
		operator staffed or visited this						
		process performance records.			these additiona	operations records to the	PWS owner so the PV	VS owner can
retain them, together v	vith copies of this	s report, at a convenient locatio	on for at least ter	n years.				
1 2								
1		418110	Paul Thompso	on			A7251	
Signature and Date							License Nu	mber
							Livelise i viii	339.70

Page 1

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

PWS I	dentificatio	n Number:		2540905		Plant Name:	Pomona Par	k						
III. D	aily Data	for the N	ionth/Year	of:		March, 2010								
Means	of Achievi	ng Four-Log	y Virus Inacti	vation/Remov	/al: ▼ Free C	Chlorine	Chlorine Di	oxide	☐ Ozone	┌ Comb	oined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):			the state of the s		1 100			,		
Type o	of Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	orine T	Combin	ned Chlorine	(Chloramine	es) Γ	Chlorine I	Dioxide	
Appel	I	T TODAY			T Calculations, or			Four-Log	Virus Inac	tivation if	Applicable			
				Take Market	T Calculations, or		ulations					Dose		
						C C C C	T			The Control of				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Producted, gal.	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, ^o C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating
-1	Х	24.0			1.1								0.8	
2	Х	24.0			1.2		ļ	ļ			ļ	-	0.8	
3	X	24.0			1.0			 				 	0.8	
-4	X	24.0	29,230 25,520	ļ	1.4		 	1			<u> </u>		0.8	
6	 ^ -	24.0	26,063		1.7			 			 			
7		24.0							-					
- 8	Х	24.0	26,063		1.2								1.0	
9	Х	24.0	29,730		1.4								1.0	
-10	Х	24.0	18,690		1.3								0.9	
311	Х	24.0	29,320		1.2								1.0	
12	X	24.0			1.2			<u> </u>					1.0	
13		24.0						<u> </u>						
14		24.0		<u> </u>			-	<u> </u>			ļ	ļ	<u> </u>	
15	X	24.0	25,600	ļ	1.3			<u> </u>					1.1	
16	X	24.0			1.3			 	 		<u> </u>	 	1.0	
17	X	24.0	25,960 24,370	ļ	1.4			 					1.2	
19	X	24.0		 	1.5			 	1		<u> </u>	†	1.4	
20	<u> </u>	24.0		 	1.2			 						
21		24.0	25,493					 					1	
22	X	24.0	25,493		1.1								0.8	
23	· X	24.0	24,890		1:3			·					• 0.9	
24	Х	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					ļ						
28		24.0	24,593					<u> </u>	 		ļ		<u> </u>	
29	X	24.0	24,593		1.2			 					1,0	
30 31	X	24.0	25,440 24,980		1.3		<u> </u>	<u> </u>	 			-	1.1	
Total	L - ^	24.0	813,266		1.2			L	<u> </u>	L	L	<u> </u>	1.0	L
Avgerag	e	4.00	26,234											
	im Sala	and the second s	35,126											

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

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



See Pages 4 for Instructions.

DEP Form 62-555 900(3)Alternate

General Information		Year of: April, 2010					
Public Water Systen							
PWS Name:	Pomona Park	tion				PWS Identification Number	2540905
PWS Type:	Community	Non-Transient Non-Commur	nity ITT	ransient Non-Comi	munity	Consecutive	2340703
Number of Service Connec			11CY1	ransient rom com		I Population Served at End of	Month 672
WS Owner:	Aqua Utilities Florid				110ta	i ropulation served at End of	World. 672
Contact Person:	Paul Thompson		***************************************	······································	Con	tact Person's Title:	Field Coordinator
ontact Person's Mailing A		PO Box 490310	***************************************		City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephone		(352) 787-0980		**************************************	The same of the sa		(352) 787-6333
Contact Person's E-Mail A		pdthompson@aquaamerica	a.com				(0.12)
Vater Treatment Pl							
lant Name:	Pomona Park					Plant Telephone Number:	(352) 787-0980
lant Address:	Church Street				City: Pomona Parl		Zip Code: 32181
ype of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water			
ermitted Maximum Day C	Operating Capacity of I	Plant, gallons per day:		187,000	· · · · · · · · · · · · · · · · · · ·		
lant Category (per subsect	tion 62-699.310(4), F.	A.C.): V			Plant	Class (per subsection 62-699.3	10(4), F.A.C.): D
Licensed Operators	even Elecucio 1/0	Name	an an analysis of the	License Class	License Numbe		(s) / Shift(s) Worked
	Paul Thompson			Α	7251	Days 1st Shift	
ther Operators:	David Haring			C	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
			-				
34 化色谱的分别的含							
Certification by Lead						incominantin a marini	
the undersigned water	er treatment plant	operator licensed in Florida, an	m the lead/chie	f operator of the	water treatment	plant identified in part I o	of this report. I certify that the
iformation provided i	in this report is tru	e and accurate to the best of m	y knowledge ar	nd belief. I certi	fy that all drinkir	ng water treatment chemi-	cals used at this plant conform to NS
iternational Standard	60 or other applic	cable standards referenced in su	ubsection 62-55	55.320(3), F.A.C	. I also certify th	nat the following addition	nal operations records for this plant
ere prepared each da	y that a licensed o	perator staffed or visited this p	lant during the	month indicated	above: (1) reco	rds of amounts of chemic	cals used and chemical feed rates; an
) if applicable, appro	priate treatment p	process performance records. F	Furthermore, I a	gree to provide	these additional	operations records to the	PWS owner so the PWS owner can
tain them, tagether w	vith copies of this	report, at a convenient location	for at least ten	vears		operations records to the	i wo owner so the i wo owner can
1	en en en el social de la companya de	, ,		, , , , , , , , , , , , , , , , , , , ,			
/ \		/ /					
		=/-1.	D. 1 mt				
gnature and Date		= 5/7/10	Paul Thompso	n			A7251

Page 1

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

the (Place in Producted, Peak Flow agal. Rate, gpd Peak Flow myl. Rate,	PWS I	dentification	n Number:		2540905		Plant Name:	Pomona Par	k						
Characteristic Char	11.	aily Data	for the N	Ionth/Year	of:		April, 2010								
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose	Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	val: ▼ Free C		Chlorine Di	oxide	☐ Ozone	┌ Comb	oined Chloris	ne (Chlorar	nines)	
CT Calculations, or UV Dose, to Demostrate Four-Log Virus Inactivation, if Applicable* UV Dose							EZ E Chi		Combin	ad Chlorina	(Chloromine	ve) [=	Chlorina	Nicola	
Days Plant Net Quantity Net Quantity Net Quantity Net Quantity Net Quantity Operation Hours plant Valided or Operation Hours plant Valided or Operation Producted Operation Producted Operation Operat	ype	of Disinted	ctant Kesic	luai Maintai										Jioxide	
Days Plans Safe Contact Time				a prayection	C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if				
Days Plant Supplement Sup						****	CT Cal	culations				UVI	Oose		
X 240 28,780 12	Day of the Month	Staffed or Visited by Operator (Place	in	of Finished Water Producted,		Disinfectant Concentration (C) Before or at First Customer During	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	Temp of Water, °C	pH of Water, if Applicable	CT Required.	Operating UV Dose,	UV Dose Required, mW-	Disinfectant Concentration at Remote Point in Distribution	Conditions, Repair or Maintenance Work th Involves Taking Water System Component
3	11		The second secon					1						A STATE OF THE PARTY OF THE PAR	
1	2	Х	24.0	25,460		1.3								1.0	
56 X 24.0 28.113 1.3 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.1 1.2 1.2 1.2 1.2 1.1 1.2 1.2 1.1 1.2 2.2 <td>3</td> <td></td> <td>24.0</td> <td>28,113</td> <td></td>	3		24.0	28,113											
6 X 240 30,170 1.4 1.2 7 X 240 19,690 1.3 1.1 8 X 240 28,630 0.5 0.2 9 X 240 28,630 1.6 0.0 10 240 33,057 0.0 0.0 11 240 33,057 0.0 0.0 12 X 240 33,057 0.0 12 X 240 33,057 1.3 0.0 13 X 240 34,860 1.3 0.0 0.0 13 X 240 28,500 0.7 0.7 0.7 0.7 14 X 240 32,800 0.7 0.7 0.0 0.7 15 X 240 34,237 0.0 0.7 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	4		24.0	28,113				1			<u> </u>				
7 X 24 0 19,690 1.3 1.1 8 X 24 0 54,800 0.5 0.2 9 X 24 0 28,630 1.6 1.0 10 24 0 33,057 1.2 1.2 11 24 0 33,057 1.3 1.0 12 X 24 0 33,057 1.3 1.0 13 X 24 0 33,057 1.3 0.8 14 X 24 0 34,660 1.3 0.8 15 X 24 0 32,680 1.7 0.8 16 X 24 0 32,580 0.7 0.7 16 X 24 0 34,237 1.3 1.3 17 24 0 34,237 1.3 1.0 18 24 0 34,237 1.3 1.0 221 X 24 0 32,390 1.4 1.2 221 X 24 0	-5														
X	6														
9 X 240 28,630 1.6 1.6 10 10 240 33,057															
10								ļ							
11	-	X				1.6		<u> </u>						1.0	and the second s
12 X 24.0 33,057 1.3 1.0 13 X 24.0 34,860 1.3 1.1 14 X 24.0 28,530 0.7 0.7 15 X 24.0 32,680 1.7 0.7 16 X 24.0 34,237 1.3 1.3 17 24.0 34,237 1.3 1.0 1.0 18 24.0 34,237 1.3 1.0 1.0 20 X 24.0 32,390 1.4 1.2 1.2 21 X 24.0 37,830 1.4 1.2 1.2 21 X 24.0 31,390 1.0 0.9 0.9 23 X 24.0 36,530 1.3 1.2 1.2 24 24.0 36,530 1.2 1.0 0.8 25 24.0 36,530 1.2 1.0 0.8 28 X 24.0 35,500 1.6 1.3 1.3 29 X 2	-														
13		V				1.2		 						10	
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 1.3 1.3 18 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 36,530 1.2 1.2 24 24.0 36,530 1.2 1.0 0.8 25 24.0 36,530 1.2 1.0 0.8 26 X 24.0 36,530 1.2 0.8 1.3 28 X 24.0 33,300 1.6 1.1 0.8 28 X 24.0 33,300 1.6 1.3 1.3 30 X 24.0 35,000 1.6 1.6 <						***************************************		 							
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16 X 24.0 32,680 1.7 17 24.0 34,237 18 24.0 34,237 19 X 24.0 34,237 20 X 24.0 32,390 1.4 21 X 24.0 37,830 1.4 22 X 24.0 31,390 1.0 23 X 24.0 36,530 1.2 24 24.0 36,530 1.2 25 24.0 36,530 1.2 26 X 24.0 36,530 1.2 27 X 24.0 24,640 1.1 28 X 24.0 44,440 1.6 28 X 24.0 33,300 1.6 31 30 X 24.0 35,000 31 4 4 4 31 4 4 4 32 4 4 4 34 35,000 1.6 1.3 35 4 4 4 4 36 4 4 4 4 37 4 4 4 4 4 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								 							
17		4												1	
18 24.0 34,237 1.3 19 X 24.0 34,237 1.3 20 X 24.0 32,390 1.4 21 X 24.0 37,830 1.4 22 X 24.0 31,390 1.0 23 X 24.0 38,470 1.3 24 24.0 36,530 1.2 25 24.0 36,530 1.2 26 X 24.0 36,530 1.2 27 X 24.0 36,530 1.2 27 X 24.0 36,530 1.2 28 X 24.0 44,440 1.6 29 X 24.0 44,440 1.6 30 X 24.0 35,000 1.6 31 8 1.3 1.3 31 985,560	17						Augusta (1900)								
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 1.2 1.0 25 24,0 36,530 1.2 1.0 26 X 24,0 36,530 1.2 1.0 27 X 24,0 24,640 1.1 0.8 28 X 24,0 24,640 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 1.6 1.3 1.3	18		24,0												
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 1.2 1.0 25 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 1.6 1.3 1.3	19	X	24.0	34,237		1.3		1						1.0	
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 2.5 24.0 36,530 1.2 25 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 31 985,560	20	X	24.0	32,390		1.4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
23 X 24.0 38,470 1.3 1.2 24 24.0 36,530 25 24.0 36,530 1.2 1.0 26 X 24.0 36,530 1.2 1.0 1.0 27 X 24.0 24,640 1.1 0.8 1.3 28 X 24.0 44,440 1.6 1.3 1.2 29 X 24.0 33,300 1.6 1.2 1.3 30 X 24.0 35,000 1.6 1.3 1.3 1al 985,560 985,560 1.6	21	X	24.0	37,830		1.4								1.2	
24 24,0 36,530 25 24,0 36,530 26 X 24,0 36,530 27 X 24,0 24,640 28 X 24,0 44,440 29 X 24,0 33,300 30 X 24,0 35,000 31 985,560	22													0.9	
25	23	Х				1.3								1.2	
26 X 24 0 36,530 1.2 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 31 985,560	24														
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 31 985,560	25														
28 X 24.0 44,440 1.6 1.3 1.2 29 X 24.0 33,300 1.6 1.6 1.2 1.3 1.2 1.3 1.4 1.6 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5															
29 X 24.0 33,300 1.6 1.2 30 X 24.0 35,000 1.6 1.6 1.3 1.3 1.4 985,560															
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31 985,560														<u> </u>	
tal 985,560		X	24.0	35,000		1.6							***************************************	1.3	
				095 560							***************************************				

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

54,890



Date issued: May 5, 2009

To:

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

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park Triannual

[2134449]

Received:

4/15/09 13:00

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 `'OOH # E96080

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

Printed: 5/5/09



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

Quality Control Summary

Slient:

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)

Number

Analytical Method Sample ID

Description

Quality Control Summary

Method

HBEL Batch Analyte

Analytical Issue

EPA 505

PEST5321

2134449001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

5600 US 1 North Fort Pierce, FL 34946 ~DOH # E96080

Printed: 5/5/09



HBEL, Inc.

5600 U.S. I 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	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
,	2134449001 P.O.E. Grab				Sampled: 04/14/09 Matrix: Water		Received on	: 04/15/09 Wet Weight I		
Odor - Dechlorinated	d	1.0 U	T.O.N.	1.0	EPA 140.1	WCDE18897		04/15/09 14:22		E83509
pН	Q	7.85	SU	0.200	EPA 150.1	WCGE30909		04/18/09 18:05		E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9335		04/24/09 14:56	5 DM	E96080
Barium		0.0077	mg/L	0.0018	EPA 200.7	META9335		04/24/09 14:58	S DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META9335		04/24/09 14:56	5 DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9335		04/24/09 14:56	5 DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9335		04/24/09 14:56	5 DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META9335		04/24/09 14:56	5 DM	E96080
Iron		0.040	mg/L	0.025	EPA 200.7	META9335		04/24/09 14:56	5 DM	E96080
Manganese		0.0065	mg/L	0.0037	EPA 200.7	META9335		04/24/09 14:56	S DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9335		04/24/09 14:56	S DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9335		04/24/09 14:56	5 DM	E96080
Sodium		9.7	mg/L	0.50	EPA 200.7	META9335		04/24/09 14:56		E96080
Zinc		0.013	mg/L	0.010	EPA 200.7	META9335		04/24/09 14:56		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		E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9331		04/22/09 12:10		E96080
`hallium		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			E96080
Chloride		15	mg/L	5.0	EPA 300.0	IC8030		04/22/09 13:46		E96080
Fluoride		0.065	mg/L	0.011	EPA 300.0	IC8026		04/16/09 13:28		E96080
Nitrate as N		0.086	mg/L	0.0030	EPA 300.0	IC8026		04/16/09 13:28		E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8026		04/16/09 13:28		E96080
Sulfate		8.9	mg/L	1.4	EPA 300.0	IC8030		04/22/09 13:46		E96080
1,2-Dibromo-3- chloropropane		0.0036 U	ug/L	0.0036	EPA 504.1	PEST5317	04/16/09 14:00		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 (Lindar		0.020 U	u g/L	0.020	EPA 505	PEST5321	04/21/09 14:54		JL	E96080
Heptachlor	•	0.036 U	ug/L	0.036	EPA 505	PEST5321	04/21/09 14:54		JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5321	04/21/09 14:54		JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST5321	04/21/09 14:54		JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5321	04/21/09 14:54		JŁ	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST5321	04/21/09 14:54		JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5324	04/22/09 12:00			E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5324	04/22/09 12:00			E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5324	04/22/09 12:00			E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5324	04/22/09 12:00			E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5324	04/22/09 12:00			E96080

5600 US 1 North Fort Pierce, FL 34946 90H # E96080

Printed: 5/5/09



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

CERTIFICATE OF ANALYSIS [2134449]

Jient: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park Triannual

Parameter	1 Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram	0.23 U	ug/L	0.23	EPA 515.1	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
:ans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC3077		04/23/09 19:16	WR.	E96080
richloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC3077		04/23/09 19:16	WR	E96080
inyl 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
Alrazine	0.48 U	ug/L	0.48	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	G 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	G 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	G CG	E96080
Hexachlorocyclopentadier	ne 0.23 U	ug/L	0.23	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	G CG	E96080
Simazine	0.63 U	ug/L	0.63	EPA 525.2	SVOC2759	04/20/09 6:00	04/20/09 12:56	G CG	E96080
Carbofuran	0.41 U	ug/L	0.41	EPA 531.1	HPLC2585		04/16/09 18:52	2 JJM	E96080
Oxamyl	0.13 U	ug/L	0.13	EPA 531.1	HPLC2585		04/16/09 18:52	2 JJM	E96080
Glyphosate	13 U	ug/L	13	EPA 547	HPLC2588		04/21/09 14:27	7 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	4 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	G 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	3 GG	E96080

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

Printed: 5/5/09



HBEL. Inc.

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

CERTIFICATE OF ANALYSIS [2134449]

Jient: Aqua Utilities Florida, Inc.

Workorder ID: Pomona Park Triannual

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch		Analyst	Lab ID
Laboratory ID: Sample ID:	2134449002 VOC TRIP BLANK			Sampled: Matrix: Water	Result	Received: 04/15/09 s reported on Wet Weight E		
1,1,1-Trichloroetha	ne 0.21 U	ug/L	0.21	EPA 524.2	VOC3077	04/23/09 19:49) WR	E96080
1,1,2-Trichloroetha	ne 0.44 U	ug/L	0.44	EPA 524.2	VQC3077	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	9 WR	E96080
1,2,4-Trichloroben	zene 0.41 U	u g/ L	0.41	EPA 524.2	VOC3077	04/23/09 19:49	WR	E96080
1,2-Dichlorobenze	ne 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-Dichloropropar	ne 0.40 U	ug/L	0.40	EPA 524.2	VQC3077	04/23/09 19:49	WR	E96080
1,4-Dichlorobenze	ne 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 tetrachlorid	de 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-Dichloroeth	nene 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	VQC3077	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	u g/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 19:45	WR	E96080
iotal Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC3077	04/23/09 19:49	WR	E96080
3ns-1,2-Dichloroe	ethene 0.35 U	ug/L	0.35	EPA 524.2	VOC3077	04/23/09 19:49	WR	E96080
richloroethene	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.

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

Printed: 5/5/09



Q Sample held beyond the accepted holding time.



Company: AQUA UTILITIES FLORIDA, INC.

Chain-of-Custody

and Agreement to Perform Services

Method(s) of	courier	
Shipment:		

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

Address:		PO BO	x 19r	310										Sanford	d, FL 3	2771	
	LEESBUI				Zip:	34749			2./ Tempe		For Lab	Service Control		рН			
					•	2) 787-6333	5	Haring@aquaamerica.com Standard Laboratory	Che	cked N	Intact Y	N	35.	Checke	N	LAB # 213	4449
Client Co	ntact:	David H	arin	g				urn Around Time	N	SH	PRESE U	T U	/ <u>E</u> H	N		Preservati	On Key P=Phosphoric Acid
	ame: Por By: Raly				:Tria	nnual 1° & 2°	_	Business Days Laboratory Approval	Α		ANALYSES	1	1	Q		N=Nitnc Acid S=Sulfuric Acid SH=Sodium Hydroxide	ST=Sodium Thiosulfate U=Unpreserved
LAB ID	COLLE		Sample Type:	MATRIX**	# Containers		LE DES	CRIPTION On Report	1° & 2° METALS	CYANIDE	NO3, NO2, CL. SO4, F, pH. Color, TDS, MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228		COMM	ENTS
001	4-14-09	6PM	G	DW	10	P.O.E.	***************************************		1_1_	1	1	1	3	3		odor collenfe	4-15-09 730AM
002					3	VOC TRIP BLA	NKS						3				Million Control of the Control of th
5-10 (5-2 to 1) (5-2 to 1)																	
Tarket and							***************************************										
	Sample Typ RELINQUISH	7.7					** Matrix: S:	Solid SL=Sluege DW=	Drinking	Water		Vater S'		ace Wa	ter WM	/=Wastewater M=Ma	rine .
o B	DATE/TIME RECEIVED B	4-15-	09	10.	CEA!	2	ATE/TIME	4-1509 Deather	1360		DATE/		/		-/5- Y BY		e de la companya de l
age	DATE/TIME	1	15-6	7	10		ATE/TIME	14-15-09	1700		DATE/					4.16.09	//00 of 2



Chain-of-Custody -- and

Agreement to Perform Services

Method(s) of	courier	
Shipment:		

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

CON ACCORD

Laboratory not responsible for omitted information

CHAIN PAGE __2__ of __2___

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

__X__FDOH # E83509

Company: AQUA UTILITIES FLORIDA, INC.	Shipment:				4155 St. Johns Pkwy, Sanford, FL 32771				The second of their new courts		
Address: P.O. BOX 490310				< 9 4 N	A 5. 7			Sanfor	d, FL 3	2771	
LEESBURG, FL Zip: 34749	e-mail: <u>JDHaring@aquaamerica.com</u>	Tempe Che		Cu	r Lab U stody Se Intact			pH Checke	1	LAB# 213	34440
Phone: (352) 435-4020 Fax: (352) 787-6333	Standard Laboratory X Turn Around Time	(2)	N		Y N Y N PRESERVATIVE			N			
Client Contact: David Haring						T				Preservati	on Key
Project Name: Pomono Park :Triannual 1° & 2°	Or	ST	ST			ST REQUE	ST STED	S	ST	H=Hydrochlone Acid N=Nitric Acid	P=Phosphoric Acid ST=Sodium
Sampled By: Ralph Marriott	Rush in Business Days Requires Laboratory Approval	G Da	Н	J	X YIES)	P SATE)	M() M	N E	Р	S=Sulfuric Acid SH=Sodium Hydroxide	Thiosulfate U=Unpreserved
LABID T P P R P P P P P P P P P P P P P P P P	LE DESCRIPTION ill Appear On Report	504(EDB/DBPC	515.1	525.2	531 1(CARBAMATES)	547(GLYPHOSATE)	548(ENDOTHALL)	549(DIQUAT)	505	СОММІ	ENTS
001 4-14-9 600 G DW 14 P.O.E.		3	1	1	1	1	3	1	3		
75 (a) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c											
								na, ** 9,737 r 100,8404, www.			

	** Matrix: S=Solid SL=Sludge DW=D	orinking \	vater (ater SV UISHED		ice Wa	er WV	. , –	- Gen
DATE/TIME 1-15-9 10 AM	ATE/TIME 4-15-09	130	υ		DATE/TI	ME	/	16-16	12/	5-09 160	eock
RECEIVED BY	ECCEIVED BY HOLD THE PROPERTY OF THE PROPERTY	7			DATE/TIME 9/16/9/1/00						

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) PWS I.D. #: 2 546 vstem Name: System Type (check one) Community Nontransient Noncommunity Transient Noncommunity Address: State: ZIP Code: 32181 E-Mail Address: 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: Reason(s) for Sample (Check all that apply) Sample Type (Check Only One) Distribution Routine Compliance (with 62-550) Quarterly (Which Qtr? Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Plant Tap not for compliance with 62-550) 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. ** See 62-550.550(4) for requirements and Note: See 62-550.512(3) for additional requirements attach a results page for each site. for Nitrate or Nitrite MCL exceedences. MARRICTT Sampler's Name: 386-329-8917 - 937 - 0187 Sampler's Fax #: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) RALPH ARILIY oremu MARRION Print Name do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct, 5-11-09 Signature:

tino 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 b	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	ce with Chapter 62-550, F.A.C. (Check all that apply):							
Inorganics All 17 All 30 All Except Dioxin Nitrate Partial Nitrite Dioxin Only Asbestos Only Were any analyses subcontracted? X Yes If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTE	Volatile Organics All 21 Partial Radionuclides X Single Sample Qtrly Composite** No E84129 Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Secondaries All 14 Partial							
I, Eric Charest (Print Name)	Laboratory Manager (Print Title) a are correct and unless noted meet all requirements of the ference (NELAC).							
* Failure to provide a valid and current Florida DOH lab certification rejection of the report, possible enforcement against the public Bureau of Laboratory Services. ** Please provide radiological sample dates locations for each quality of the public sample dates.	Date: 05-May-09 on number and a current Analyte Sheet for the attached analysis results will result water system for failure to sample, and may result in notification of the DOH parter.							
COMPLIANCE DETERMINATION (to be completed by DE	EP or DOH)							
Sample Collection Info Satisfactory: Yes N	o Sample Analysis Info Satisfactory: Yes No							
Replacement Sample(s) Requested (circle or highlight of Additional Monitoring Required (circle or highlight group(s								
Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s) Other:	Detection(s) Incomplete Report Location Unsatisfactory Analysis Unsatisfactory							
Person Notified:	Date Notified:							
Comments:	NON Parisoning Officials							
Date Reviewed:	P/DOH Reviewing Official:							

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

HBEL, Inc.

5600 U.S. I 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:

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

											DOH
Contam ID	Contam Name	MCL	Units	Analysis Result	Oual*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	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
0،	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	4/22/09	4/23/09 22:23	E96080
	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	Ų	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).

5600 US 1 North
Pierce, FL 34946

i JH # E96080

Printed: 5/5/09



^{*} 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 ceptable 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 be a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

HBEL, Inc. 5600 U.S. I 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
30	Chromium	[0.1]	mg/L	0.0018	Ų	EPA 200.7	0.0018	4/24/09 14:56	E96080
44-سر	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	1	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 eptable 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 peri

5600 US 1 North eierce, FL 34946

7. /# E96080 Printed: 5/5/09





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	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	1	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	4/16/094/16/09	E96080
1028	Iron	[0.3]	mg/L	0.040	1	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
\bigcirc_0	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	4/24/09 14:56	E96080
1∪55	Sulfate	[250]	mg/L	8.9		EPA 300.0	1.4	4/22/09 13:46	E96080
1095	Zinc	[5]	mg/L	0.013	1	EPA 200.7	0.010	4/24/09 14:56	E96080
1905	Color	[15]	CU	4.0	1	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	pН	[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	υ	SM5540 C	0.022	4/17/09 16:53	E96080

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

5600 US 1 North Fraierce, FL 34946 F. 1 # E96080

Printed: 5/5/09



^{*} 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 ceptable 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 peri

HBEL, Inc.

5600 U.S. I 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

Contan ID	n Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	υ g/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

5u00 US 1 North Fort Pierce, FL 34946 f 1# E96080

Printed: 5/5/09



^{*} 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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 fex 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

Sample Number

Sample Description

91196.01

2134449 001

Date & Time Collected

04/14/09 18:00

Date & Time Received

04/17/09 08

08:45

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

FDOH Laboratory No. E84129 NELAP Accredited Approved By: Francis I. Daniels, Laboratory Director Leslie C. Boardman, Q.A. Manager

Page 1 of 3

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2219

Harbor Branch Environmental Laboratory

2134449

Sample ID: 2134449 001

May 1, 2009

Sample No.: 91196.01

PWS ID:

Radionuclides 62-550.310(6)

												DOH Lab
Contaminant	Contaminant			Analysis		Analytical		RDL	Analysis		Analysis	Certification
ID	Name	MCL	Units	Result	Qualifier	Method	Lab MDL	**	Error	Analysis Date	Time	#
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

* Qualifiers: U1

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

Page 2 of 3

^{***} 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.

Harbor Branch Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY 5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292 Fax: (772) 467-1584

9/1/960 Subcontracting Form 001A REV 001 Effective Date 12/05/2002

CHAIN OF CUSTODY RECORD

HARBOR B	RANCH E	NVIRO	NMEN	ΓAL L	ABORATO	RY				AN.	alysis r	EQUIRED	 	COLLECTION REMA					
PROJECT NAM	E. 21.	344	49							PRESERVATIVE									
						<u> </u>		- 	N	N	N								
SAMPLE TYPE:	Composite = C	, Grab = G	i,		rative: HCl = H, D ₄ = S, NaOH = :			т,	Mall	The second	1828								
MATRIX: Drinki S, Waste = W,		V, Groundw	vater = GW	, Surface	Water = SW, W	astewater = W	/W, Soil or	solids =	100	M									
Client Code. MATRIX COLLECTION DATE TIME		TYPE HBEL SAMPLE ID # BORkes				0					SA	MPLE COM	IMENTS						
01	DW	4/4/09	1810	G	2134	1449	001	3	1	1	1			3-11	P,H	NO			
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		1											-	·		<u>.</u>			

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

PUBLIC WATER 3131EM INFORMATION	to an equipolar of complete a loade type of bi	int togoty;
System Name: FOLLOW F		2540405
System Type (check one) Community	Nontransient Noncommunity	Transient Noncommunity
Address: Church St		
city: Harrisma Porti	State: FL	ZIP Code: 32181
Phone #: 352-787-098	60 Fax#: 352-0	N-6333
E-Mail Address:	10	
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 (c	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 Cor	mments:
Near First Customer *See 62-550.500(6) for requirements a Note: See 62-550.512(3) for additional for Nitrate or Nitrite MCL exceeds	al requirements attach a res	550(4) for requirements and sults page for each site.
	MARRIETT	
Sampler's Phone #: 381- 937	0187 Sampler's Fax #:	386-329-9977
Sampler's E-Mail Address:	NA	
CERTIFICATION (to be completed by sampler)		
1. RALPH MARRIUTT	, FARILITY	arcanor. Print Title
do HEREBY CERTIFY that the above publi		
completed and correct.		
Signature: Solph Maruel	Date: 5	
Reporting Format 62-55	i0.730 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	r print legibly)								
ATTACH A CURRE	NT DOH ANALYTE SHEET										
ી.ab Name: ા	HBEL, Inc.	Florida Certifi	Florida Certification #: E96080								
Address: 5	5600 US 1 North	Certification Expiration Date: 06/30/2009									
	Fort Pierce, FL 34946	Phone #:	(772) 465-8584								
ANALYSIS INFO	ORMATION (to be completed by lab)	Date Sample(s) Received::	4/15/09								
PWS ID (From P	age 1):	Sample Number (From Page 1):									
Lab Assigned Ro	eport Number or Job ID:	2134449002									
Group(s) Analyz	ed and Results attached for compli	iance with Chapter 62-550, F.A.C	Check all that apply):								
Inorgani All 17 Partia	All 30	Volatile Organics All 21 Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids								
Nitral Nitrite		Radionuclides	Bromate Chlorite								
	stos Only ses subcontracted? X Yes	Single Sample Qtrly Compos No	Secondaries								
•	ovide DOH certification numbers:	E84129 CTED LAB	ં .								
`	CE	ERTIFICATION									
do HEREBY CE	Eric Charest (Print Name) :RTIFY that all attached analytical on Inmental Laboratory Accreditation C	data are correct and unless noted	ratory Manager (Print Title) I meet all requirements of the								
Signature	(The Maries)	Date: (05-May-09								
* Failure to provide in rejection of the re Bureau of Laborato	a valid and current Florida DOH lab certifi eport, possible enforcement against the pu	ication number and a current Analyte Sl ublic water system for failure to sample,	neet for the attached analysis results will result and may result in notification of the DOH								
COMPLIANCE	DETERMINATION (to be completed by	y DEP or DOH)									
Sample Collecti	on Info Satisfactory: Yes	No Sample Analysis	s Info Satisfactory: Yes No								
Replacemen	nt Sample(s) Requested (circle or highl	ight group(s) above) Revised Repo	ort Requested (circle or highlight group(s) above								
Additional M	lonitoring Required (circle or highlight gr										
Reason(s):	MCL(s) Exceeded Missing Analyte Sheet(s) Other:	Detection(s) Location Unsatisfactor	Incomplete Report y Analysis Unsatisfactory								
Person Notified		Date Notified:									

Person Notified: Date Comments:

DEP/DOH Reviewing Official:

Date Reviewed:

.....

HBEL, Inc. 5600 U.S. I 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:

VOC TRIP BLANK

Sample Number:

2134449002

Sampling Date:

PWS ID (From Page 1): _____

Date Received:

4/15/09 13:00

Contan ID	n Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]		· · · · · · · · · · · · · · · · · · ·	U				4/23/09 19:49	E96080
			ug/L	0.41		EPA 524.2	0.41	0.5		
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
∠980	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	IJ	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

5600 US 1 North Fort Pierce, FL 34946 F¹√)H # E96080

Printed: 5/5/09



^{*} 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.

Assa Puro

AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40

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)

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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



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

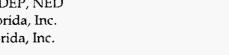
Ms. Aliki Moncrief, Deputy General Counsel, FDEP

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.

٧.

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 0712 0000 7693 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 <u>received</u> 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, <u>850-644-6320</u>, <u>flacrc@fsu.edu</u>. 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 <u>received</u> 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 //TH day of ISCEMISE , 2008.

TILEC, J. this date pursuant to Section 120.5%

*6., with the designated Department Clerk, receipt of which is nereby acknowledged."

(Mitaricalenia Deceder 12) vers

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Ben Polts

BRR: BLP: bp

cc: Mr. Paul Thompson, Operator, Aqua Utilities Florida via pdthompson@aquaamerica.com

State of Florida Department of Environmental Protection CentralNortheast District

SANITARY SURVEY REPORT

Plant Name	Pomona Park WTP	c	ounty _	Putnam	_ PWS ID#	2540905
Plant Location	110 Church Street, Pomona Park, FL	32181			Phone	•
Owner Name	Agua Utilities Florida, Inc. // Mr. John	<u>Lihvarc</u>	<u>ik, Pres</u>	<u>ident</u>	Phone	<u>352-732-6027</u>
Owner Address	Post Office Box 490310, Leesburg,	<u>FL 347</u>	49			
Designated Rep.		_ Title .	Presid	ent	_ Phone	<u>352-732-6027</u>
Facility Contact_	Mr. Paul Thompson	_ Title ₋	Opera	tor	Phone	<u>386-937-1143</u>
This Survey Date	e 6/16/10 Last Survey Date		8/2/07	7 Las	t C.I. Date _	6/18/09
PWS TYPE & C	LASS: Community - (5D)—			TER SOURC		2
SERVICE AREA	CHARACTERISTICS	Ē	SURF	ACE/UDI; So	ource	
Municipality			PURC	HASED from	PWS ID#	
] Emerg	gency Water	Source	
Food Service: [Yes No N/A					· · · · · · · · · · · · · · · · · · ·
GENERAL INFO		A	UXILIAF	RY POWER S	SOURCE	
Number of Servi	ce Connections192	\boxtimes	Yes	None	□ Not Re	quired
Population Serve	ed <u>672</u> Basis <u>Operator</u>	So	ource	Onan Gener	ator	
Plant Design Ca	pacity <u>170,000 gpd</u>	C	apacity o	Onan Gener of Standby (k	:W)	30
Basis Well capa	acity	S	witchove	er: 🛛 Autom	natic 🔲 Ma	inual
Average Day (fro	om MORs) <u>29,339</u> gpd	St	andby F	Plan: 🔯 Yes	. □ No	
Max. Day (from	MORs) <u>55,003</u> gpd	H	rs Opera	ated Under L	oad	4 hr/mo.
Total Storage Ca	apacity <u>2,500 gallons</u>			ipment does		
·	R data is based upon the last 12 month		🛛 Wel	l pumps		
average			🔀 High	n Service Pui	mps	
LOCATION				atment Equip		
	44 69" North					′es
	44.68" North 5' 45.27" West	С	omment	ts <u>Satisfacto</u>	<u>ory</u>	
	9: 7/97					
	y 17 south to Main Street in Pomona Park.	-	~ F A T B 41		COEC IN H	e E
	Street and the plant is on the left.			ENT PROCE		JE.
		_	пуросп	lorination		
-				itional treatm		
	MAINTENANCE			tional treatm		<u>ed.</u>
Certified Operat	or: X Yes No Not required	F	or contro	ol of what def	ficiencies?	
• • •	ertification Class-Number	_				· · · · · · · · · · · · · · · · · · ·
Mr. Paul Thom	npson			TEYS NOITU		
O&M Log: ⊠Ye	s			suring Devic		
Operator Visitati				e & Type		
Hrs/day: Requi						Yes No
Days/wk: Requ						nections observed.
	ive Days? ⊠ Yes ☐ No ☐ N/A					Program: Yes
MORs submitted	d regularly? ⊠ Yes 🔲 No 🔲 N/A			Sampling Pla		
Data missing fro	om MORs? 🖾 No 🔲 Yes 🗌 N/A				nuals, and L	ogs are kept on site
		_	at the pl	ant.		
<u> </u>				-		
		_			_	

GROUND WATER SOURCE

CITOGRAD	TIATER GOORGE					
Well Numb	per (PWS Identification)	2540905	2540905			
Well Name	e (System Identification)	2	3			
Year Drille	ed	1962	2007			
Depth Drill	led	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	ı) / Date (if applicable)	Y – 7/97	Y- 08/07			
Florida We	ell ID	AAC1867				
Static Wat	er Level	28'	1' above ground surface			
Actual Yie	ld (if different than rated capacity)	_	-			
Strainer		Unknown	Unknown			
Length (ou	ıtside casing)	126'	160'			
Diameter (outside casing)	4"	5"			
Material (c	outside casing)	Steel	Steel			
Well Conta	amination History	OK	ОК			
Is inundati	on of well possible?	OK	OK			
6' X 6' X 4	" Concrete Pad	OK	PL			
	Septic Tank	~150'	~150'			
SET	Reuse Water	OK	OK			
BACKS	WW Plumbing	ОК	ОК			
	Other Sanitary Hazard	ОК	OK			
	Туре	Submersible	Submersible			
	Manufacturer Name	Sta-Rite	Sta-Rite			
PUMP	Model Number	Unknown	Unknown			
	Rated Capacity (gpm)	~158	~158			
Motor Horsepower		5	5			
Well casin	g 12" above grade?	OK	OK			
Well Casing Sanitary Seal		OK	OK			
Raw Wate	r Sampling Tap	Smooth/downturned	Smooth/downturned			
Above Gro	ound Check Valve	OK	OK			
Fence/Hou	using	Locked fencing	Locked fence			
Well Vent	Protection	OK	ОК			

COMMEN 12			
	<u> </u>		

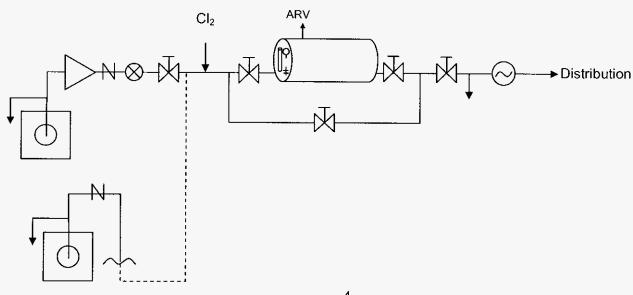
CHLORINATION (Dis			STORAGE FACILITI		=> =
Type:Hypo-Chl Make <u>Stenner</u>		10 and	(B) Bladder (CW) Clear (G) Ground (H) Hydrop		
Chlorine Feed Rate			Tank Type/Number	H H	C.) See Comments
Avg. Amount of Cl ₂ ga	as used	N/A	Capacity (gal)	5,000	
Chlorine Residuals: {	Plant	Remote <u>.064</u>			
Remote tap location _ DPD Test Kit:			Material	Steel	
		: Used Daily	Gravity Drain	Yes	
Injection Points Pre	hydro tank		By-pass Piping	Yes	
Booster Pump Info E	Booster pumps n	ot installed.	Pressure Gauge	Yes	
Comments			Sight Glass or Level Indicator	S.G.	
Chlorine Gas Use Requirements	YES NO	Comments	Fittings for Sight Glass	Yes	
Qual System			Protected Openings	N/A_	
Auto-switchover			PRV/ARV	PRV	
Alarms:			On/Off Pressure	60/70	
Loss of Cl ₂	 		Access Padlocked	Yes	
capability Loss of Cl ₂ residual			Height to Bottom of Elevated Tank	N/A	
Cl₂ leak detection			Height to Max.	NI/A	
Scale			Water Level	N/A	
Chained Cylinders \			Last Inspection	2000	
Reserve Supply			Date (for tanks with access manholes)	2008	
Adequate Air-pak			Comments		
Sign of Leaks				<u>.</u>	
Fresh Ammonia					
Ventilation					
Room Lighting					
Warning Signs			HIGH SERVICE PUM	IPS	
Repair Kits			Pump Number		
Fitted Wrench			Туре		
Housing/Protection			Make		
			Model		
AERATION (Gases, I			Capacity (gpm)		
Type Aerator Condition	Capacit	y	Motor HP		
Bloodworm Presence	;	· · · · · · · · · · · · · · · · · · ·	Date Installed		
Visible Algae Growth Protective Screen Co			Maintenance		
Protective Screen Co Comments	ndition		Comments		\
` <u> </u>					$\overline{}$
			· · · · · · · · · · · · · · · · · · ·		$\overline{}$

PWS ID#__ 2540905 Survey Date 6/16/10

			ONITORING
CON			VATER 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	xxxxxxxx	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 each Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2009	2012	Taken from each 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 each 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):



MONITORING VIOLATIONS	MICL VIOLA	IIUNS
No monitoring violations	No MCL violations	
<u> </u>		
DEFICIENCIES:		
·		

	trans.	
12 · C)		
Inspector		
Inspector	Title Environmental Specialist I	Date <u>07/02/10</u>
Ben Piltz		
Approved by Blanca R. Rodriguez		
Approved by	Title Engineer Specialist IV	Date <u>07/02/10</u>
Blanca R. Rodriguez	Title Littlineer Specialist IV	Date <u>UTIVZI IV</u>
Bialica N. Nouriguez		



4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 On the Internet at www.sirwmd.com.

January 11, 2010

John Lihvarcik Aqua Utilities Florida Inc 1100 Thomas Ave Leesburg, FL 34748

RECEIVED

and the time

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

PERMIT NO. 7982 DATE ISSUED: January 6, 2010

PROJECT NAME: River Grove

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.
- 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 - December July 31 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@sirwmd.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 twentyone (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 emails actual notice), within twenty-one (21) days of 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 email 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.sirwmd.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.
- 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/4day of January, 2010.

Robert Brealey

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:		
itial Meter Reading at Start of Calibration:		
Final Meter Reading at End of Calibration:		
Readings on Equipment Used for Calibration:		
Start:	End:	
(Attach Formulas I	Used to Make Calculations)	
Percent of Error Between Meter Reading and Cal	ibration Equipment:	%
Name of Person Completing Form (Please Print):		
Company Name:		
Address:	- Annual Market State of the St	
City/State/Zip:		THE PROPERTY OF THE PROPERTY O
Daytime Telephone: () -		

Please Retain a Copy for Your Records



Mail Form St. Johns River Water Management District

P.O. Box 1429

Τ̈́o

Palatka, FL 32178-1429

Submit Online at www.sjrwmd.com Or

For official use only

, , , , , , , , , , , , , , , , , , , ,	WA	TER USE RECORI	D - EN-50 F	ORM	
		JE DATE: 06-Jan-10	ITEM #:	960687	
	Aqua Utilities Florida In River Grove	c John Lihvarcik			
		L NAME: 1			
Step 1.	CHECK ALL THAT	APPLY:			
☐ NO USE	THIS PERIOD	VELL CAPPED	WELL ABAN	NDONED PR	OPERTY SOLD
COMMENTS	(PLEASE PRINT): (AG. P	ERMIT - please identify o	rop(s), planting & harv	est dates, and acreages.)	
		MINISTER AND ADMINISTRATION OF THE STREET, STR			
Step 2.	REPORT MONTHLY				er Readings.
		umber" without touchin			
		2 3 4 5	6 7 8	9 Gallons	
	Fill in <u>every</u> month (:	zero if no value). Apply	multiplier for meter r	eadings.	
Jan 10					Meter
ouii io					Gallons
T-L 40					Meter
Feb 10					Gallons
40					Meter
Mar 10					Gallons
					Meter
Apr 10					Gallons
					Meter
May 10					Gallons
					⊒ Meter
Jun 10					Gallons
					1 341313
Step 3.	CONTACT NAME:				
	PHONE NUMBER:				
- 171 - 1 71 181 181 181 181 181 181 181 181 181 181 181 181 181 181 181 181		#			





960687 FORM EN-50 Revision 2.0/102009

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



See Pages 4 for Instructions.

L. General Information for the Month/Year of:

PWS Name:	River Grove		······································			PWS Identification Number:	2540959
PWS Type:	✓ Community	Non-Transient Non-Com	munity] 1	Fransient Non-Com	munity [Consecutive	
Number of Service Connec					Total	Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida	a					
Contact Person:	Brian Heath			······	Conta	ct Person's Title: Area Man	ager
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	e Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352) 787	-6333
Contact Person's E-Mail A	ddress:	beheath@aquaamerica.	<u>com</u>				
Water Treatment Pl	lant 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 b		✓ Raw Ground.Water	Purchased Fin	ished Water			
Permitted Maximum Day (200,000			
Plant Category (per subsec			I			lass (per subsection 62-699.310(4), F.A	
Licensed Operators		Name		License Class	License Number	Day(s) / Shi	ft(s) Worked
.ead/Chief Operator:				A	7251	Days 1st Shift	
Other Operators:	David Haring			C	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
					······································		
Certification by Lead	d/Chief Operator						
the undersigned wat	ter treatment plant	operator licensed in Florida	a, am the lead/chie	ef operator of the	water treatment p	lant identified in part I of this re	eport. I certify that the
formation provided	in this report is tru	e and accurate to the best of	f my knowledge a	nd belief. I certi	fy that all drinking	water treatment chemicals used	d at this plant conform to N
						at the following additional opera	
						ds of amounts of chemicals used	
						perations records to the PWS or	
		And the state of t			mese additional of	perations records to the PWS of	wher so the PWS owner ca
etain them, together v	with copies of this	report, at a convenient loca	tion for at least ter	n years.			
		110					
		6/9/08	Paul Thompso	an.			A7251
- CD		0 11011	1 was 1 months	J11			£3.7 m w 3

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

PWS Io	dentification	n Number:		2540959		Plant Name:	River Grove	:						
II. D	aily Data	for the N	lonth/Year	of:	om subschilde	May, 2008								
Aeans	of Achievin	ng Four-Lo	g Virus Inacti	vation/Remov	ral: ▼ Free C	hlorine [Chlorine D	ioxide	□ Ozone	☐ Comb	ined Chlorii	ne (Chlorar	nines)	
	traviolet R.	1.00		er (Describe):					,	, , , , , , , ,			,	
					ibution System:	Free Chk	vrine T	Combin	ned Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Type (of Disiniec	ciant Kesic	iuai iviailitai	neu in Disu	Toution System.								I	
					T Calculations, or			rour-Lo	y irus inac	tivation, 11 A	Аррисавіе			
				15.500.000		CT Calc	ulations	1	5-5-3-6		UVI	Jose		
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of		Minimum CT Required, mg	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work th Involves Taking Water System Componen
' th	"X")	Operation	gal,	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, (if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
	Х	24.0	24,510		1.8								1.5	
2	Х	24.0			2.2								1.8	
3		24.0						<u> </u>	ļ					
4		24.0		<u> </u>				<u> </u>			····		0.3	
5	X	24.0			1.1			 	-				0.8	
6, -	X	24.0			1.4		-	-					0.8	
7	X	24.0 24.0	14,850 28,640		0.6		1	-	 				0.3	
9	X	24.0			1.8		-	 					1.4	
10	^_	24.0			1,0			1						
11		24.0	24,993					1						
12	Х	24.0			1.9								1.6	
13	Х	24.0			1.8								1.5	
14	Х	24.0			1.8								1.4	
15	Х	24.0	29,630		1.8								1.4	
16	Х	24.0	37,130		1.3								0.9	
17		24.0	29,887											
18		24.0												
19	X	24.0	29,887		2.0				-				1.4	
``	Х	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	Х	24.0	28,320		3.0			-	-				1.7	
24		24.0	32,800					 						
25	- V	24.0	32,800		1.5			-					1.3	
26	X	24.0 24.0	32,800 27,960		1.7			 					1.4	
27	X	24.0	28,110		1.8								1.6	
29	X	24.0	23,770		1.4				1				1.0	
30	X	24.0	39,070	-	1.1				†				0.5	
31	^_	24.0	24,456				†	†						
otal		27.0	880,856				4	1				<u> </u>	*	_
vgerag	e	A North	28,415											
Pring			20,	4										

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

39,070

Maximum

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



See Pages 4 for Instructions.

Public Water System (PWS) Information PWS Name: River Grove PWS Identification Number: 2540959 PWS Type: Community Non-Transient Non-Community Consecutive Number of Service Connections at End of Month: 108 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Telephone Number: (352) 787-0980	General Information		Year of: June, 20	008							
PWS Identification Number 2540959				***************************************						***************************************	
Agus Utilities Florida Wis Owner: Agus Utilities Florida Wis Owner: Agus Utilities Florida Fortiar Persons: Brian Heath Contact Persons Shrian Heath	PWS Name:							DWS Identification Num	har:	2540060	
Total Population Served at End of Month: 375	PWS Type:	✓ Community	Non-Transient Non-Com	munity T	ransient Non-Com	munity	TT		Det.	2340939	
Aqua Utilities Florida Strain Health Contact Person's Trait Area Manager Contact Person's Hailing Address PO Box 490310 City Leesburg Strain Florida Manager Contact Person's Fax Number (352) 787-0930 Contact Person's Fax Number (3					Torrord (CTO)	Trainey	*		of Month:	375	
Contact Person: Brian Health City Leesburg State Florida State Florida State State Florida State State Florida State State Florida State State Florida State State Florida State State State Florida State State State Florida State	PWS Owner:	Agua Utilities Florid		***************************************			Liotari	opumion served at End	OI WORTH.	373	
Centact Person's Telephone Number (352) 787-0980 Contact Person's Fax Number (352) 787-0980 Contact Person's Fa	Contact Person:	Brian Heath					Contac	of Person's Title:	Area Managa	···	
Contact Person's Telephone Number: (352) 787-6980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Ferson's Fax Number: (352) 787-6333 Contact Person's Fax Number: (352) 787-6933 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (352) 787-6938 Contact Person's Fax Number: (252) 787-6938 Contact	Contact Person's Mailing	Address:	PO Box 490310			City: Leeshu	1		Area Manage		34740
Deheath@aquamerica.com Deheath@aquamerica.	Contact Person's Telephor	ne Number:				1010) 000000	T		/352) 787.63		34142
Plant Telephone Number: (352) 787-0980 Tel				com			Comme	a i cison's i az ivambei.	(332) 181-03	33	***************************************
lant Address: River Drive City East Palatka State Florida Zip Code 32131 ype of Water Treatment by Plant: Plant Class (per subsection 62-699 310(4), F.A.C.) C Licensed Operators Paul Thompson A 7251 Days 1st Shift David Haring Day Harriott C 7527 Days 1st Shift Raph Marriott C 7527 Days 1st Shift David Haring C 14091 Days 1st Shift Licensed Operators Raph Marriott C 7527 Days 1st Shift Raph Marriott C 7527 Days 1st Shift Raph Marriott C 7527 Days 1st Shift C 14091 Days 1st Shift Raph Marriott C 7527 Days 1st Shift C 14091 Days 1st Shift C 14091 Days 1st Shift Raph Marriott C 7527 Days 1st Shift C 14091 Days 1st Shi	Water Treatment P	Plant Information				······································					The state of the s
Part Part	Plant Name:	River Grove						Plant Telephone Number		(353) 787 00	260
ype of Water Treatment by Plant: Part Class (per subsection 62-699 310(4), F.A.C.): Plant Class (per subsection 62-699 310(4), F.A.C.: Plant Class (per s	Plant Address:	River Drive				City: Fast Pa	latka		•		
remitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Class (per subsection 62-699 310(4), F.A.C.): Name License Class License Class License Number Days 1st Shift Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift C 7527 Days 1st Shift Ralph Marriott C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7528 Days 1st Shift C 7529 Days 1st Shift Days 1st Shift Days 1st Shift C 7529 Days 1st Shift	Type of Water Treatment	by Plant:	✓ Raw Ground Water	Purchased Fin	ished Water	ony. Edsere	- Indiana	State. 1 fortua		TZIP Code.	32131
lant Category (per subsection 62-699 310(4), F.A.C.): C Licensed Operators lead/Chief Operators David Harring Da			Party Service Pa								
License Operators Paul Thompson A 7251 Days 1st Shift				7			Plant C1	are (ner subsection 62, 60)	0.210(4) F.A.C). C	
Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift C 7527 Days 1st Shift Days 1st Shift C 7527 Days 1st Shift Days 1st Shift Days 1st Shift C 7527 Days 1st Shift Days 1st Shift C 7527 Days 1st Shift Days 1st					License Class	License Nu	mher				C
David Haring Ralph Marriott C T527 Days 1st Shift Days 1st Shift C T527 Days 1st Shift C T627 Days 1st Shift C T627 Days 1st Shift C T627 Days 1st Shift C T627 Days 1st Shift C T628 Days 1st Shift C T628 Days 1st Shift Days 1st Sh	Lead/Chief Operator:	Paul Thompson			A				ay(s) Silling	s) if Olked	
Ralph Marriott C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7527 Days 1st Shift C 7528 Days 1st Shift C 7529 Days 1st Shift Days	Other Operators:				C						
Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the aformation 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 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 certify that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rate (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.	44 774 512				 						
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 aformation 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 the trenational 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 ere 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 rate 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.						1521		Days 13t Shift			
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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 aformation 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 the trenational 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 ere 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 rate 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.	the contractors.			······							
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aformation 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 the ternational 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 ere 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 rate (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.				am the lead/chie	f operator of the	water treatm	ant nl	ant identified in nort	Lafthia samo	ert Lagurtifu	that the
nternational 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 place 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 rate by if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner.	nformation provided	in this report is to	ie and accurate to the best of	f my knowledge at	d belief Lord	futhat all dr	inkina	ant identified in part	i or uns repo	the Certify	mat me
ere 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 rate (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.	nternational Standow	d 60 or other appli	cable standards referenced in	n outpoortion 62 56	es 220(2) E A C	ly mat an dr	inking c	water treatment cher	nicais used a	t this plant c	onform to NS
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.	uses managed and 1	a oo or omer appro	cable standards referenced i	ii suosection 62-53	15.320(3), F.A.C	. I also certi	ry tha	the following additi	onal operation	ons records t	or this plant
tain them, together with copies of this report, at a convenient location for at least ten years.	vere prepared each d	ay that a licensed (operator statted or visited th	is plant during the	month indicated	above: (1)	record	s of amounts of cher	nicals used a	nd chemical	feed rates; and
tain them, together with copies of this report, at a convenient location for at least ten years.	2) if applicable, appr	ropriate treatment p	process performance records	s. Furthermore, I a	agree to provide	these addition	nal op	erations records to the	he PWS own	er so the PW	S owner can
	etain them, together	with copies of this	report, at a convenient local	tion for at least ten	years.						
			1 /								
Paul Thompson A7251	-12		07/08/08	Paul Thompso	n					Δ7251	
	ignature and Date		- 100/00						oran		her
License Number			\$	Times of Typ	MAY A TARLETS					LICEUSE INUIT	urc1
DEP Form 62,FT 900(3)Alternate Page 1	DEP Form 60.FT poors	Alternata			Page 1						(

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

PWS I	dentificatio	n Number		2540959		Plant Name:	River Grove							
II. I	aily Data	for the N	lonth/Year	of:	de la colonia de la colonia de la colonia de la colonia de la colonia de la colonia de la colonia de la colonia	June, 2008				***************************************				
⁄1eans	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	val: ▼ Free C	Chlorine [Chlorine Di	oxide	Cone	☐ Comb	oined Chlori	ne (Chlorai	nines)	
	traviolet R	-		r (Describe):					,	r com	med emon	ne (emora	inics,	
Evne i	of Disinfe	etant Resid			ibution System:	▼ Free Chle	orine T	Combin	ed Chlorine	(Chloramine	es) F	Chlorine I	Dioxide	
ype,	I Diamics	I was a second	I a la la la la la la la la la la la la l		T Calculations, or					<u> </u>			Issue	
	200				1 Carculations, of			rour-Lo	virus mac	arvation, ir	T-10-10-10-10-10-10-10-10-10-10-10-10-10-			
pepe	100		and the	2 2 5 5		C1 Can	culations	r -	T	T T	UV	Dose	A the contract of	建加强等等的 化多形物 经存款
Day of	Days Plant Staffed or Visited by Operator	Hours plant	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	and of Woter	Minimum CT Required, mg	The state of the s	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work th Involves Taking Water System Componen
the nth	(Place	in Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
4		24.0	36,685	Turre, Bhar.	. 500, 1.511, 1119,5	27.7.2.	1		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Score	over our	Join, ing L	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan
2	Х	24.0	36,685		0.8		<u> </u>						0.4	
- 3	Х	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				ļ		 					
- 8	32	24.0	25,110		2.2		ļ						1.7	
9 -	X	24.0 24.0	25,110 15,520		2.2		 			-			1.7	
11	X	24.0	16,510		2.3								1.8	
12	X	24.0	19,090		1.3				 	 			1.0	
13	Х	24.0	19,220		1.7		1			1			1.2	
14		24.0	16,137											
15		24.0	16,137											
16	Х	24.0	16,137		1.7								1.3	
17	X	24.0	14,770		1.1		<u> </u>						0.5	
18	X	24.0	18,440		1.7		ļ						1.1	
19	X	24.0	15,310		2.3								1.8	
<u>)</u>	Х	24.0	15,190 16,140		0.6								0.8	
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	Х	24.0	14,980		1.3								1.0	
27	Х	24.0	23,000		1.8								1.4	
28		24.0	17,837											
29		24.0	17,837											
30	Х	24.0	17,837		0.8								0.4	
31		24.0					<u> </u>		<u> </u>					
otal			584,380											
vgerag			18,851											
aximu	m		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.

DEP Form 62-555, 900(3)Alternate

General Information	i for the Month/	Year of: July, 2008								
Public Water System	n (PWS) Informa	ation								
PWS Name:	River Grove						PWS Identification Numb	per:	2540959	The state of the s
PWS Type:	✓ Community	☐ Non-Transient Non-Commun	nity IT	ransient Non-Com	munity	TI	Consecutive			
Number of Service Connec	tions at End of Month				,	Total	Population Served at End of	of Month:	375	
PWS Owner:	Aqua Utilities Florid	da	***************************************			1.0.				
Contact Person:	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980	***************************************			Conta	ct Person's Fax Number:	(352) 787-633		
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.com	1							
Water Treatment Pla	ant Information									
Aant Name:	River Grove						Plant Telephone Number:		(352) 787-09	980
Plant Address:	River Drive				City:	East Palatka	State: Florida		Zip Code:	32131
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water					A.,	
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		200,000		***************************************		***************************************		
Plant Category (per subsect						Plant C	lass (per subsection 62-699	.310(4), F.A.C.)	. C	
Licensed Operators		Name		License Class	Licer					C. S. T. C. R.
ead/Chief Operator:	Paul Thompson			A	1	7251	Days 1st Shift			
Other Operators:	David Haring	1		C		14091	Days 1st Shift			
	Ralph Marriott			C		7527	Days 1st Shift			

SWA STATE						100000				
and the state of the										
Sautition to the	VCI : CO									
Certification by Lead							in the state of th			A CHARLE
, the undersigned water	er treatment plant	operator licensed in Florida, an	n the lead/chie	f operator of the	water	treatment p	lant identified in part	I of this repor	t. I certify	that the
nformation provided i	in this report is tru	ue and accurate to the best of my	y knowledge ar	nd belief. I certi	ify that	all drinking	g water treatment chen	nicals used at	this plant c	onform to N
	60 or other appli	cable standards referenced in su	ibsection 62-55	55.320(3), F.A.C	C. I als	o certify tha	at the following addition	onal operation	ns records f	or this plant
nternational Standard	1 1		1 1 1 1	month indicates	ahove	: (1) record	ds of amounts of cher	nicals used an	d chemical	feed rates: a
nternational Standard were prepared each da	y that a licensed of	operator staffed or visited this p	lant during the	monun muicatet	7 1000					
vere prepared each da	y that a licensed of	operator staffed or visited this p	lant during the furthermore, I a	agree to provide	these a	idditional o	perations records to the	e PWS owner	r so the PW	S owner can
were prepared each da 2) if applicable, appro	y that a licensed opriate treatment p	operator staffed or visited this p process performance records. F	furthermore, I a	agree to provide	these a	idditional o	perations records to th	ne PWS owner	r so the PW	'S owner car
were prepared each da 2) if applicable, appro	y that a licensed opriate treatment p	operator staffed or visited this p	furthermore, I a	agree to provide	these a	idditional o	perations records to th	ne PWS owner	r so the PW	S owner can
were prepared each da (2) if applicable, appro	y that a licensed opriate treatment p	operator staffed or visited this p process performance records. F	furthermore, I a for at least ten	agree to provide 1 years.	these a	additional o	perations records to th	ne PWS owner	r so the PW	S owner can
were prepared each da 2) if applicable, appro	y that a licensed opriate treatment p	operator staffed or visited this p process performance records. F	furthermore, I a	agree to provide 1 years.	these a	additional o	perations records to th	e PWS owner	A7251 License Num	'S owner can

Page 1

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

PWS	dentificatio	n Number:		2540959		Plant Name:	River Grove)						
III. I	Daily Data	for the N	lonth/Year	of:		July, 2008								
_				vation/Remov			011		— a					
1	ltraviolet R	1770		er (Describe)		morne 1	Chlorine D	ioxide	I Ozone	☐ Com	bined Chlori	ne (Chlorar	nines)	
-														
Туре	of Disinfe	ctant Resid			ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
	la la la la	3663	followed:	Carried C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable:	• 3100	Serial distribution	Service and Service Accountable
Shake	Bahara	***********		£144.496	HER THE MICH.	CT Calc	ulations		WENT TO	eriore de	Was UV	Dose :	ALBERTA	Property of the control of the contr
1093	Property and		Parties in	C1000000		美国联系	Lowest CT	de dispe	20 20 20	1915	企图1200 0000000000000000000000000000000000		det della	1900年1月1日 1900年1月1日
				2.0		Disinfectant	Provided		5.0		3.6			2000年100日 100日
2	Days Plant				Lowest Residual	Contact Time	Before or at	17.2					Lowest Residual	
3.35	Staffed or	The second second	Net Quantity	4.5	Disinfectant	T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished	100	Concentration (C)	Measurement	Customer	6.915	1000	denotes a	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Carlotte Control Control Control	Hours plant	Water		Before or at First	Point During	During Peak	17076		Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
· the	(Place	in 🥞	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month		Operation		Rate, gpd.	Peak Flow, mg/L	minutes †	/ min/L	Water, C	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
F. 4	X	24.0	13,460		1.5								0.8	
3	X	24.0 24.0	16,280 14,960		0.9								0.5	
4.0	X	24.0	15,070		2.0	***************************************					-		0.7	
5		24.0	20,340		2.0								1.5	
6		24.0	20,340											
7.5	X	24.0	20,340		1.6								1.3	
8	Х	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	
41	X	24.0	14,730		1.6								-1.2	
12 13 °		24.0	16,293											
14	X	24.0 24.0	16,293 16,293		1.3									
15	X	24.0	21,780		1.3								0.9	
16	X	24.0	18,630		1.5								0.9 1.0	
17	Х	24.0	10,730		1.5								1.0	
-18	Х	24,0	15,170		1.7								1.0	
19		24.0	17,300											
20		24.0	17,300											
	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	
25	X	24.0	10,840 14,830		1.0								0.6	
26		24.0	19,040		1.8								1.3	
27		24.0	19,040											
28.	Х	24.0	19,040		2.1								1.7	
29	X	24.0	18,720		1.7								1.7	
30	X	24.0	18,070		1.3								1.0	
31	Х	24.0	22,930		1.3								0.7	
Total		25/27/2017	523,460								Σ	L	L	
Avgerag	0	1 CONTRACTOR	16 886											

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.

DEP Form 62-555 900(3)Alternate

WS Name:	River Grove					PWS Identification Number	2540959
WS Type:	✓ Community	Non-Transient Non-Cor	mmunity T	ransient Non-Comr	nunity	Consecutive	230,737
umber of Service Conn	ections at End of Month					Total Population Served at End of N	Aonth: 375
WS Owner:	Aqua Utilities Floric	la				our repairment served at the or h	
ontact Person:	Brian Heath				Ic	Contact Person's Title:	Area Manager
ontact Person's Mailing	Address:	PO Box 490310	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City: Leesburg		Zip Code: 34749
ontact Person's Telepho	ne Number:	(352) 787-0980			The same of the sa		352) 787-6333
ontact Person's E-Mail	Address:	beheath@aquaamerica	.com				
Vater Treatment I	Plant Information						
ant Name:	River Grove					Plant Telephone Number:	(352) 787-0980
ant Address:	River Drive				City: East Pala		Zip Code: 32131
pe of Water Treatment	by Plant:	✓ Raw Ground Water	Purchased Fin				
rmitted Maximum Day	Operating Capacity of	Plant, gallons per day:		200,000			
ant Category (per subse	ction 62-699.310(4), F.	A.C.):	(V		Pla	ant Class (per subsection 62-699.3)	10(4), F.A.C.): C
Licensed Operators		Name Name		License Class	License Num		s) / Shift(s) Worked
ad/Chief Operator	Paul Thompson			A	7251	Days 1st Shift	The second secon
her Operators:	David Haring			C .	14091	Days 1st Shift	
ENDING SERVICE	Ralph Marriott			C	7527	Days 1st Shift	
	0.00						
				 			
经有限有效的				1			
				 			
	<u> </u>						
ertification by Les	nd/Chief Operator		v Caracontrol Constitution	ARTHUR STATE OF THE STATE OF TH			
			1 1 1/1:	C C.1			
are undersigned wa	nei ireannem piam	operator needsed in Floric	ia, am me lead/chie	i operator of the	water treatme	nt plant identified in part I o	f this report. I certify that the
ormation provided	In this report is tru	e and accurate to the best	of my knowledge a	nd belief. I certif	fy that all drin	king water treatment chemic	als used at this plant conform to N
ternational Standar	d 60 or other appli	cable standards referenced	in subsection 62-55	55.320(3), F.A.C	. I also certify	that the following addition:	al operations records for this plant
re prepared each d	lay that a licensed of	perator staffed or visited t	his plant during the	month indicated	above: (1) re	cords of amounts of chemic	als used and chemical feed rates;
if applicable, app	ropriate treatment r	process performance record	ds. Furthermore I a	agree to provide	hese addition	al operations records to the	PWS owner so the PWS owner ca
rain them together	with copies of this	report, at a convenient loc	ation for at least ter	veare	and a did a di ci o i i	ar operations records to the	W3 Owner so the 1 W3 Owner ca
iam, rogether	with copies of this	report, at a convenient roc	ation for at least ter	i years.			
\ ~/		19/18/10	- ,				
1 1 1							
gnature and Date		01/08/08	Paul Thompso Printed or Typ				A7251

Page 1

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

PWS	dentification	on Number:		2540959		Plant Name:	River Grove	3						
III	Daily Data	for the N	lonth/Year	of:		August, 2008								
Seconstanting		Discount de la Company de la C	g Virus Inacti	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	ial: CT F (gman					
1		and the second s			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chlorine [Chlorine D	ioxide	Ozone	Com	oined Chlori	ne (Chlorar	nines)	
-			☐ Othe										***************************************	
Туре	of Disinfe				ibution System:									
		10 37 35 3	A MARKET THE	7.77 C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable		1.40	1997年1月2日 - 1111 1111 1111 1111 1111 1111 1111
		5.2			WILL FALLER	CT Calc	culations				UV	Dose		
				San Crain			Lowest CT	Section 1		200 G 200	A. A. C. C.	nerthin)	100 Action	STATE OF THE STATE
		F-10024.0	Asset 1		174 1724 2.53 2 1941	Disinfectant	Provided	\$5,87%		45.49		4	0.4 5000	Management of the following
	Days Plant	1.44	1000	400000000000000000000000000000000000000	Lowest Residual	Contact Time	Before or at	200	M. 1.			16.5	Lowest Residual	paragraph and a series of the set
0.000	Staffed or		Net Quantity		Disinfectant	(T) at C	First				2004	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	- C. C. C. C. C. C. C. C. C. C. C. C. C.	74 . To			Lowest	UV Dose		Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	 Compression of the property of th			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the		- în	Producted,	Peak Flow	Customer During •	Peak Flow,	-Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
N 4	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
	. X	24.0			0.9								0.5	
2. 2	1900	24.0												
10836		24.0	15,863				- 10 2 3 5 5 5 5							
4	X	24.0	15,863		2.6		Turba (Baga)						1.9	
-5.4	X	24.0	18,830		2.2								1.7	
374	X	24.0 24.0	14,610 18,930		1,1 1.5	100							0.7	
8	X	24.0	22,600		1.7				-				1.0	
9		24.0	20,267		1.7			<u> </u>					1.3	
10		24:0	20,267				 	 						
4114	Х	24.0	20,267		1.4								1.0	
6.12	Х	24.0	18,290		1.4								1.0	
13	Х	24.0	14,810		1.6								1.1	
3 14	Х	24.0	14,500		1.5							laner i	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	
1	X	24.0 24.0	14,720 14,810		1.4								1.1	
22	X	24.0	18,820		1.7								1.4	
23	1-^-	24.0	18,210		1.1								1.2	
24		24.0	18,210											
25*	Х	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	Х	24.0	14,370		1.6	140 Thyracox,				JUNEA JUNEAU CONTRA			0.7	
30		24.0	15,593											· ·
31 s		24.0	15,593											
Total	deligrand		510,006			AND THE PROPERTY OF THE PARTY O								
	e ·		16,452											
Maximi	ım 🤘 🧺 🤫	100000000000000000000000000000000000000	22,600											

^{*} 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.

DIVC Names	em (PWS) Informa				Tarres de la companya della companya della companya de la companya de la companya della companya	
PWS Name:	River Grove				PWS Identification Number:	2540959
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Com		Consecutive	
	ections at End of Month			Total	Population Served at End of N	Month: 375
PWS Owner:	Aqua Utilities Florid	ia sa sa sa sa sa sa sa sa sa sa sa sa sa				
Contact Person:	Brian Heath			T		Area Manager
Contact Person's Mailing		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telepho		(352) 787-0980		Conta	ct Person's Fax Number: (352) 787-6333
Contact Person's E-Mail		beheath@aquaamerica.com				
	Plant Information					
Plant Name:	River Grove				Plant Telephone Number:	(352) 787-0980
lant Address:	River Drive			City: East Palatka	State: Florida	Zip Code: 32131
ype of Water Treatmen			chased Finished Water			
	Operating Capacity of		200,000			
	ection 62-699.310(4), F.				lass (per subsection 62-699.31	
Licensed Operator	St. Page 175 - 175	Name	License Class	License Number	Day(s)/Shift(s) Worked
ead/Chief Operato			A	7251	Days 1st Shift	
ther Operators:	David Haring		C	14091	Days 1st Shift	
New York Control	Ralph Marriott		c	7527	Days 1st Shift	
	1		1.			
		4 4 5 8 8 8 8				
a de Maria de Carlos						
SATISTICS OF THE		7 - 4 - 4 - 4		Constitution of the Consti		
	ad/Chief Operator					
, the undersigned w	ater treatment plant	operator licensed in Florida, am the	lead/chief operator of the	water treatment p	lant identified in part I o	f this report. I certify that the
nformation provide	d in this report is tru	ie and accurate to the best of my kno	wledge and belief. I certi	fy that all drinking	water treatment chemic	als used at this plant conform to N
nternational Standa	rd 60 or other applie	cable standards referenced in subsec	tion 62-555.320(3), F.A.C	. I also certify the	t the following addition:	al operations records for this plant
ere prepared each	day that a licensed of	operator staffed or visited this plant of	during the month indicated	labove: (1) recor	ds of amounts of chemic	als used and chemical feed rates: a
2) if applicable app	propriate treatment	process performance records. Further	ermore Lagree to provide	these additional o	parations records to the	DWS owner so the DWS owner son
etain them, together	with copies of this	report, at a convenient location for a	at least ten years.	these additional o	perations records to the i	rws owner so the rws owner can
		1 0/0				
		10/08/08 PA	ul Thompson			A7251
		100100	di Tilonipson		A	M1231

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

PWS I	dentificatio	on Number:		2540959		Plant Name:	River Grove							
ПП. П	Daily Data	a for the N	lonth/Year	of:		September, 20	08							
			g Virus Inacti			hlorine			p	—				
			C Othe			mornie j	Chlorine D	oxide	Uzone	☐ Comb	bined Chlori	ne (Chlorar	nines)	
										(2)				
Type	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	₩ Free Chl	orine /	Combii	ned Chlorine	(Chloramine	es) I	Chlorine I	Dioxide	
1.50		**************************************		10 C	T Calculations, or	UV Dose, to	Demostate	Four-Lo	y Virus Inac	tivation, if	Applicable		A Secretaria	and the second second
100	100			#14 #1 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ha bha e a stilliúile a	UI Can	culations :	90.25	Carl Sec.	EMPAGE.	UV UV	Dose		Service and the service of the servi
	1-1-1-1-1	Assistant.	数据表现的	Manager Co.	1984 3648	20.000	Lowest CT	134.50	Garage and	144. P. 6	HE 1		17 11 348	设施设施设施设施设施设施 。
100				20 20 ET	4.44	Disinfectant	Provided	725	# Contract	14.55		0.00		有限的基础的数据不同的分别 。
55.4	Days Plant				Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual	
	Staffed or		Net Quantity.	Janes .	Disinfectant	(T) at C	First-			446				
	Visited by	3.5	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
17 Ph. C. Chill St. Children	A 100 K S 10 C S	Hours plant	- Water	68	Before or at First	Point During	During Peak	Tempof	pH of Water,	Minimum CT	UV Dose,	Required, mW-		Conditions, Repair or Maintenance Work that
the Month	(Place -		Producted,		Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg-	Woter Of	if Applicable	Required, mg	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
- Washini	X	Operation 24.0	15,593	**Kate, gpu.	2.4	246, Allinuites (C.	\$ 0.1000 D 7 %	Traici,	цирисанс	THIEL .	III W-SCC/CIII	SCACIII	1.9	Our or Operation
-45	X	24.0	20,100		0.9								0.4	
5.43/55	X	24.0	11,340		0.8								0.4	9 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
5.4%	X	24.0	14,480		1.5			12.30					0.8	
15	X	24,0	15,130		1.8			18 10 17					1.2	
. 6		24.0	15,810											
7 /2		24.0	15,810		3.0			185	1.00					
8.	X	24.0	15,810 19,010		2.0		1	neith					0.3	
10.	X	24.0	34,360		0.8									Outage - Tank Cleaning and Inspection
11	X	24.0	7,460		2.4								1.9	Outage - fails cleaning and haperion
12	Х	24.0	15,120		0.9								0.5	4 1 1 2 2
13.4		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 24.0	12,430 18,150		2.0	***************************************							0.9	
19	X	24.0	14,690		2.0		 						0.8	
20		24.0	16,097			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							<u></u>	
		24.0	16,097											
22	Х	24.0	16,097		2.0								1.0	
4. 23 A	X	24.0	12,590		1.8								0.9	
24	X	24.0	17,220		1.8								0.9	
,25 26	X	24.0 24.0	18,360		1.8								0.9	
27	^_	24.0	11,130 17,497		1.0		 						0.9	
28		24.0	17,497											
29 =	Х	24.0	17,497		1.6				Ĺ				0,9	
30 -	Х	24.0	14,910		1.7								0.9	
31.0		24.0												
			490,833											
	e 🦘 -		15,833											
Maximi	m 🖖 🦠	A CONTRACTOR	34,360											

DEP Form 62

^{*} 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.

. General Information	n for the Month/Year of:	October, 2008				
A. Public Water Systen	n (PWS) Information					
PWS Name:	River Grove				PWS Identification Numb	et: 2540959
PWS Type:	✓ Community Non-Tra	ansient Non-Community	Transient Non-Com	munity	Consecutive	Ct. 2340339
Number of Service Connec		108			Population Served at End o	f Month: 375
PWS Owner:	Aqua Utilities Florida			11000	r oparation derived at End o	170mi 313
Contact Person:	Edward Pellenz			Conta	ct Person's Title:	Manager of Operations
Contact Person's Mailing A	Address: PO Box 490310	0		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number: (352) 787-0980)			ct Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail A	ddress: ejpellenz@	aquaamerica.com				
Water Treatment Pl	ant Information					
'lant 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 b			nished Water			
	perating Capacity of Plant, gallons pe	er day:	200,000			
	tion 62-699.310(4), F.A.C.):	· · · · IV		Plant C	lass (per subsection 62-699	.310(4), F.A.C.): C
	at a second training to the second	Vame to the second of the second	License Class	License Number		y(s) / Shift(s) Worked
Lead/Chief Operator:			A	7251	Days 1st Shift	
Other Operators:	David Haring		C	14091	Days 1st Shift	
	Ralph Marriott		C	7527	Days 1st Shift	Note that the second se
的复数电影交通手段						
Antonio Caralle Indiana (Caralle Santa)						
					L	
Certification by Lead						
I, the undersigned wat	er treatment plant operator lice	ensed in Florida, am the lead/chi	ef operator of the	water treatment p	lant identified in part I	of this report. I certify that the
information provided i	in this report is true and accura	te to the best of my knowledge	and belief. I certi	fy that all drinking	water treatment chem	nicals used at this plant conform to NSF
International Standard	60 or other applicable standar	ds referenced in subsection 62-5	55 320(3) F.A.(Lalso certify the	at the following addition	onal operations records for this plant
were prepared each da	v that a licensed operator staff	ed or visited this plant during the	e month indicated	labove: (1) recon	de of amounts of chem	icals used and chemical feed rates; and
2) if applicable appro	priate treatment process perfo	rmance records Furthermore I	coree to provide	these additional a	as of amounts of chem	e PWS owner so the PWS owner can
retain them magether u	with conies of this report at a s	onvenient location for at least te	agree to provide	these additional o	perations records to in	e Pws owner so the Pws owner can
retain them, together w	run copies of uns report, at a c	onvenient location for at least te	ii years.			
	1, 1.	3				
	(6 0	Paul Thomps				A7251
Signature and Date		Printed or Ty	ped Name			License Number
DER Form 60 FFF age 22	de la constanta de la constant		Daga 1			(
DEP Form 62-555, 900(3)A	nernate		Page 1			

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

PWS I	lentification	Number:		2540959		Plant Name:	River Grove							
III. D	aily Data	for the N	lonth/Year	of:		October, 2008								
			g Virus Inactiv		al: Free C	hlorine	Chlorine Di	oxide	□ Ozone	☐ Comb	nined Chloris	ne (Chlorar	nines)	
	traviolet Ra		see to the second the second	r (Describe):		,				1 001110			,	
					ibution System:	▼ Free Chle	orine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
ype (I Dismice	tant resid			T Calculations, or								l de la companya de l	
	48.53			C	1 Calculations, or	Ov Dose, to	Demostate	rour-Log	VIIIUS IIIau	tivation, it z	Applicable	Doca	12	
44	4.406		South Section	200		CI Calc	ulations				- UV I	2026	The state of the state of the state of	adiometric benchman between
		t the con-					Lowest CT	9 A S	Full-office			Establish .	100	在1000000000000000000000000000000000000
	11/24/2		3.00			Disinfectant	Provided	CF6.5			man			
	Days Plant		Net Quantity		Lowest Residual	Contact Time	Before or at			200	504 0.55 5 0.55	and the second	Lowest Residual	
			Net Quantity	Reserved to the second	Disinfectant	(T) at C	First	ALC: NO	Settlement .			Minimum UV Dose	Disinfectant	
	Visited by	House	of Finished Water		Concentration (C) Before or at First	Measurement Point During	Customer During Peak	12.0		Minimum CT	Lowest Operating	Required.	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work th
Day of the	(Place	in in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow me-	Temp of	pH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Componen
Month	"X")	Operation		Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24,0		10	1.8								0.9	
	X	24.0	25,140		1.8								0.9	
	X	24.0			1.7								0.6	
4 *		24,0												
5		24.0	A											
6 ,⊚,	Х	24.0			1.7								0.7	
7.2	X	24.0			1.6 0.9								0.7	
8	X	24.0 24.0			1.6								0.7	
10	X	24.0	15,120		1.6								0.7	
11:	- /3	-24.0	18,650		***									
12		24.0	18,650											
13	Х	24,0	18,650		0.7								0.4	
14 .	X	24.0	19,550		0.7								0.4	
15	Х	24.0			0.7								0.4	
16	X	24.0			1.0								0.4	
17	X	24.0	14,580		1.0		ļ						0.5	
19		24.0 24.0	17,603 17,603				 							
20	X	24.0	17,603		1.2								0.6	
	X	24.0	19,680		1.4								0.6	
-46	X	24.0	18,680		1.5								0.6	
23	Х	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						u		1.2	
29	X	24.0 24.0	22,900 14,580		1.8								1.2	
31	X	24.0	15,880		1.1								0.7	
otal			546,580		1-11		1			L			1	
			340,380											

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

17,632 25,140

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

	IVI	U	V	11	11
KH	PROTECT	ny 4	è	45	
-	1	14	K	No.	
-	14	-	1	1	
RID	A		11	1	

Dublia W	ion for the Month/Y		ember, 2008				
Public Water Sys	tem (PWS) Informat	tion					
PWS Name:	River Grove						
PWS Type:	✓ Community	Non-Transient Non-C	Community	Transient No. 0		PWS Identification Number:	2540959
Number of Service Con	nections at End of Month:	108	L	Transient Non-Cor		Consecutive	20.0303
PWS Owner:	Aqua Utilities Florida				Tota	Population Served at End of Month:	375
Contact Person:	Edward Pellenz						272
Contact Person's Mailin	g Address: P	PO Box 490310			Cont	act Person's Title: Manage	r of Operations
Contact Person's Teleph	one Number:	352) 787-0980			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's E-Mail	Address:	ejpellenz@aquaameri	ca com		Cont	act Person's Fax Number: (352) 78	
Water Treatment	Plant Information		00.00111				
ant Name:	River Grove						
lant Address:	River Drive					Plant Telephone Number:	(352) 787 0080
ype of Water Treatment	by Plant:	✓ Raw Ground Water	T I Down to 150		City: East Palatka	State: Florida	(352) 787-0980
rmitted Maximum Day	Operating Capacity of pla	ent college - 1	Purchased Fi				Zip Code: 32131
an Calegory (per subse	ction 62-699 310(A) E A	CV	IV	200,000			
Licensed Operators	S. Carrier Catalogue and the	The services of the services o			Plant C	lass (per subsection 62-699.310(4), F.	A.C.V.
eda emer operator	Paul Thompson	, and a second tame	(1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997)	License Class	License Number	Day(s) / Sh	A.C.): C
ther Operators:	David Haring			A	7251	Days 1st Shift	ift(s) Worked
	Ralph Marriott			C	14091	Days 1st Shift -	
			7.77	C	7527	Days 1st Shift	
A STATE OF THE STA							
C-44-2-2-1-1-1							
rtification by Lead	Chief Operator						
ne undersigned wat	or treatment of					ant identified in part I of this re	
rmation provided	er deadment plant ope	erator licensed in Florid	la, am the lead/chief	f operator of the	untor trooter - 1		
mation provided	in this report is true a	nd accurate to the best	of my knowledge an	d belief Lastic	water treatment pla	ant identified in part I of this re	port. I certify that the
mational Standard	60 or other applicabl	e standards referenced	in subsection 62 55	6 220(2) F	y that all drinking	ant identified in part I of this re water treatment chemicals used	at this plant conform to N
e prepared each da	y that a licensed oper	ator staffed or visited the	in subsection 62-55	5.320(3), F.A.C.	I also certify that	water treatment chemicals used the following additional opera	tions recently 6
if applicable, appro	priate treatment proc	ess performance	is plant during the	month indicated	above: (1) records	of amounts of chemicals was	tions records for this plant
in them, together u	ith conies of this rem	ess performance record	ls. Furthermore, I a	gree to provide th	nese additional one	the following additional opera s of amounts of chemicals used	and chemical feed rates; ar
To State I	till copies of this repo	ort, at a convenient loca	ntion for at least ten	years.	opt	of amounts of chemicals used erations records to the PWS ow	mer so the PWS owner can
12		112		*			
		12/5/08	Paul Thompson				
ature and Date		/ ×	Printed or Type				A7251

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

WS I	lentification	n Number:		2540959			Plant Name:	River Grove							
II. D	aily Data	for the M	lonth/Year	of:			November, 200	8							
leans	of Achievir	ng Four-Los	Virus Inactiv	vation/Remov	val:	ree C	Chlorine	Chlorine Di	oxide	□ Ozone	☐ Com	bined Chlori	ne (Chloran	nines)	
		adiation		r (Describe):			second victoria .			,	, com	oniva omorn	in familiarian		
	f Diain for	stant Dagie	lual Maintai	nad in Diete	ibution System		▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramina	as) [Chlorine I)ioxide	
ype ()I DISINIEC	Ham Kesic	iuai iviaiiitaii	ned in Disti	TOURION System	HIL.	14 Tree Cinc	nine i		7.11			C. 1101 110 1	I s	
		16.00	in With lab	Constitution of Constitution o	1 Calculation	is, or	UV Dose, to	Demostate I	our-Log	virus inac	uvation, ii	Applicable	es and a second		Emergency or Abnormal Operating
107 5		3 10000	Section 199	Secretary Secretary	SHEARING BOOK	0.000	GT Calc	ulations	10 January 10	man man and man	a state of the	Lists U.V.	Jose San	11110	国际企业中国企业企业
					Lowest Resid Disinfectar Concentration			Lowest CT		Section 1		Lowest Operating	Military Program	Land out the said	termination and the second and the second
					4.5		Disinfectant	Provided		1000					
4	Days Plant	164	100	200	Lowest Resid	ual	Contact Time	Before or at		4.47				Lowest Residual	
	Days Plant Staffed or		Net Quantity	44.0	Disinfectar	ıt i	(T) at C	First	-5.25	0.900055		Figure 10	Minimum	Disinfectant	
100	Visited by		of Finished	A Calledon	- Concentration	(C)	Measurement	Customer		40000000		Lowest	UV Dose		Piner Pone Jorg ronorma operation
ay of		Hours plant	Water		Before or at I		Point During	During Peak	Tamp of	pH of Water,	Minimum CI	UV Dose,	Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work Involves Taking Water System Compone
the	(Place		Producted,				Peak Flow,	ariow, mg-	The second second second	prior water,	required, ing	mW-sec/cm ²		System, mg/L	
Acoth.	≥ (X') (a)		gal	Rate, gpd.	Peak Flow, m	g/L-*	minutes	i min/L	Water, and	п Аррисавіе	as THIII/L	mw-sec/cm	sec/cm.	· System, mg/L	Out of Operations 2 so 2 so
Service S		24.0	17,167												
3.	Х	24.0	17,167			1.0								0,5	
4	X	24.0	18,790			1.3						7.75.1		0.7	
5	X	24.0	18,800			1.6						100.00		0.9	
6	X	24.0	-15,650		THE R ANGE	1.0						i Store		0.5	
7.15	Х	24.0	18,900		.	1.3						esk 11		0.7	
8		24.0	21,197		a light fragge		en a francis			17 le		100			
9		24.0	21,197		- 16							14.			
10	X	24.0	21,197		**************************************	1.8			-			1425		1.2	
11	X	24.0	18,470		2.4.5	2.1						2314		1.5	
12	Х	24.0	18,900		1 1 1 1 1	1.5						-		0.9	
13	X	24.0	12,740			1.7								1.2	
14	Х	24.0	18,570 17,383			1.6						-		1.1	
16		24.0 24.0	17,383												
17	X	24.0	17,383			1.4								1.0	
18	$\frac{}{x}$	24.0	18,680			1.5								1.0	
19.4	X	24.0	18,790			1.2								0.8	
20	X	24.0	10,900			1.2								0.8	
Ä	Х	24.0	26,240			1.1								0,6	
22		24.0	17,777												
23 4		24.0	17,777												
24	Х	24,0	17,777			1.7								1.3	
25	Х	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	Х	24.0	15,230			1.8						 		1.3	
29 30. **		24.0 24.0	17,273 17,273												
30 ×		24.0	17,273												
	10.703		539,327		L					I		_		1	
	Control of the Contro	12.25	17,398												

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

26,240

Maximum

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



DEP Form 62-555, 900(3)Alternate

			Polymer Page 3 Due in Dece	mber				
	See Pages 4 for Insti							
ı.	General Information	n for the Month/	Year of: December,	2008				
A.	Public Water System	n (PWS) Informa	ation					
	PWS Name:	River Grove				PWS Identification Numb	ber: 2540959	
l	PWS Type:	∠ Community	Non-Transient Non-Commu	nity Transient Non-Co	mmunity	Consecutive	23.0737	
	Number of Service Connec	ctions at End of Mont	h: 108			Population Served at End of	of Month: 375	
	PWS Owner:	Aqua Utilities Florid	da					
1	Contact Person:	Edward Pellenz			Cont	act Person's Title:	Manager of Operations	
	Contact Person's Mailing A	Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code:	34749
1	Contact Person's Telephone	e Number;	(352) 787-0980		Conta	act Person's Fax Number:	(352) 787-6333	
	Contact Person's E-Mail A		ejpellenz@aquaamerica.co	<u>m</u>		, , , , , , , , , , , , , , , , , , ,		***************************************
	Vater Treatment Pl	ant Information						***************************************
+	'lant Name:	River Grove				Plant Telephone Number:	(352) 787-	-0980
- 1	Plant Address:	River Drive			City: East Palatka	State: Florida	Zip Code:	32131
· j.	Type of Water Treatment b		✓ Raw Ground Water	Purchased Finished Water				
	Permitted Maximum Day C			200,000				
-	Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.): afisse IV			Class (per subsection 62-699	9.310(4), F.A.C.): C	
-	Licensed Operators		Name:	License Clas	s License Number	Da	ay(s) / Shift(s) Worked	2000年1月
	Lead/Chief Operator:		·	A	7251	Days 1st Shift		
٠	Other Operators:	David Haring	- Shift	C	14091	Days 1st Shift		
200	and the state of t	Ralph Marriott	Siati	C	7527	Days 1st Shift		
	ner december in a section							
	Table Property Avi							
	The state of the s							
	dan samulatan Kangan dan	 						
1000								
I								
						1		
	Certification by Lead							
I	, the undersigned water	er treatment plant	operator licensed in Florida, an	n the lead/chief operator of the	ne water treatment p	lant identified in part I	I of this report. I certify	v that the
i	nformation provided i	in this report is tru	ue and accurate to the best of m	y knowledge and belief. I cer	tify that all drinking	water treatment chem	nicals used at this plant	conform to NSF
I	nternational Standard	60 or other applie	cable standards referenced in su	ibsection 62-555.320(3), F.A	.C. I also certify the	at the following addition	onal operations records	for this plant
V	vere prepared each da	y that a licensed of	operator staffed or visited this p	lant during the month indicat	ed above: (1) recor	ds of amounts of chem	nicals used and chemica	I feed rates: and
(2) if applicable, appro	opriate treatment	process performance records. I	furthermore. Lagree to provide	e these additional o	nerations records to th	a PWS owner so the DI	IVS owner can
r	etain them, together w	vith copies of this	report, at a convenient location	for at least ten years	e these additional o	perations records to th	ie i ws owner so me i	N S GWHEL CALL
			/ /	. As as rouse ton jours.				
	1		01/18/09	Davil Thomason			Windows Control	
2	ignature and Date		01/00/07	***************************************			A7251	
	Branco and Plate		•	rimed or Typed Name			License Nu	mber
v (vere prepared each da 2) if applicable, appro	y that a licensed of priate treatment p	operator staffed or visited this process performance records. Freport, at a convenient location	lant during the month indicat furthermore, I agree to provide	ed above: (1) recor	ds of amounts of chem	nicals used and chemica ne PWS owner so the PV	al feed rates; and WS owner can

Page 1

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

PWS I	dentificatio	n Number:		2540959		Plant Name:	River Grove	}								
I. D	aily Data	for the N	Ionth/Year	of:		December, 200	8									
THE OWNER OF THE OWNER,			g Virus Inacti		ral: 🔽 Free C	hlorine [Chlorine Di	ovide	C Ozone	┌ Comb	nined Chlori	ne (Chloran	nines)			
	traviolet R		· · · · · · · · · · · · · · · · · · ·	er (Describe):		, ,	CHIOTHIC DI	OAIGC	1 020110) Conn	med emon	ine (Cinora)	iliks)			,
					ibution System:	□ Free Chl	vrine [* Combin	ed Chlorine	(Chloramine	(s) [Chlorine I	Dioxide			
	of Disinted	clant Resid	luai Maintai	ned in Distr	ibution System.	THE CIRC								- E. A. S. S.		antisa anti
	945	341 545	14.10克车	Salara C	T Calculations, or	UV Dose, to	Demostate ₂	Hour-Log	Virus Inac	tivation, ii	Applicable	and the second				
				March Comment	with the sales and	CT Calc	ulations	1200000000	-115 - 114 - 34 <u>- 6</u> 1	a Brahesteina	Street UV.	Dose.		Materials Arrays		
	A17-75		Net Quantity of Finished				Lowest CT			Minimum CT		April 1983	5.4	2012 (19 10 10 10 10 10 10 10 10 10 10 10 10 10	e gertage (Artist Differen Seatts	
		100	3.0	100		Disinfectant	Provided	4					Lowest Residual			
417	Days Plant	4,734			* Lowest Residual	Contact Time	Before or at			A.D.A.A.			Lowest Residual			
-33%	Staffed or		Net Quantity	1.100	Disinfectant	(T) at C	First		Application A	44.0	2 33					
- Sides Sides	Visited by	Analysis (1996)	of Finished	545	Concentration (C)	Measurement	Customer	4.000	KAMES	建筑。 这样。	Lowest		Concentration at	Emerger	ncy or Abnormal Op	erating
	Operator	rious piani	I water	About Proceedings (1985)	Deloie of attribute	Point During	During Peak	Terms of		Minimum CI	Operating UV Dose,	Required, mW-	Distribution	Conditions; K	epair or Maintenanc ing Water System C	e work
he •h	A (Place	in a second	Producted,	Peak Flow	Customer During	Peak Flow,	I Flow, mg-	1 cmp or	IPH of Water,	Required, mg min/L	U V DOSE,		System, mg/L		Out of Operation	Ompone
•h			gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	п Аррисаон	385 MIIVL	mw-sec/cm	Sec/CIII	0.4		Out of Operation :	
<u></u>	X	24.0 24.0			1.1				 				0.8			
3	X	24.0	1		1.2				 	 			0.6			
4	X	24.0			1.7			 				<u> </u>	1.3			
5	X	24.0	L		1.6								1.3			
6	<u> </u>	24.0														
7		24.0	15,257							507 g (07				-3		
8	Х	24.0	15,257		1.6			11.00		Box			1.2	. 4		No. of Paris
9	Х	24.0	16,520		1.5			-		744.736			1.0	-		Sperie.
10	Х	24.0			1.6					. 3 -			1.1			
11.	X	24.0			1.8			ļ					1,4			
12	X	24.0	14,470		1.3					<u> </u>		-	1.0			
13		24.0	16,120											,		
14	V	24.0 24.0	16,120 16,120		1.1		<u> </u>					-	0.6			
6	X	24.0	14,150		1.2							-	0.6			
7	X	24.0	19,110		1.3			 	 				0.6		12210000000000000000000000000000000000	
8	X	24.0	14,680		1.2		<u> </u>						0.6			
9.1	X	24.0	15,000		1.2								0.6			
200		24.0	16,233													
Ī		24.0	16,233													
22%	X	24.0	16,233		1.2								0.4			
23	Х	24.0	22,560		1.7						<u> </u>		1.3			
4	X	24.0	18,790		1.7								1.3			
.5	X	24.0	19,430		1.7		 						1.1			
26	Х	24.0 24.0	22,670 19,903		1.3							 	1.1			
7.8		24.0	19,903					-								
9	Х	24.0	19,903		1.9								1.7			
0	X	24.0	22,560		1.3				1				0.9			
15	X	24.0	15,110		1.1								0.6			
al			524,583		L	National Commission of the Com	A	A								W - 792.5
erag	e state journe	25512	16,922													
-			20 670	1												

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

22,670

OFP Form 61 30/3\Atterna

Aygerage Maximum

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



See Pages 4 for Instructions

. General Information for the Month/Year of:	January, 2009				
A. Public Water System (PWS) Information PWS Name: River Grove		***************************************		PWS Identification Numb	ber: 2540959
	Non-Community	Transient Non-Co	mmunity	Consecutive	per. 2340939
Number of Service Connections at End of Month:					ENTO-AL 275
PWS Owner: Aqua Utilities Florida	108		Liota	l Population Served at End of	of Month: 375
Contact Person: Edward Pellenz			I Com	and December 21st Tital	Maria 60
Contact Person's Mailing Address: PO Box 490310				act Person's Title: State: Florida	Manager of Operations
Contact Person's Telephone Number: (352) 787-0980			City: Leesburg		Zip Code: 34749
Contact Person's E-Mail Address: ejpellenz@aquaa	amorica com		Con	act Person's Fax Number:	(352) 787-6333
Water Treatment Plant Information	amenca.com				
lant Name: River Grove				In order	(252) 207 0000
Plant Address: River Drive			City Cost Paterto	Plant Telephone Number:	
	lates Durchas	ad Finished Water	City: East Palatka	State: Florida	Zip Code: 32131
Type of Water Treatment by Plant: Raw Ground W. Permitted Maximum Day Operating Capacity of Plant, gallons per day:	atei Purchase	ed Finished Water 200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	200,000	T Diameter	Class (sub-seti- (2 (00	210(4) F.A.C.).
Licensed Operators Name		License Clas	e Licanca Numba	Class (per subsection 62-699	9.310(4), F.A.C.): C ay(s) / Shift(s) Worked
Lead/Chief Operator: Paul Thompson		A License Clas	7251	Days 1st Shift	ay(s) i siliti(s) worked
Other Operators: David Haring		C	14091	Days 1st Shift	
Ralph Marriott		C	7527		
Kaipi Mariot			1321	Days 1st Shift	
Contract Con					
			1		
			 		
* Commence of the Commence of			 		
				1	
. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed i	in Florida am the lead	/chief operator of th	e water treatment	plant identified in part	Lof this report. I certify that the
information provided in this report is true and accurate to the	he hest of my knowled	dge and helief I cer	tify that all drinking	a water treatment chen	nights used at this plant conform to NCI
International Standard 60 or other applicable standards reference	erenced in subsection	62.555.220(2) E A	C. Loles cortificati	est the following additi	and anautions asserts for this plant
were prepared each day that a ligared energiar staffed ar	wigited this plant durin	02-333.320(3), F.A	.C. I also certify if	at the following addition	onal operations records for this plant
were prepared each day that a licensed operator staffed or	visited this plant durin	ig the month indicat	ed above: (1) reco	rds of amounts of chem	nicals used and chemical feed rates; and
(2) if applicable, appropriate treatment process performance	ce records. Furthermo	re, I agree to provid	e these additional	operations records to the	ne PWS owner so the PWS owner can
retain them together with copies of this report, at a conven	ment location for at lea	ist ten years.			
02/04/0	79 Paul Th	ompson			A725İ
Signature and Date	Printed	or Typed Name			License Number
DEP Form 62-555 900(3)Afternate		Page 1			(

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

PWS I	dentification	n Number:		2540959		Plant Name.	River Grove							
Ш. П	Daily Data	for the N	lonth/Year	of:		January, 2009								
			g Virus Inacti			Chlorine [Chlorina D		_ O	F 0 1	. 1011	(6) 1	2	
	traviolet R			er (Describe):		mornic [Chiorine D	oxide	Uzone	1 Comt	omed Chlori	ne (Chlorar	nines)	
					***************************************			* ~	10111	1001				
Type (of Disinfe	ctant Resid	iual Maintai			Free Chle	Mark Control			(Chloramine		Chlorine I	Dioxide	
		49.583550		Contract Con	T Calculations, or	· UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if				Committee of the commit
				Carlot Company	7279675714	CT Calc	ulations		是接触的		UV	Dose .		
				28.7			Lowest CT	13.69	A					
				55. S. B. B.	a company participant	Disinfectant	Provided	10000	\$3,50 mm			1.55	64 6 6 E E	STEAR STANDARD CONTRACTOR
	Days Plant		B-9-3-6-6	0.000	Lowest Residual	Contact Time	Before or at			rate in the			Lowest Residual	See English to the Second
	Staffed or	4000000	Net Quantity	AND AND	Disinfectant	(T) at C	First	18-47-6		September 1994	a from	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement .	Customer	1000			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	150 Thu	Before or at First	Point During	During Peak		200	Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work th
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Component
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0			1,1	***************************************							0.7	
4.7	X	24.0	18,570		1.4								0.9	
3.0		24.0	21,917											
5	X	24.0 24.0	21,917 21,917		1.5				<u> </u>		·····			
6	X	24.0	18,690		1.3								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	Х	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 24.0	22,250		1.5								1.2	
17		24.0	16,163 16,163											
19	X	24.0	16,163		1.4								0.8	
20	X	24.0	18,890		0.9								0.8	
	X	24.0	15,120		1.6						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.0	
122	X	24.0	18,900		1.5								1.1	
23	Х	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 24.0	18,680		1.9								1.2	
31	X	24.0	19,000 15,980		1.8								1.6	
	1		563,050											
	e in house		18,163											
- 5 - 15		* 1	22,712											

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

22,713

Page 2

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



See Pages 4 for Instructions.

DEP Form 62 900(3)Alternate

See Pages 4 for flist							modulus and a second and a second	
. General Information	n for the Month/Y	/ear of: February, 20	009			,		
A. Public Water System	n (PWS) Informa	tion						
PWS Name:	River Grove	_				PWS Identification Num	ber: 254095	9
PWS Type:	✓ Community	Non-Transient Non-Commun	nityT	ransient Non-Comi	munity	Consecutive		**************************************
Number of Service Connec	ctions at End of Month	: 108			Total	Population Served at End	of Month: 375	
PWS Owner:	Aqua Utilities Florida	a .						
Contact Person:	Paul Thompson		_		Conta	act Person's Title:	Field Coordinator	
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Coo	de: 34749
Contact Person's Telephon		(352) 787-0980			Conta	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		pdthompson@aquaamerica	i.com				***************************************	
Water Treatment Pl							-	
Plant Name:	River Grove					Plant Telephone Number	······································	87-0980
Plant Address:	River Drive				City: East Palatka	State: Florida	Zip Coo	de: 32131
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fini					
Permitted Maximum Day (200,000				
Plant Category (per subsec						class (per subsection 62-69		
		Name .	34-2006 A.S. 15. 15.		License Number		ay(s) / Shift(s) Worke	d b:
Lead/Chief Operator:				A	7251	Days 1st Shift		
Other Operators:	David Haring			С	14091	Days 1st Shift		***************************************
	Ralph Marriott	The state of the s		С	7527	Days 1st Shift		
A CONTRACTOR CONTRACTOR						-		
no complete the second						<u> </u>		
						+		
Contraction (ļ							
				ll		1		
Certification by Lea	d/Chief Operator							
		operator licensed in Florida, ar	m the lead/chie	f operator of the	water treatment r	lant identified in part	Lofthic report Log	tify that the
		e and accurate to the best of m						
	distribution programme in the company of the contract of the c				± 1		H MAN	
		cable standards referenced in su						
		perator staffed or visited this p						
		process performance records. F			these additional o	perations records to t	he PWS owner so the	PWS owner can
retain them, together	with copies of this	report, at a convenient location	for at least ter	years.				
) (
		-3/9/09	Paul Thompso	n			A7251	
Signature and Date	***************************************	f and a second	Printed or Typ				License	Number
*			som treatestanian (Die 1					

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

PWS I	dentification	n Number:		2540959		Plant Name:	River Grove							
III. D	aily Data	for the N	Ionth/Year	of:		February, 2009								
Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	/al: ▼ Free C	Chlorine [Chlorine Di	oxide	□ Ozone	☐ Com!	oined Chlori	ne (Chlora	nines)	
	traviolet R			r (Describe):		*				1 00111	onica cinon	ne (emora	naics)	
					ibution System:	▼ Free Chlo	orine [Combin	ned Chlorine	(Chloramine	25) [Chlorine l	Dioxide	
ype	n Disinice	1	Juai iviaiiitai								•			
					T Calculations, or	UV Dose, to	Demostate	our-Log	virus inac	tivation, ii			1.50	Particular Section of the
	SUPPLIES OF	ALCOHOL:		STATE AND ADDRESS OF THE PARTY			ulations		78.65.	C-15-15-16-16	UV.	Dose	A Property of	STATE OF STA
						17 TABLE 1	Lowest CT		TO T		2504	5440	111111	可用學學所以學學不同學學
				5-12-5	the state of	Disinfectant	Provided			467	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			是生物研究是第一个工作。
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	10.00	Net Quantity		Disinfectant	(T) at C	First					Minimum	THE COMPANY OF SHIPS AND A STATE OF	Service and the service of the servi
	Visited by		of Finished	CENT (1)	Concentration (C)	Measurement	Customer	(1)	10000	Minimum CT	Lowest -	UV Dose Required,	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work
Day of the	Operator (Place	in -in	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	pH of Water,			mW-	Distribution	Involves Taking Water System Compone
anth.	(Flace	Operation		Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
3		24.0		, Br -1.	,,		400000000000000000000000000000000000000							
#2 = 1	Х	24.0			1.6								1.3	
3.	Х	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 * 3	X	24.0	23,430		1.8	***************************************							1.4	
7.8		24.0	20,333 20,333											
97	Х	24.0	20,333		1.5								1.4	
10 ar	X	24.0	18,890		1.2								1.0	
11-9	X	24.0	18,690		1.5								1.1	
12	Х	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 17.	X	24.0 24.0	17,203 19,100		1.6			-					1.3	
18.4	X	24.0	19,100		1.5								1.2	
19	X	24.0	18,890		1.1	-tur-anninia ini ustatanninani							1.0	
<u>^</u> 0	X	24.0	18,790		1.4								1.0	
AM		24.0	23,177											
22		24.0	23,177											
23	Х	24.0	23,177		1.6								1.3	
24	X	24.0	15,550		1.4								0.8	
25 26	X	24.0 24.0	22,780 14,470		1.2								0.8	
27 %	X	24.0	15,220		1.0								0.8	
28		24.0	16,367		1.0								0.9	
29		24.0												
30		24.0					- '							
31		24.0							W.					
-			542,057											
perso	e in the	CONTRACTOR STATE	17,486											

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

26,770

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



See Pages 4 for Instructions.

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#/ X- 1 \			
FIDEDA			
STISONION			

. General Information	n for the Month/	Year of: March, 2009				
A. Public Water System	n (PWS) Informa	ation				
PWS Name:	River Grove				PWS Identification Number:	2540959
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity [Consecutive	
Number of Service Connec	ctions at End of Month	108		Total	Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florid	ia				
Contact Person:	Paul Thompson			Conta	ct Person's Title: Field Coordin	vator
Contact Person's Mailing A	Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon-	e Number:	(352) 787-0980		Conta	ct Person's Fax Number: (352) 787-63.	33
Contact Person's E-Mail A		pdthompson@aquaamerica.com				
3 ter Treatment Pl	ant 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 b		Raw Ground Water Purchased Fir	nished Water			
Permitted Maximum Day (200,000			
Plant Category (per subsect				Plant C	lass (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:			A	7251	Days 1st Shift	
Other Operators:	David Haring		C	14091	Days 1st Shift	
	Ralph Marriott		C	7527	Days 1st Shift	
		-9				
Cartification but	VOI : CO					

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	P	1
Signature and Date	+	U/	V

Paul Thompson Printed or Typed Name

A7251 License Number

DEP Form 62-555 Pm/3)Alternate

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

PWS I	dentificatio	n Number:		2540959		Plant Name:	River Grove							
111.	Daily Data	for the M	lonth/Year	of:		March, 2009								
Section 1989	STREET, STREET		Virus Inacti		val: Free (Chlorine Di	oxide	□ Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
100.00	traviolet R	-		r (Describe):		*	Cincinia D.			, Com	med Chian	ne (emore		
-					ibution System:	▼ Free Chl	orine [Combin	ed Chlorine	(Chloramine	es) [Chlorine l	Dioxide	
1310	Totaline	Adin Resid	idal ivialitai		T Calculations, or								I	
					I Calculations, of			rour-Log	virus mac	tivation, 117	UV		-	
					T	T	ulations	T	T	T	UV	T	-	
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Tempof	11 6111	Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	War Oc	ph of Water,	Required, mg			Distribution	Involves Taking Water System Components
Me	"X")	Operation 24.0	gal. 16,366	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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	Analysia and an area and a second							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 18,680		1.3								1.0	
14	A	24.0	17,520		1.2								0.8	
15		24.0	17,520											
16	X	24.0	17,520		1.0								0.6	
17	X	24.0	23,250		1.4								0.6	
18	X	24.0	15,100		1.7								1.3	
19	Х	24.0	23,580		1.7								1.3	
	X	24,0	19,680		1.7		0.3151003						1.3	
2. 1		24.0	20,947										1.2	
22		24.0	20,947											
23	X	24.0	20,947		1.5	and the special state of the st							1.1	
24	X	24.0	16,640		1.6							1000	1.2	
25	X	24.0	17,390		1.4								1.1	
26	X	24.0	23,380		1.9								1.2	
27 28	X	24.0	19,020		1.4								1.2	
29		24.0	22,010											
30	X	24.0	22,010											
31	X	24.0	22,010 23,420		1.6								1.4	
Total	^	24.0	604,302		1.7								1.4	
Avgerage			19,494											

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

23,580

DEP Form 62-55b 500(3)Alternate

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



DEP Form 62

900(3)Alternate

See Pages 4 for Instructions. General Information for the Month/Year of: April, 2009 A. Public Water System (PWS) Information PWS Identification Number: 2540959 PWS Name: River Grove PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 108 Total Population Served at End of Month 375 PWS Owner Agua Utilities Florida Contact Person's Title: Field Coordinator Contact Person: Paul Thompson Contact Person's Mailing Address: PO Box 490310 State: Florida Zip Code: 34749 City: Leesburg Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 pdthompson@aguaamerica.com Contact Person's E-Mail Address: 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: ✓ Raw Ground Water 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.): Plant Class (per subsection 62-699,310(4), F.A.C.): IV Licensed Operators License Class | License Number Day(s) / Shift(s) Worked Name Lead/Chief Operator: Paul Thompson 7251 Days 1st Shift Other Operators: David Haring Days 1st Shift 14091 C 7527 Ralph Marriott 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. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

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

PWS Id	lentification	n Number:		2540959		Plant Name:	River Grove							
III. D	ailv Data	for the N	lonth/Year	of:	presentation of the second	April, 2009								
Separate Sep	CONTROL OF CONTROL OF CONTROL		y Virus Inactiv				Chlorine Di	oxide	□ Ozone	Comb	ined Chlorit	ae (Chloren	ninesl	
	traviolet R			r (Describe):			Cinoraic Di	o.ddc	, Ozone	Come	niku Cimin	ic (Cilorai	itilics)	
-						▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	(s) [Chlorine I	Dioxide	
Type (I Distilled	Tant Nesic	luai iviailitai										T T	
					CT Calculations, or			our-Log	virus inac	iivation, ii z				
						CT Calc	ulations		T		UVI	Jose		
							Lowest CT	8						
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual	
	Staffed or		Net Quantity of Finished		Disinfectant (C)	(T) at C	First				Lowest	UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of	Visited by	Hours plant	Water		Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal,	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	14,300		1.5								1.0	
2	X	24.0	15,170		2.2								1,6	3
3	X	24.0	15,060		1,2	Selection 18.8 (1984 Windows St. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19							1.3	
4		24.0	19,193											
5		24.0 24.0	19,193 19,193		1.5				ļ				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	Х	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 15	X	24.0 24.0	17,910 15,290		1.7								1.3	
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											
- 77	X	24.0	17,877		1.2								0.8	
	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	
25		24.0	21,777		1.3	***************************************		-					1.0	
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						1		0.6	
31		24.0	772 300											
Total	40 cm 20	Section with the	552,390											

23,620

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

Harai.

MONTHLY OPERATE FOR PWSs TREATING FAW OR OUND WATER OR PURCHASED FINISHED WATER



DEP Form 62-555 900(3)Alternate

See Pages 4 for Instr	uctions.					
. General Information		ar of: May, 2009				
A. Public Water Systen						
PWS Name:	River Grove	OH			Involution of the state of the	25,0050
	✓ Community	Non-Transient Non-Community	Transient Non Com		PWS Identification Number:	2540959
PWS Type:			Transient Non-Com		Consecutive	
Number of Service Connec		108		Total	Population Served at End of M	1onth: 375
PWS Owner:	Aqua Utilities Florida			1/2		
Contact Person:	Paul Thompson	2.72. 400210		· · · · · · · · · · · · · · · · · · ·		ield Coordinator
Contact Person's Mailing		D Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		52) 787-0980		Conta	ct Person's Fax Number: (3	52) 787-6333
Contact Person's E-Mail Ac		dthompson@aquaamerica.com				
Water Treatment Pl					f	
Plant Name:	River Grove			T	Plant Telephone Number:	(352) 787-0980
Plant Address:	River Drive			City: East Palatka	State: Florida	Zip Code: 32131
Type of Water Treatment b			hased Finished Water			
Permitted Maximum Day C			200,000	T		
Plant Category (per subsect	tion 62-699.310(4), F.A.				lass (per subsection 62-699.31)	
Licensed Operators	F AND CLEANING SECTION	Name Name	License Class	License Number		s) / Shift(s) Worked
Lead/Chief Operator:			A	7251	Days 1st Shift	
Other Operators:	David Haring		C	14091	Days 1st Shift	
CONTRACTOR CONTRACTOR	Ralph Marriott		C	7527	Days 1st Shift	
THE CONTRACTOR OF THE						
LANGERS						
Tarring The Later Service				<u> </u>		
. Certification by Lead	I/Chief Operator					
			1 1/-1: 6 6.1		1	
i, the undersigned wat	er treatment plant o	perator licensed in Florida, am the	lead/enter operator of th	e water treatment p	plant identified in part I o	of this report. I certify that the
						cals used at this plant conform to NSF
		ble standards referenced in subsect				
were prepared each da	y that a licensed op	erator staffed or visited this plant d	uring the month indicate	d above: (1) recor	ds of amounts of chemic	als used and chemical feed rates; and
(2) if applicable, appro	opriate treatment pro	ocess performance records. Further	rmore, I agree to provide	these additional of	perations records to the l	PWS owner so the PWS owner can
		eport, at a convenient location for a				
. 1		6/8/09 Paul	l Thompson			A7251
Signature and Date	· · · · · · · · · · · · · · · · · · ·		nted or Typed Name			License Number
Dimense and Date		Fill	neo or Typed Hallie			ricense wampet

SHELL THE SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET

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

WS I	lentification	n Number:		2540959		Plant Name:	River Grove	2						
T. D	aily Data	for the M	lonth/Year	of:		May, 2009								
		The state of the s	g Virus Inact	The state of the s		home and the second control of the second co	OLL : D:		F- 0	Since 0 1	. 16011	7631.1		
						morne j	Chlorine Di	oxide	☐ Ozone	Comb	ined Chlori	ne (Chlorai	nines)	
	traviolet R			r (Describe):							31010			
ype o	f Disinfed	tant Resid	ual Maintain	ed in Distrib	bution System:	Free Chlo	orine	Combin	ned Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if	Applicable	•		
				de la contracti	and with the second	CT Calc			arija arati i			Dose	900 Marie 180 Marie	
	4.75		A Superior	erre monte d	20 St. 18 St. 18 Sec. 1	100 S	SHED SEARCH S	(4) ((4) ((4	Lie al les		San San		alkeroses see	COMMENTS SHOW TO SERVER
			1000			33465 (34)	Lowest CT	+ -	35 55	Personal Co.		A 5 5 5 5	Strategic Control	
				9.00		Disinfectant	Provided		346.60	films to 4		7 1 1 4 1 to 1	建海温度 素	
territo.	Days Plant		1000000		Lowest Residual	Contact Time	Before or at		100000	272		Minimum	Lowest Residual	
	Staffed or	1 4 4	Net Quantity	Section and the	Disinfectant	(T) at C	First		# S - 6 Co.		Lowest	UV Dose	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	2 3 5	200	N. CT	Operating	Required,	Concentration at	Emergency or Abnormal Operating
ay of		Hours plant	Water		Before or at First	Point During	During Peak	Temp of		Minimum CT	UV Dose,	mW-	Remote Point in	Conditions; Repair or Maintenance Work
the 🍐	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow, minutes	Flow, mg- min/L		if Applicable	Required, mg	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Componer Out of Operation
1	"X")	Operation	gal 20,600	Rate, gpd	Peak Flow, mg/L 0.8	minutes	minuL	water, C	11 Applicable	11111717	in vy -sec/cm	Secient	System, mg/L 0.6	Out of Operation
^	Х	24.0 24.0	23,223		0,0		 		 				0.0	
3		24.0	23,223											
4	X	24.0	23,223		1,2				 				0.8	
5	X	24.0	16,950		0.7		†					<u> </u>	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			····			1					
10		24.0	28,583						 					
11	X	24.0	28,583		1.3								0.9	
12	Х	24.0	19,330		1.4								0.9	
13	Х	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	
	X	24.0	15,290		1.2								1.0	
~1	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	- V	24.0	13,467		0.9								0.6	
25 26	X	24.0 24.0	13,467 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	- 1	24.0	13,750											
31		24.0	13,650											
al			611,200		Karaman and American American	······································	*		<u> </u>	·		4		
gerag			19,716											

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

31,720

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



DEP Form 62-7

20(3)Alternate

See Pages 4 for Instructions.

General Information	n for the Month/	Year of: June, 200	9					
Public Water System	n (PWS) Inform	ation						
PWS Name:	River Grove					PWS Identification Nun	iber:	2540959
WS Type:	✓ Community	Non-Transient Non-Comm	unity	ransient Non-Comi	munity	Consecutive		
Number of Service Connect	ions at End of Month:	108				Population Served at End	of Month:	375
WS Owner:	Aqua Utilities Florid	a						
Contact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinate	or
ontact Person's Mailing Ac	ddress:	PO Box 490310			City: Leesburg	State: Florida		Zip Code: 34749
ontact Person's Telephone	Number:	(352) 787-0980				ct Person's Fax Number:	(352) 787-6333	
ontact Person's E-Mail Ad	dress:	pdthompson@aquaameri	ca.com					
Vater Treatment Pl	ant Information							
lant Name:	River Grove					Plant Telephone Number	r:	(352) 787-0980
lant Address:	River Drive				City: East Palatka	State: Florida		Zip Code: 32131
ype of Water Treatment by	Plant:	Raw Ground Water	Purchased Finis	shed Water		1		
ermitted Maximum Day O	perating Capacity of P	lant, gallons per day:		200,000				
lant Category (per subsecti					Plant (Class (per subsection 62-6	99.310(4), F.A.C.):	C
Licensed Operators		Name		License Class	License Number		Day(s) / Shift(s)	Worked
ead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift	***	
ther Operators:	David Haring			С	14091	Days 1st Shift		
	Ralph Marriott			C	7527	Days 1st Shift		
ertification by Lead								
the undersigned was	ter treatment plan	nt operator licensed in Florida	a, am the lead/chi	ief operator of the	ne water treatment	plant identified in	part I of this rep	ort. I certify that the
formation provided	in this report is tr	rue and accurate to the best o	f my knowledge a	and belief. I cer	tify that all drinki	ng water treatment	chemicals used	at this plant conform
SF International Sta	ndard 60 or other	applicable standards referen	iced in subsection	62-555.320(3)	FAC Talso cer	tify that the following	ng additional or	perations records for
ant were prepared ea	ach day that a lice	ensed operator staffed or visit	ted this plant dur	ing the month is	adicated above: (1) records of amount	e of chamicals	and and abancias) for
es; and (2) if applie	able appropriate	treatment process performan	ice records Furt	hermore I sore	to provide these	dditional acception	is of chemicals	used and chemical is
vner con retain them	together with co	opies of this report, at a conv	orient leasting fo	a st least to	to provide these	additional operation	s records to the	PWS owner so the F
()	i, together with co	opies of this report, at a conv	ement location to	r at least ten ye	ars.			
		7 18/19	Paul Thompson	The state of the s			<u> </u>	A7251
ignature and Date		r. 4	Printed or Type	d Name		or or transact		License Number

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

PWS I	PWS Identification Number: 2540959 Plant Name: River Grove													
III. D	aily Data	for the N	lonth/Year o	of:		June, 2009						<u> </u>		
harden de la companyante del la companyante del la companyante del la companyante de la companyante de la companyante de la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la companyante del la	CHARLES AND ADDRESS OF THE PERSON		Virus Inactiv		al:	Chlorine (Chlorine Di	oxide	┌ Ozone	Comb	ined Chlori	ne (Chlorar	nines)	
1	traviolet R			r (Describe):					, , , , , , , , , , , , , , , , , , , ,	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-					bution System:	Free Chk	rine [Combin	ed Chlorine	(Chloramine	s) I	Chlorine I	Dioxide	
Type	n Disinie	t Resid	luai Maintan										I	
					CT Calculations, or			our-Log	virus inac	tivation, if F				
					r	CT Calc	ulations	1			UVI	Jose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				1	Minimum UV Dose	Disinfectant	
1	Visited by		of Finished		Concentration (C)	Measurement	Customer			No. 1	Lowest Operating	Required,	Concentration at	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
Day of		Hours plant	Water	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak	Temp of	nH of Water	Minimum CT Required, mg	UV Dose,	mW-	Remote Point in Distribution	Involves Taking Water System Components
the	(Place	in Operation	Producted, gal.	Rate, gpd.	Peak Flow, mg/L	minutes	Flow, mg- min/L		if Applicable		mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
F =	X	24.0	13,686	Rate, gpu.	1.5	minuco	1111717	,,,,,,			arri scoroni	Section	1.2	
2	X	24.0	27,190		1.2						1 100		0.9	
3	X	24.0			1.1		İ						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												
7		24.0	14,110		2.2								,,,	
8	X	24.0	14,110 12,010		2.2								1.7	
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				İ							
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 15,540		1.0								0.4	
20	A	24.0 24.0	15,757		0.8								0.4	
h "-		24.0	15,757										 	
1 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	Ţ.	24.0	14,553		^^									
30	X	24.0 24.0	14,553 14,710		0.9								0.4	
31	Α	24.0	14,/10		1.2								0.8	
Total		24.0	473,696											Control of the contro

15,281 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



DEP Form 62-555, 900(3)Alternate

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: ✓ Community Non-Transient Non-Community Transient Non-Community 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 Leesburg State: Florida Zip Code: 34749 City: (352) 787-0980 Contact Person's Telephone Number: 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: Zip Code: 32131 River Drive City: East Palatka State: Florida Type of Water Treatment by Plant: Raw Ground Water 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.): 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 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift II. Certification by Lead/Chief Operator 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. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

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

PWS I	dentification	n Number:		2540959		Plant Name:	River Grove							
II. D	aily Data	for the M	ionth/Year	of:		July, 2009								
AND TO THE OWNER, WHEN	CONTRACTOR OF THE PERSON NAMED IN		Virus Inactiv		al: 🔽 Free C	hlorine	Chlorine Di	oxide	Ozone	☐ Comb	ined Chlorit	ne (Chloran	nines)	
	traviolet R			r (Describe):						,				
					ibution System:	Free Chlo	rine [Combir	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
ype (oi Disiniec	tant Resid	uai iviaiiitaii	iled ili Disti	TOURION System.					<u> </u>				
					T Calculations, or			rour-Log	virus mac	tivation, 11 2	UVI			1990
						CT Calc	ulations		T		UVI	7080		
						Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at				7 · 3		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	The state of the s	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work the
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Component
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	11,010		0.7								0.3	
2	Х	24.0	18,910		1.6								0.8	
3	Х	24.0	14,540		1.1								0.7	
4		24.0	19,927											
5		24.0	19,927											
6	Х	24.0	19,927		1.2								0.8	
7	Х	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		1.6		 						1.1	
13	X	24.0	13,650		1.5		<u> </u>						0.4	
14	X	24.0	18,390 14,970		1.6								10	
15 16	X	24.0 24.0	15,610		2.3		 		<u> </u>				09	
17	X	24.0	18,400		2.3								16	
18	Λ	24.0	17,607											
19		24.0	17,607											
	X	24.0	17,607		1.3								1.2	
27	X	24.0	14,850		1.6								1.4	
22	X	24.0	18,390		2.2				ĺ				1.6	
23	X	24.0	14,970		1.5								0.9	
24	Х	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	and the second s	L		L				1.3	
otal	day distant	antare stru	495,040											
vgerag	e		15,969											

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

20,000

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



See Pages 4 for Instructions.

General Information	n for the Month/Y	'car of: August, 200	9			
Public Water System	n (PWS) Informat	tion				
PWS Name:	River Grove				PWS Identification Number:	2540959
PWS Type:	✓ Community	Non-Transient Non-Commun	ity Transient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Month:	108			Population Served at End of M	onth: 375
WS Owner:	Aqua Utilities Florida	1				
Contact Person:	Paul Thompson			Conta	ct Person's Title: Fi	eld Coordinator
Contact Person's Mailing A	Address: I	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephone	e Number; ((352) 787-0980			ct Person's Fax Number: (3	52) 787-6333
ontact Person's E-Mail Ac	ddress:	pdthompson@aquaamerica	.com			
Vater Treatment Pla	ant Information					
Plant Name.	River Grove				Plant Telephone Number:	(352) 787-0980
lant Address:	River Drive			City: East Palatka	State: Florida	Zip Code: 32131
ype of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Finished Water			
ermitted Maximum Day O	Operating Capacity of P	lant, gallons per day:	200,000			
lant Category (per subsect	tion 62-699.310(4), F.A	iV (V.C.):		Plant C	lass (per subsection 62-699.310	0(4), F.A.C.): C
Licensed Operators		Name	License Class	License Number) / Shift(s) Worked
ead/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	
9						
F 18						
and the second						
ertification by Lead						
the undersigned water	er treatment plant o	pperator licensed in Florida, am	the lead/chief operator of the	water treatment p	ant identified in part I of	this report. I certify that the
formation provided in	n this report is true	and accurate to the best of my	knowledge and belief. I certi	fy that all drinking	water treatment chemica	ils used at this plant conform to NSI
nternational Standard	60 or other applica	able standards referenced in su	bsection 62-555 320(3), F.A.C	l also certify tha	t the following additiona	l operations records for this plant
ere prepared each day	v that a licensed or	perator staffed or visited this pl	ant during the month indicated	labove: (1) record	ls of amounts of chemica	Is used and chemical feed rates; and
) if annlicable annro	inviste treatment or	carees performance records Fi	urthermore I agree to provide	there additional as	constinus assauds to the D	WS owner so the PWS owner can
tain them together w	ith capies of this r	eport, at a convenient location	for at least ten years	mese additional of	relations records to the r	ws owner so the Pws owner can
dan them, together w	itil copies of this f	eport, at a convenient location	for at least tell years.			
12						
		09/01/09	Paul Thompson			A7251
gnature and Date			Printed or Typed Name			License Number
DEP Form 62-555 900(3)AII	Uarrata		Page 1			(

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

Day of Operator Hours plant Producted, Peak Flow Producted, Peak Flow Peak	PWS I	dentification	n Number:		2540959		Plant Name:	River Grove							
Maris of Arthering Four-Log Virus Inactivation Removal Fee Chlorine Chlorine Disside Chlorine	III, D	aily Data	for the N	lonth/Year	of:		August, 2009								
Charme Combined Choram (Chloramines) Choram Choram Choram Chloramines Choram Chloramines Choram Chloramines Chloram Chloramines Chloram Chloramines Chloram	Aeans	of Achievi	ng Four-Lo	g Virus Inactiv	vation/Remov		Chlorine [Chlorine Di	oxide	□ Ozone	T Comb	oined Chlorii	ne (Chlorai	nines)	
Days Flant Safed or Valied by Vali															
Day Plant Suffed or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied or Votated by Surfied by Surfied or Votated by Surfied by Surfied by Surfied or Votated by Surfied or Votated by Surfied b	Type o	of Disinfee	tant Resid	dual Maintair	ned in Distr	ibution System:	Free Chlo	orine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
Days Plant Safet or Visited by Visited b		I			C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable*			
Days Plant Surfield or Visited by Visite							CT Calc	ulations				UVI	Dose		
	Day of the	Staffed or Visited by Operator (Place	in	of Finished Water Producted,		Disinfectant Concentration (C) Before or at First Customer During	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-			Required, mg	Operating UV Dose,	UV Dose Required, mW-	Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work th Involves Taking Water System Component Out of Operation
2					7.61										
A	2		24 0	***************************************											
S X 240 11,00 0.8 6 X 240 18,590 22 7 X 240 10,700 20 8 240 14,997 9 9 240 14,997 0.9 10 X 240 14,997 0.9 11 X 240 18,380 35 12 X 240 11,330 12 13 X 240 11,330 12 14 X 240 11,330 12 13 X 240 11,330 12 14 X 240 11,330 15 14 X 240 11,6083 15 240 16,083 17 X 240 16,083 17 X 240 16,083 22 18 X 240 16,083 22 18 X 240	3	Х		15,037		1.6								1.2	
6 X 24.0 18,590 2.2 1.8 7 X 24.0 10,700 2.0 1.0 8 24.0 14,997 1.0 1.0 9 24.0 14,997 0.9 1.0 0.6 11 X 24.0 18,480 3.5 1.0 0.6 12 X 24.0 113,30 1.2 1.0 0.6 13 X 24.0 14,970 2.2 1.5 1.5 14 X 24.0 14,990 2.2 1.5 1.4 15 24.0 14,990 1.5 1.1 1.4 1.4 15 24.0 16,083 1.5 1.1 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	4	X	24.0	14,640		1.3								1.0	
7 X 240 10,700 2.0 1.6 8 240 14,997 9 240 14,997 9 10 X 240 14,997 0.9 0.6 0.6 11 X 240 11,330 1.2 0.6 0.6 13 X 240 11,330 1.2 0.6 0.6 13 X 240 11,4970 2.2 0.6 0.6 14 X 240 11,990 0.5 1.5 1.4 15 240 16,083 0.15 0.6 1.4 1.4 17 X 240 16,083 0.2 1.6 1.5 1.6 18 X 240 14,490 2.2 0.6 1.5 0.5 1.5 10 X 240 14,500 1.1 0.5 0.6 0.6 0.6 0.6 0.6 0.7 0.7 0.7 0.7 0.7	5	X	24.0	11,010										0.8	
8 240 14,997 0<	6	X	24.0											1.8	
9 24 0 14,997 0 0 0 10 X 24 0 14,997 0.9 0.6 11 X 24 0 11,330 12 0.6 12 X 24 0 11,330 12 0.6 13 X 24 0 11,970 2.2 15 14 X 24 0 11,950 1.5 14 15 24 0 16,083 1.5 14 16 24 0 16,083 2.2 16 17 X 24 0 16,083 2.2 18 X 24 0 14,490 2.2 18 X 24 0 14,490 2.2 18 X 24 0 14,490 2.2 18 X 24 0 14,500 1.1 19 X 24 0 15,500 1.7 21 X 24 0 20,210 1.2 23 24 0		X				2.0								1.6	
10				-											
11															
12 X 240 11,330 1.2 13 X 24.0 14,970 2.2 14 X 24.0 11,950 1.5 15 24.0 16,083 1.4 16 24.0 16,083 2.2 18 X 24.0 16,083 10 X 24.0 14,490 22 1.5 10 X 24.0 14,500 11 1.4 1.4 12 X 24.0 15,650 21 X 24.0 15,650 22 24.0 20,210 23 24.0 20,210 24 X 24.0 20,210 24 X 24.0 22,050 25 X 24.0 15,050 26 X 24.0 15,050 27 X 24.0 15,050 27 X 24.0 15,050 30 24.0 15,050 31 X 24.0															
13	-														
14 X 24,0 11,950 1.5 1.4 15 24,0 16,083 3 3 16 24,0 16,083 4 4 17 X 24,0 16,083 2.2 5 18 X 24,0 16,083 2.2 1.5 10 X 24,0 15,020 1.1 0.5 11 X 24,0 15,020 1.4 0.6 11 X 24,0 15,650 1.7 0.7 12 24,0 20,210 1.7 0.7 23 24,0 20,210 1.2 0.8 24 X 24,0 22,050 1.5 0.8 25 X 24,0 15,020 0.6 1.0 27 X 24,0 15,020 0.6 1.0 27 X 24,0 15,020 0.6 1.0 27 X 24,0 17,510 1.7 1.2 28 X 24,0 17,510 1.6 1.4 31 X 24,0 17,510 1.6 1.4															
15															
16 240 16,083 22 16 16 17 X 240 16,083 22 16 16 18 X 240 14,490 22 15 1.5 10 X 240 14,500 1.1 0.5 0.5 21 X 240 15,650 1.7 0.7 0.7 22 24.0 20,210 0.7 0.7 23 24.0 20,210 0.8 0.8 24 X 240 22,050 1.5 0.8 25 X 240 15,020 0.6 0.8 26 X 240 15,020 0.6 0.8 27 X 240 15,020 0.6 0.10 28 X 240 18,100 1.5 0.12 29 X 240 17,510 0.15 0.12 30 240 17,510 0.16 0.14 31 X 240 17,510 0.16		- X		***************************************		1.3								1.4	
17															
18 X 24.0 14,490 22 1.5 10 X 24.0 15,020 1.1 0.5 X 24.0 14,500 1.4 0.6 21 X 24.0 15,650 1.7 0.7 22 24.0 20,210 0.7 23 24.0 20,210 0.8 24 X 24.0 20,210 1.2 25 X 24.0 22,050 1.5 26 X 24.0 15,020 0.6 27 X 24.0 19,510 1.7 28 X 24.0 19,510 1.7 29 X 24.0 17,510 1.2 30 24.0 17,510 1.6 31 X 24.0 17,510 1.6		- v -				2.2				······································				16	
X 24,0															
X 24,0 14,500 1.4															
21 X 24 0 15,650 1.7 0.7 22 24 0 20,210 0.8 0.8 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 1.6 1.4	+												***************************************		
22 24.0 20,210 23 24.0 20,210 24 X 24.0 20,210 1.2 25 X 24.0 22,050 1.5 26 X 24.0 15,020 0.6 27 X 24.0 19,510 1.7 28 X 24.0 18,100 1.5 29 X 24.0 17,510 30 24.0 17,510 1.6 31 X 24.0 17,510	21													0.7	
23 24.0 20,210 1.2 0.8 24 X 24.0 20,210 1.5 1.0 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 1.6 1.4			24.0	20,210											
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 1.6 30 24.0 17,510 1.6 31 X 24.0 17,510 1.6	23		24.0												
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 1.6 30 24.0 17,510 1.6 31 X 24.0 17,510 1.6	24													0.8	
27 X 24.0 19,510 1.7 28 X 24.0 18,100 1.5 29 X 24.0 17,510 30 24.0 17,510 31 X 24.0 17,510 31 X 24.0 17,510														······	
28 X 24.0 18.100 1.5 29 X 24.0 17.510 30 24.0 17.510 31 X 24.0 17.510 31 X 24.0 17.510	26			***************************************							WANTED FORTE ANY ONE THE				
29 X 24.0 17,510 30 24.0 17,510 31 X 24.0 17,510 1.6 1.4				***************************************											
30 24.0 17,510 31 X 24.0 17,510 1.6 1.4						1.5								1.2	
31 X 24.0 17,510 16 1.4		X		***************************************											
				-											
		<u> </u>	24.0			1.6]	l							1.4]	

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

16,049

22,050

Avgerage

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



-555 900(3)Alternate

DEP F

See Pages 4 for Instr											
General Information	for the Month/	Year of: September	, 2009								
. Public Water System	(PWS) Informa	etion									
PWS Name:	River Grove	Alon				PWS Identification Number:	2540959				
PWS Type:	✓ Community	Non-Transient Non-Commu	inity T	ransient Non-Com	munity	Consecutive					
Number of Service Connec				Taristeria (Tari		tal Population Served at End of N	Month 375				
PWS Owner:	Agua Utilities Florid										
Contact Person:	Paul Thompson	<u>a</u>			Co	ntact Person's Title: F	Field Coordinator				
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749				
Contact Person's Telephone		(352) 787-0980					352) 787-6333				
Contact Person's E-Mail Address: pdthompson@aquaamerica.com											
. Water Treatment Pla											
Plant Name:	River Grove					Plant Telephone Number:	(352) 787-0980				
Plant Address:	River Drive				City. East Palatk		Zip Code. 32131				
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	ished Water							
Permitted Maximum Day C		Plant, gallons per day:		200,000							
Plant Category (per subsect						t Class (per subsection 62-699.31					
Licensed Operators		Name		License Class	License Numb	er 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					
s Grandian - com											
Saltar de Francisco de Salta											
				<u></u>							
Certification by Lead	I/Chief Operator			-2.2							
L the undersigned water	ar treatment plant	operator licensed in Florida, a	am the lead/chie	f operator of the	water treatmen	plant identified in part I o	f this report. I certify that the				
information provided i	n this report is tru	and accurate to the best of it	ny knowledge a:	nd belief Loert	fy that all drink	ing water treatment chemic	eals used at this plant conform to NSF				
information provided i	in this report is tru	e and accurate to the best of h	ily knowledge at	55 220(2) E A (Lalso certify	that the following additions	al operations records for this plant				
International Standard	60 or other applie	cable standards referenced in s	subsection 62-32	33.320(3), 1.A.C	dahana (1) rac	ands of amounts of chamic	ale used and chemical feed rates; and				
were prepared each da	y that a licensed of	perator staffed or visited this	plant during the	month indicated	above. (1) lec	l anametican appenda to the	als used and chemical feed rates; and				
(2) if applicable, appro	opriate treatment p	process performance records.	Furthermore, 1	agree to provide	these additiona	operations records to the i	PWS owner so the PWS owner can				
retain them, together w	vith copies of this	report, at a convenient locatio	on for at least ten	ı years.							
		10/2/19	Paul Thompso	in.			A7251				
		11101	Printed or Typ				License Number				
Signature and Date			rinico or ryp	· · · · · · · · · · · · · · · · · · ·							

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

PWS I	dentificatio	n Number:		2540959		Plant Name	River Grove							
	aily Data	for the N	Ionth/Year	of:		September, 200)9			<u>a</u>				
			g Virus Inacti				Chlorine Di			F (2)	1 / 1 / 1 /	- (CN-1		
		97E) S				morme	Chlorine Di	oxide	☐ Ozone	Com	bined Chlori	ne (Chlorai	nines)	
			☐ Othe		***************************************			-						
Type o	of Disinfe	ctant Resid	dual Maintai			Free Chk				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	ctivation, if	Applicable ^e	k .		
				3000000000			culations			THE RESERVE TO THE RE		Dose		
							T T	T T	I	T			1	
							Lowest CT							
						Disinfectant	Provided Before or at	ĺ					Lowest Residual	
	Days Plant		310		Lowest Residual Disinfectant	Contact Time (T) at C	First					Minimum	Disinfectant	
	Staffed or Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
of	Operator	Hours plant	Control of the Contro		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	<u> </u>		2.4				War a district				1.8	
2	X	24.0			0.9								0.4	
3	Х	24.0	16,510		2.1								1.4	
4	Х	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						ļ		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					-	 		- 0.0	
12		24.0 24.0	14,983 14,983				-							
13	X	24.0	14,983		2.2					t			1.4	
15	X	24.0			2.3								1.5	
16	X	24.0			2.8								2.2	
• 7	X	24.0			2.4								2.0	
3	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	Х	24.0	15,120		0.8								0.4	
23	Х	24.0	27,170		0.6					<u> </u>	-		1.5	
24	X	24.0	15,550		2.2								1.0	
25	X	24.0	22,690		1.6								1.0	
26		24.0	19,383											
27		24.0	19,383		0.8								0.2	
28	X	24.0	19,383 11,510		0.8								0.4	
29 30	X	24.0	15,440		0.8								0.4	
31		24.0	13,440		V.0									
otal [240	476,910				A		***************************************					
Avgerag	e	7.7.27	15,384											
5	-		27 170											

^{*} 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	n for the Month/Y	Year of: October, 20	009				
A. Public Water System	n (PWS) Informa	tion					
PWS Name:	River Grove					PWS Identification Num	nber 2540959
PWS Type:	✓ Community	Non-Transient Non-Commun	nity T	ransient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Month					Population Served at End	of Month. 375
PWS Owner:	Aqua Utilities Florid	a			1: - 1:		
Contact Person	Paul Thompson				Conta	ct Person's Title:	Field Coordinator
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	e Number:	(352) 787-0980			· · · · · · · · · · · · · · · · · · ·	ct Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail A	ddress:	pdthompson@aquaamerica	a.com				
s. Water Treatment Pl	ant Information					***************************************	
Plant Name:	River Grove				**************************************	Plant Telephone Numbe	r: (352) 787-0980
Plant Address	River Drive				City: East Palatka	State: Florida	Zip Code: 32131
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fini	ished Water			
Permitted Maximum Day C				200,000			
Plant Category (per subsect	ion 62-699.310(4), F.A				Plant C	lass (per subsection 62-69	99.310(4), F.A.C.). C
Licensed Operators		Name		License Class	License Number		Day(s) / Shift(s) Worked
	Paul Thompson			Α	7251	Days 1st Shift	
Other Operators:	David Haring			C	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
L							
. Certification by Lead	Chief Onewster						
i, the undersigned water	er treatment plant o	operator licensed in Florida, an	n the lead/chief	operator of the	water treatment p	ant identified in part	I of this report. I certify that the
information provided i	n this report is true	e and accurate to the best of my	y knowledge an	id belief. I certi	fy that all drinking	water treatment che	micals used at this plant conform to NSF
International Standard	60 or other applic	able standards referenced in su	ibsection 62-55	5.320(3), F.A.C	. I also certify tha	t the following addit	ional operations records for this plant
were prepared each dag	y that a licensed of	perator staffed or visited this p	lant during the	month indicated	above: (1) record	ls of amounts of cher	micals used and chemical feed rates; and
(2) if applicable, appro	priate treatment pr	rocess performance records. F	urthermore, I a	gree to provide	these additional of	perations records to t	he PWS owner so the PWS owner can
retain thom, together w	ith copies of this r	report, at a convenient location	for at least ten	years.			
		1 1					
Ja		10/6/18	Paul Thompson	1			A 77.51
Signature and Date		<u> </u>	Printed or Type				A7251
			, inited of Type	-U : valif			License Number

DEP Form 62-555 900(3)Alternate

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

Means of Achieving Four-Log Virus Inactivation/Removal ✓ Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	- District
Means of Achieving Four-Log Virus Inactivation/Removal: ✓ Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) 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* UV Dose	
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* CT Calculations UV Dose UV Dose	
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* CT Calculations UV Dose UV Dose	
CT Calculations UV Dose	
Disinfectant Provided	
Days Plant Lowest Residual Contact Time Before or at Lowest Residual	
Staffed or Net Quantity Disinfectant (T) at C First Minimum Disinfectant	
	bnormal Operating
Day of Operator Hours plant Water Before or at First Point During During Peak Minimum CT Operating Required. Remote Point in Conditions, Repair of	and the property of the proper
	ter System Components
	Operation
1 X 24.0 14.910 3.0 2.3	
2 X 240 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 240 15,550 1.8	
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 13	·
13 X 24.0 15,130 0.6 0.3	
14 X 240 13,000 13 06	
15 X 24.0 15,020 2.4 1,5 16 X 24.0 10,970 2.4 1,5	
16 X 24 0 10,970 2.4 1.5 17 24,0 16,227	
17 24.0 16,227 18 24.0 16,227	
X 24.0 16,227 2.4 1.7	
20 X 240 15,980 2.4 1.7	
21 X 240 12,990 0.8	
22 X 24.0 16,400 1.8 1.2	
23 X 24.0 18,860 13	
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	
28 X 24.0 21,870 1.2 0.8	
29 X 240 19,850 1.6 1.2	
30 X 24.0 24,740 1.4 1.2	
31 X 24.0 20,633 1.4	
Total 531,273 Avecrase 17.138	

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.

General Information	for the Month/Y	Year of: Novem	ber, 2009				
Public Water System	(PWS) Informa	tion					
PWS Name:	River Grove					PWS Identification Num	ber: 2540959
WS Type:	✓ Community	Non-Transient Non-Cor	nmunity T	ransient Non-Com	munity [Consecutive	
umber of Service Connect	tions at End of Month	108		/	Total	Population Served at End	of Month: 375
WS Owner:	Aqua Utilities Florid	a					
ontact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator
ontact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail Ad	ldress:	pdthompson@aquaame	erica.com				The state of the s
ater Treatment Pla	ant Information						
ant Name:	River Grove					Plant Telephone Number	(352) 787-0980
int Address:	River Drive				City: East Palatka	State: Florida	Zip Code: 32131
pe of Water Treatment by	Plant:	✓ Raw Ground Water	Purchased Fini	shed Water	Mar. 1111		
mitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		200,000			
int Category (per subsecti			V		Plant C	lass (per subsection 62-69	9.310(4), F.A.C.): C
icensed Operators		Name		License Class	License Number	D	ay(s) / Shift(s) Worked
ad/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift	
	David Haring			С	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	

rtification by Lead							
he undersigned water	er treatment plant	operator licensed in Florid	la, am the lead/chief	operator of the	water treatment pl	lant identified in part	I of this report. I certify that the
formation provided is	n this report is tru	e and accurate to the best	of my knowledge ar	d belief. I certi	fy that all drinking	water treatment cher	micals used at this plant conform to NS
ernational Standard	60 or other applic	able standards referenced	in subsection 62-55	5.320(3), F.A.C	. Lalso certify tha	t the following additi	ional operations records for this plant
re prepared each day	v that a licensed o	perator staffed or visited the	his plant during the	month indicated	above: (1) record	ts of amounts of cher	micals used and chemical feed rates; ar
if applicable, appro	priate treatment n	rocess performance record	ds Furthermore La	gree to provide	these additional or	perations records to the	he PWS owner so the PWS owner can
ain them together w	ith conies of this	report, at a convenient loca	ation for at least ten	venre	mese additional of	ociations records to n	the r w3 owner so the r w3 owner can
The section of	itil copies of titis	/	ation for at least ten	years.			
		12/00					
Y		12 0109	Paul Thompson				A7251
nature and Date			Printed or Type	ed Name			License Number

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

PWS I	dentificatio	n Number:		2540959		Plant Name:	River Grove	:						
III. D	aily Data	for the N	ionth/Year	of:		November, 200	9							
			y Virus Inactiv			· · · · · · · · · · · · · · · · · · ·	Chlorine Di	ovide	□ Ozone	Comb	oined Chlori	ne (Chlora	mines)	
	traviolet R			r (Describe):		1110.010	CHIOTHIC DI	Oxide	OZOIR	Come	mica Chiori	ne (Cinorai	mues/	
-						▼ Free Chle		Combin	ad Chlorina	(Chloramine	(c) [Chlorine I	Diovida	
Type	of Disinfed	ctant Resid	luai Maintai		ibution System:								Jioxide	
				C	T Calculations, or			Four-Log	Virus Inac	tivation, if			1	
					····	CT Calc	ulations	,			UV	Oose		
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Disinfectant	Lowest CT Provided							
	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First					Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		1		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	# 12 To 19 19 TO 19 19 19 19 19 19 19 19 19 19 19 19 19
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1 1		24.0							<u> </u>				1	
2	X	24.0	30,950		1.4				<u> </u>				1.0	
3	X	24.0	20,260		1.5								1.0	
4	X	24.0	12,800		1.5		1						0.6	
5	X	24.0	16,750		1.1								0.6	
7	X	24.0 24.0	21,300 16,193		1.2		 		 				0.6	
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				ļ				0.8	
L .	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				_				1.6	
20	X	24.0 24.0	14,640 16,203		2.2				-				1.0	
22		24.0	16,203											
23	X	24.0	16,203		1.7								1.1	
24	X	24.0	8,110		1.9								13	
25	X	24.0	16,030		1.8								15	
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											
Avgerag			16,195											
Maximu	m		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 f	or	Instructions.
Con	oral li	n fa	rm	ation for the A

PWS Type:	Consecutive Total Population Served at End of Month: 375
WS Type:	Contact Person's Title: Field Coordinator
umber of Service Connections at End of Month 108 Total Population Served at End of Month 37 WS Owner: Aqua Utilities Florida ontact Person Paul Thompson Contact Person's Title: Field Coordinator Person's Mailing Address PO Box 490310 City Leesburg State: Florida Zigontact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 ontact Person's E-Mail Address pdthompson@aquaamerica.com Vater Treatment Plant Information ant Name: River Grove Plant Telephone Number: (352) 787-6333 ontact Person's E-Mail Address pdthompson@aquaamerica.com Vater Treatment by Plant Information ant Name: River Grove Plant Telephone Number: (352) 787-6333 ontact Person's E-Mail Address pdthompson@aquaamerica.com Vater Treatment by Plant Information ant Name: River Grove Plant Telephone Number: (352) 787-6333 ontact Person's E-Mail Address pdthompson@aquaamerica.com Vater Treatment by Plant Telephone Number: (352) 787-6333 ontact Person's E-Mail Address pdthompson@aquaamerica.com Vater Treatment Plant Information ant Name: River Grove Plant Telephone Number: (352) 787-6333 ontact Person's Fax Number: (352) 787-6333 on	Contact Person's Title: Field Coordinator City Leesburg State: Florida Zip Code: 34749 Contact Person's Fax Number: (352) 787-6333 Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Plant Class (per subsection 62-699.310(4), F.A.C.). Collaboration Plant Class (per subsection 62-699.310(4), F.A.C.). Collaboration City: East Palatka State: Florida Zip Code: 32131 Contact Person's Title: Field Coordinator City: Leesburg State: Florida Zip Code: 32131 Contact Person's Title: Field Coordinator City: Leesburg State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Contact Person's Fax Number: (352) 787-0980 City: East Palatka State
WS Owner: Aqua Utilities Florida ontact Person: Paul Thompson ontact Person's Mailing Address. PO Box 490310 Ontact Person's Telephone Number: (352) 787-0980 Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's Fax Number: (352) 787-6333 Ontact Person's E-Mail Address Ontact Person's E-Mail Address Ontact Person's Fax Number: (352) 787-6333 Ontact Person's E-Mail Address Ontact Person's Fax Number: (352) 787-6333 Ontact Person's E-Mail Address Ontact Person's Fax Number: (352) 787-6333 Ontact Person's E-Mail Address Ontact Person's Fax Number: (352) 787-6333 Ontact Person's E-Mail Address Ontact Person's Fax Number: (352) 787-6333 Ontact Person's Fax N	Contact Person's Title: Field Coordinator City Leesburg State: Florida Zip Code: 34749 Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City East Palatka State: Florida Zip Code: 32131 er Plant Class (per subsection 62-699.310(4), F.A.C.). C Collass License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
Paul Thompson Paul Thompso	City Leesburg State: Florida Zip Code. 34749 Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 er Plant Class (per subsection 62-699.310(4), F.A.C.). C e Class License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
ontact Person's Mailing Address PO Box 490310 City Leesburg State: Florida Zip 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 Vater Treatment Plant Information ant Name: River Grove River Drive City East Palatka State: Florida Zip Contact Person's Fax Number: (352) 787-6333 Contact Person's Fax Number: (352)	City Leesburg State: Florida Zip Code. 34749 Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 er Plant Class (per subsection 62-699.310(4), F.A.C.). C e Class License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
ontact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 ontact Person's E-Mail Address pdthompson@aquaamerica.com Vater Treatment Plant Information ant Name: River Grove River Drive Raw Ground Water Purchased Finished Water committed Maximum Day Operating Capacity of Plant, gallons per day: 200,000 ant Category (per subsection 62-699,310(4), F.A.C.): IV Plant Class (per subsection 62-699,310(4), F.A.C.): Plant Class (per subsection 62-699,310(4), F.A.C.): Clicensed Operators Name License Class License Number Day(s) / Shift(s) We ead/Chief Operator: Paul Thompson A 7251 Days 1st Shift The Operators: David Haring Capacity of Plant gallons per day: Days 1st Shift David Haring Capacity Days 1st Shift David Haring Day St Shift	Contact Person's Fax Number: (352) 787-6333 Plant Telephone Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 Plant Class (per subsection 62-699.310(4), F.A.C.): Ce Class License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift Days 1st
ontact Person's E-Mail Address	Plant Telephone Number: (352) 787-0980 City: East Palatka State: Florida Zip Code: 32131 er Plant Class (per subsection 62-699.310(4), F.A.C.). C Class License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
Ant Name: River Grove City: East Palatka State: Florida Zigner of Water Treatment by Plant: Purchased Finished Water Committed Maximum Day Operating Capacity of Plant, gallons per day: 200,000 ant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators: Name License Class License Number Day(s) / Shift(s) World Chief Operator: Paul Thompson A 7251 Days 1st Shift David Haring C 14091 Days 1st Shift	City: East Palatka State: Florida Zip Code: 32131 er Plant Class (per subsection 62-699.310(4), F.A.C.). C Collass License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
Ant Name: River Grove Ant Address: River Drive Ant Address: River Drive And Address: River Dr	City: East Palatka State: Florida Zip Code: 32131 er Plant Class (per subsection 62-699.310(4), F.A.C.). C Collass License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
Ant Address: River Drive City: East Palatka State: Florida Zip Repe of Water Treatment by Plant: Raw Ground Water Committed Maximum Day Operating Capacity of Plant, gallons per day: 200,000 Plant Class (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) Water Committed Maximum Day Operators Name Day (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators: Day (s) / Shift(s) Water Committed Maximum Day Operating Capacity of Plant, gallons per day: 200,000	City: East Palatka State: Florida Zip Code: 32131 er Plant Class (per subsection 62-699.310(4), F.A.C.). C Collass License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
spee of Water Treatment by Plant: Purchased Finished Water Purchased Finished Water Purchased Finished Water 200,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) Water Purchased Finished Water 200,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) Water Paul Thompson A 7251 Days 1st Shift Days 1st Shift Days 1st Shift	Plant Class (per subsection 62-699.310(4), F.A.C.). C e Class
emitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) Work ther Operators: David Haring Days 1st Shift C 14091 Days 1st Shift	Plant Class (per subsection 62-699.310(4), F.A.C.). C e Class License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
Anni Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) / Shift(s) We lead/Chief Operator: Paul Thompson A 7251 Days 1st Shift Dayid Haring C 14091 Days 1st Shift Days 1st	Class License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worker Operators: Paul Thompson A 7251 Days 1st Shift Ther Operators: David Haring C 14091 Days 1st Shift	Class License Number Day(s) / Shift(s) Worked 7251 Days 1st Shift 14091 Days 1st Shift
Lead/Chief Operator: Paul Thompson A 7251 Days 1st Shift Other Operators: David Haring C 14091 Days 1st Shift	7251 Days 1st Shift 14091 Days 1st Shift
Other Operators: David Haring C 14091 Days 1st Shift	14091 Days 1st Shift
0.1114	
Ralph Marriott C 7527 Days 1st Shift	7527 Days 1st Shift

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

PWS I	dentificatio	n Number:		2540959		Plant Name	River Grove							
III. D	Daily Data	for the N	lonth/Year	of:		December, 200	9							
Transcent and a second	The state of the s		g Virus Inacti			Chlorine [oxide	[Ozone	ſ⁻ Comb	sined Chlori	ne (Chlorar	mines)	
1	traviolet R	77		er (Describe):			CHIMING D	().duc	Ozone) Com	And Chor	ine (Citionia		
-					ibution System:	▼ Free Chk	rine [Combin	ed Chlorine	(Chloramine	(S)	Chlorine I	Dioxide	
Type	oi Disinter	riant Resid	r inai maintai										T	
					T Calculations, or			rour-Log	virus inac	tivation, if A			4	
					T	CT Calc	ulations	T	T	Т	UV	Dose	1	
						-	Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	T		Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work tha
	(Place	ín	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water.	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Nouth	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L,	Water, 'C	if Applicable	min/L	mW-sec/cm ²	sec/em²	System, mg/L	Out of Operation
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							<u> </u>	1.4	
5		24.0	12,567											
6 7	\	24.0	12,567		1.7								1.4	
8	X	24 0 24 0	12,567 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	
10	X	24.0	12,380		1.7								1.4	
		24.0	13,763											
20		24.0	13,763											
21	Х	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 26	X	24.0	11,630		1.9								1.5	
27		24 0 24 0	17,570 17,570											
28	X	24.0	17,570		0.8								0.3	
29	$\frac{\lambda}{x}$	24.0	12,370		1.6								1.0	
30	$\frac{\hat{x}}{x}$	24.0	11,740		1.0								1.6	
31	X	24.0	16,320		1.2								0.8	
Total			430,780	I	1.41			1					0.0	
Avoerage			13.896											

17,570

^{*} 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.

General Informatio	n for the Month/	Year of: January, 2	2010			
Public Water System	m (PWS) Inform	ation				
PWS Name:	River Grove				PWS Identification Number	er: 2540959
PWS Type:	✓ Community	Non-Transient Non-Comm	unity Transient Non-Com	munity	Consecutive	
Number of Service Conne					Population Served at End of	Month 375
PWS Owner:	Aqua Utilities Florie	la				
Contact Person:	Paul Thompson			Conta	ct Person's Title:	Field Coordinator
ontact Person's Mailing	Address	PO Box 490310		City: Leesburg	State: Florida	Zip Code 34749
ontact Person's Telephon	e Number.	(352) 787-0980			ct Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail A	ddress	pdthompson@aquaameric	a.com			
Vater Treatment P	lant Information					
ant Name:	River Grove				Plant Telephone Number	(352) 787-0980
ant Address:	River Drive			City: East Palatka	State: Florida	Zip Code 32131
ype of Water Treatment b	y Plant:	∠ Raw Ground Water	Purchased Finished Water	Autor Torrest Commission of the Commission of th	4	
rmitted Maximum Day	Operating Capacity of	Plant, gallons per day.	200,000			
ant Category (per subsec	tion 62-699 310(4), F.	A.C.) IV		Plant C	lass (per subsection 62-699.	310(4), F.A.C.) C
Licensed Operators		Name	License Class	License Number	Da	y(s) / Shift(s) Worked
ead/Chief Operator:	Paul Thompson		A	7251	Days 1st Shift	
ther Operators:	David Haring		C	14091	Days 1st Shift	The second secon
	Ralph Marriott		C	7527	Days 1st Shift	
				-		
ertification by Lead						
the undersigned wat	er treatment plant	operator licensed in Florida, a	am the lead/chief operator of the	water treatment p	ant identified in part 1	of this report. I certify that the
formation provided	in this report is tru	e and accurate to the best of n	ny knowledge and belief. I certi	fy that all drinking	water treatment chem	icals used at this plant conform to NS
ternational Standard	60 or other applie	cable standards referenced in s	subsection 62-555.320(3), F.A.C	. I also certify tha	t the following addition	nal operations records for this plant
re prepared each da	v that a licensed of	perator staffed or visited this	plant during the month indicated	above: (1) record	ls of amounts of chemi	cals used and chemical feed rates; a
if applicable, appro	opriate treatment r	rocess performance records	Furthermore Lagree to provide	these additional or	perations records to the	PWS owner so the PWS owner can
tain them together u	with conies of this	report, at a convenient locatio	n for at least ten years	these additional of	serations records to the	PW3 Owner so the PW3 Owner can
tam them, together v	vidi copies of this	t convenient locatio	in for at least ten years.			
1		1 =1 .5				
		02 108 10	Paul Thompson			A7251
and Date			Printed or Typed Name		the raw on the same	License Number
(Dance I			
DEP Form 5 900(3)A	temate		Page L			

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

PWS I	dentification	on Number.		2540959		Plant Name	River Grove							
П	aily Data	a for the N	Ionth/Year	of:		January, 2010								
	THE RESERVED TO SHARE		g Virus Inacti		/al: ▼ Free (Chlorine Di		/ Ozone	· · · ·		- C 1 - L	-	
34	traviolet R		C Othe			.morme	Chiorine Di	oxide	Ozone	1 Comb	ined Chlori	ne (Chiorai	mines)	
-								-			· ·			
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:	₩ Free Chle				(Chloramine		Chlorine I	Dioxide	
				(T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable ⁴	τ		
						CT Calc	culations				UVI	Oose		
							T						1	
						D	Lowest CT							OFFICIAL PROPERTY.
	D. Blass				Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	* 1
	Days Plant Staffed or	1	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by	1	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		1			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	↓
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	\$		1.6								1.2	
2		24.0	14,973											
. 3		24.0	14,973											
4	X	24.0			1.4								1.0	
5	X	24.0	16,750		1.2								0.5	
6	X	24.0			1.4								1.0	
7	X	24.0	16,110		1.6								1.5	
8	X	24,0			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	
14	X	24.0	25,100 25,000		1.2								0.8	
15	X	24.0	25,420		1.2								0.8	
16		24.0	23,640										2.0	
17		24.0	23,640											
18	N	24.0	23,640		1.4								1.0	
19	X	24.0	21,690		1.2								10	
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												
Total		24.0	631,950								l			
			20,385											
Avgerage			20,363											

^{*} 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

DEP Form 62-555, 900(3)Alternate

See Pages 4 for Instr					-				
. General Information	for the Month/Ye	February, 201	0						
. Public Water System	(PWS) Informat	ion							
PWS Name:	River Grove	The state of the s				PWS Identification Numbe	r:	2540959	
PWS Type:	✓ Community	Non-Transient Non-Community	y Tr	ransient Non-Comi	munity	Consecutive	***************************************		
Number of Service Connect	tions at End of Month:	108			To	tal Population Served at End of	Month:	375	
PWS Owner:	Aqua Utilities Florida						***************************************		
Contact Person:	Paul Thompson				Co	ntact Person's Title:	Field Coordinat	or	
Contact Person's Mailing A	ddress: P	O Box 490310			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone		352) 787-0980			Co	ntact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad		dthompson@aquaamerica.c	com						
. Water Treatment Pla	ant Information								
Plant Name:	River Grove					Plant Telephone Number:		(352) 787-09	980
Plant Address:	River Drive				City: East Palatk	a State: Florida		Zip Code:	32131
Type of Water Treatment by			Purchased Finis						
Permitted Maximum Day O				200,000	·				
Plant Category (per subsect						t Class (per subsection 62-699.		С	
Licensed Operators		Name	建设等的企业	License Class	License Numb	dimminute and the second second	(s)/Shift(s)	Worked	Jak Preside
Lead/Chief Operator: Other Operators:	Paul Thompson			Â	7251	Days 1st Shift			
Other Operators:	David Haring			C C	14091	Days 1st Shift	***************************************		
	Ralph Marriott			C	7527	Days 1st Shift			
							***************************************	~	
THE RESIDENCE OF THE									
. Certification by Lead						Arte de Santine			
		perator licensed in Florida, am							
		and accurate to the best of my							
		ible standards referenced in sub							
		erator staffed or visited this pla							
(2) if applicable, appro	priate treatment pr	ocess performance records. Fu	rthermore, I a	gree to provide	these additiona	l operations records to the	PWS owner	so the PW	/S owner can
		eport, at a convenient location f							
	The second secon	1 1		· 7:					
, \		3/9/10	Paul Thompson	n				A7251	
Signature and Date	——————————————————————————————————————	1 / 1 -	Printed or Type		***************************************			License Num	her
1									15 J. F. (1)

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

PWS I	dentification	n Number:		2540959		Plant Name:	River Grove							
Шел	aily Data	for the M	ionth/Year	of:		February, 2010								
			g Virus Inactiv		ral: ▼ Free C	hlorine [Chlorine Di	ovide	☐ Ozone	Comb	nined Chloris	ne (Chloran	nines)	
	traviolet R			r (Describe):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHOINC DI	OAIGC	1 02011	1 Conne	mica Cinorn	ne (Cinora)	inics,	
leen.					ibution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	(s)	Chlorine I)ioxide	
Type	of District	ciant Resid	luai Maintan										10.1440	
				C	T Calculations, or			our-Log	virus inac	uvation, ii z	VPPIICABIE UV I			
100	41000000	19 P. C.	A CONTRACTOR	475		CT Calc	ulations				UVI	Juse	A STATE	Economic Services and the
	977.FR94	Marie 8			经数据证据 经税	建设设备等 100	Lowest CT	en Domi	5 (A) (A) (A)		5.5 2.00	18 1 5 1		的现在分词的现在分词
1000	and the first					Disinfectant	Provided					46.00		多种种 化多字型 医乳头管
	Days Plant				Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual Disinfectant	
	Staffed or		Net Quantity		Disinfectant	(T) at C Measurement	First Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Visited by Operator	Hours plant	of Finished Water	Section and	Concentration (C) Before or at First	Point During	During Peak	25456 - K		Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal,	Rate, gpd.	Peak Flow, mg/L	minutes			if Applicable		mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
02158	X	24.0	15,790		1.3							77.	1.0	
2 .	X	24.0	12,480		1.2		1000	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 24.0	16,330 13,440		1.2								0.9	
7		24.0	13,440											
8	Х	24.0	13,440		1.0								1.1	
9	X	24.0	16,220		1.2								0,7	
10%	Х	24.0	12,690		0.7								0.7	
:11	Х	24.0	16,650		1.4								1.0	
12	Х	24.0	16,420		1.2								0.9	
013		24.0	15,113											
14	V	24.0 24.0	15,113 15,113		1.2								0.8	
15 16	X	24.0	12,480		1.6								1.3	
17.2	X	24.0	20,800		1.4								1.1	
18	Х	24.0	12,380		1.5								1.2	
19	Х	24.0	12,470		1.4								1.0	
20 2		24.0	16,290											
21		24.0	16,290								,		1.0	
22	X	24.0	16,290		1.1								1.0	4
25	X	24.0 24.0	12,480 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	410 272									L		
Total		sales (constitution)	418,372											

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



DEP Form 62-55, 900(3)Alternate

See Pages 4 for Instr	uctions.							
. General Information	for the Month/Y	ear of: March, 2010	·					
. Public Water System	(PWS) Informat	ion						
PWS Name:	River Grove					PWS Identification Number:	2540959	
PWS Type:	✓ Community	Non-Transient Non-Commun	ity T	ransient Non-Com	munity	Consecutive	2010707	
Number of Service Connect		108	,			al Population Served at End of Mo	onth: 375	
PWS Owner:	Agua Utilities Florida				1.00			
Contact Person:	Paul Thompson				Cor	ntact Person's Title: Fie	eld Coordinator	
Contact Person's Mailing A		PO Box 490310		111, 111, 111, 111, 111, 111, 111, 111	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		352) 787-0980		4	L		52) 787-6333	7
Contact Person's E-Mail Ac		odthompson@aquaamerica	.com					
. Water Treatment Pla								
Plant Name:	River Grove					Plant Telephone Number:	(352) 787-09	980
Plant Address:	River Drive				City: East Palatk		Zip Code:	32131
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	ished Water				
Permitted Maximum Day O	perating Capacity of P	lant, gallons per day:		200,000				
Plant Category (per subsect	ion 62-699.310(4), F.A	.C.): IV			Plant	Class (per subsection 62-699.310	(4), F.A.C.): C	
Licensed Operators	ederation de	Name Name	Military says easy	License Class	License Numb	er 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		
			-					
Cortification by Load	/Chief Omenator							
Certification by Lead		11 21 11	1 1 1/11					
i, the undersigned water	er treatment plant o	operator licensed in Florida, an	n the lead/chief	f operator of the	water treatment	plant identified in part I of	this report. I certify	that the
information provided i	n this report is true	and accurate to the best of my	knowledge ar	nd belief. I certi	fy that all drinki	ng water treatment chemica	ls used at this plant c	onform to NSF
International Standard	60 or other applica	able standards referenced in su	bsection 62-55	55.320(3), F.A.C	. I also certify t	hat the following additional	operations records f	or this plant
were prepared each day	y that a licensed of	perator staffed or visited this pl	lant during the	month indicated	l above: (1) rece	ords of amounts of chemical	ls used and chemical	feed rates; and
(2) if applicable, appro	priate treatment pr	rocess performance records. F	urthermore, I a	agree to provide	these additional	operations records to the P	WS owner so the PW	S owner can
retain them, together w	ith copies of this r	report, at a convenient location	for at least ten	years.				
		1-1		No.				
		4/8/10	Paul Thompson	n			A7251	
Signature and Date		10/10	Printed or Type				License Num	her
			rimes or Typ	vo . mine			License Num	Inci

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

PWS Id	lentification	n Number:		2540959		Plant Name:	River Grove							
II. D	aily Data	for the M	onth/Year	of:	on the state of the	March, 2010								
vieans		ng Four-Log	Virus Inactiv			hlorine [Chlorine Di	oxide	☐ Ozone	☐ Comb	oined Chloris			
Evne c	of Disinfed	tant Resid	lual Maintair	ned in Distri	ibution System:	▼ Free Chk	orine $ extstyle ag{7}$	Combir	ned Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
. Jpc c				С	T Calculations, or	UV Dose, to	Demostate I	Four-Los	Virus Inac	ivation, if	Applicable*			
							ulations	real in case			UVI			
Day of	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	, Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required,	Lowest Operating	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work tha Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
0.94 835	Х	24.0	17,776	***	1.1								0.8	
2	Х	24.0	16,100		1.2								0.8	
3	Х	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		1						0.9	
6		24.0	15,820				<u> </u>						ļ	
7		24.0	15,820				<u> </u>							
8	X	24.0	15,820		0.9								0.9	
9	X	24.0	15,790		1.6		<u> </u>						1.1	
10	X	24.0	20,600		1.4		 		-				1.1	
11	X	24.0	11,730		1.4		<u> </u>		 				1.1	
12	X	24.0 24.0	17,290 14,687		1.3		 		 					
13		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	Х	24.0	14,830		1.0								0.9	
• 23	Х	24.0	12,480		. 0.9		•			•			0.5	
24	Х	24.0	15,570		1.2								0,6	
25	Х	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						1		0,4	
otal		OBSERVATION OF	466,436											

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

15,046 20,600

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



See Pages 4 for Instructions.

. General Information	a for the Month/Y	rear of: April, 2010								
A. Public Water System	n (PWS) Informa	fion								
PWS Name:	River Grove						PWS Identification Number	r: 2	540959	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity LT	ransient Non-Com	munity		Consecutive		***************************************	
Number of Service Connec						Total	Population Served at End of	Month: 3	75	***************************************
PWS Owner:	Aqua Utilities Florida	1								The state of the s
Contact Person:	Paul Thompson					Conta	ct Person's Title:	Field Coordinato	r	
Contact Person's Mailing A	\ddress:	PO Box 490310			City: Leesbur	g	State: Florida	7	Cip Code:	34749
Contact Person's Telephone		(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac		pdthompson@aquaamerica	a.com							
B. Water Treatment Pl										
Plant Name:	River Grove						Plant Telephone Number:	_	352) 787-09	980
Plant Address:	River Drive				City: East Pa	atka	State: Florida		ip Code:	32131
Type of Water Treatment by		∠ Raw Ground Water	Purchased Fini					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Permitted Maximum Day C				200,000						
Plant Category (per subsect				r			lass (per subsection 62-699.3		D	
Licensed Operators		Name		License Class	***************************************	mber	I de la constantina della constantina della cons	(s) / Shift(s) V	Vorked	
Lead/Chief Operator:				A	7251		Days 1st Shift			
Other Operators:	David Haring			C	14091		Days 1st Shift			
	Ralph Marriott			С	7527		Days 1st Shift			
and a second of the S				ļ					***************************************	
							ļ.————————————————————————————————————			
	L						L			
. Certification by Lead	I/Chief Operator		SEED FROM					74.64654S		
		operator licensed in Florida, a	m the lead/chie	f operator of the	water treatm	ent n	lant identified in part L	of this report	Logrtify	that the
information provided i	in this report is true	e and accurate to the best of m	v knowledge ar	nd helief I certi	fy that all dri	nkino	tant reconstruct in part I	or uns report.	ic mlant a	anform to NCE
International Standard	60 or other applic	able standards referenced in s	wheation 62.55	5 220(2) E A C	I also sout	CL.	water treatment chemi	cais used at th	is plain co	omorm to NSF
were prepared each da	w that a licensed or	paratar staffed or visited this	losection 02-33	33.320(3), r.A.C	. I also certi	iy ina	it the following addition	nal operations	records to	or this plant
(2) if applicable approx	y mai a neemsed of	perator staffed or visited this p	orant during the	month indicated	above: (1)	ecore	ds of amounts of chemic	cals used and	chemical	feed rates; and
(2) if applicable, appro	opriate treatment p	rocess performance records.	rurinermore, I a	igree to provide	these additio	nal o	perations records to the	PWS owner s	o the PW	S owner can
retain them, together w	vith copies of this i	report, at a convenient location	n for at least ten	years.						
		-1-1.								
		-5/7/10	Paul Thompson	n				A	7251	
Signature and Date		,	Printed or Type	ed Name				L	icense Num	ber
DEP Form 62-555 900(3)A	lternate			Page 1						(

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

PWS I	dentification	n Number:		2540959		Plant Name	River Grove							
II. D	aily Data	for the M	lonth/Year	of:	-933ans-604	April, 2010								
1eans	of Achievi	ng Four-Los	Virus Inactiv	vation/Remov	al: Free C	Chlorine [Chlorine Di	ioxide	☐ Ozone	[Com	oined Chlori	ne (Chlorar	nines)	
	traviolet R			er (Describe):		,	Ciliorate Di		1 020.10	, com	JIII CIIOII	ne (emora	iiiics)	
					ibution System:	▼ Free Chle	vrine [Combin	ned Chlorine	(Chloramine	·c) [Chlorine I	Dioxide	
ype (of Disinfec	ciani Kesic	iuai Maintai										Toxide	
				<u> </u>	T Calculations, or			Four-Log	Virus Inac	tivation, if				
						CT Calc	culations				UV	Dose		
							Lowest CT		Carl Control					
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	70000000				Minimum	Disinfectant	a come
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work th
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Componen
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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				ļ							
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			ļ					0.8	
9	X	24.0 24.0	11,770 15,410		1.0 1.2			ļ					0.7	
10		24.0	18,530		1.2		 	<u> </u>					0.8	
11		24.0	18,530				 	<u> </u>						
12	Х	24.0	18,530		1.1		<u> </u>						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	Х	24.0	12,210		1,2								0.9	
17		24.0	16,667											
18		24.0	16,667				l							10.0000
19	Х	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	Х	24.0	14,270		1.2								0.9	
23	Х	24.0	23,930		1.2								0.9	
24		24.0	14,987											
25 26	v	24.0	14,987		0.0									
27	X	24.0	14,987 18,890		0.8								0.4	
28	X	24.0 24.0	11,800		1.2								0.8	
29	X	24.0	16,410		1.4								1.0	
30	X	24.0	26,500		1.3								1.0	
31		24.0	20,300		1.3								1,0	
tal	1		483,860	1										
gerag	e		15,608											
Course.			13,000											

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

26,500

Fax: (772) 467-IS84 Phone: (772) 465-8584

Date issued: June 10, 2009

To:

Will Fontaine

Agua 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

Page 1 of 6

5600 U.S. I 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

5/13/09 13:14

[2134736]

Received:

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

Analytical Method Sample ID

Description

Quality Control Summary

Method

HBEL Batch Analyte

Analytical Issue

EPA 505

PEST5342

2134736001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

5600 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. I 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	1 r Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	213473600° P.O.E. Gral				Sampled: 05/13/0 Matrix: Water		Received s reported on			
pН	Q	7.98	SU	0.200	EPA 150.1	WCGE31058		05/20/09 19:0	7 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 ป	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	ÐΜ	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	MG S	E96080
Lead		0.0010	mg/L	0.00070	EPA 200.9	META9384		05/28/09 14:44	I DM	E96080
Selenium	•	0.0022 U	mg/L	0.0022	EPA 200.9	META9374		05/20/09 13:12	2 DM	E96080
Thallium		0.0010 ป	mg/L	0.0010	EPA 200.9	META9371		05/19/09 19:03	3 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	(C8061		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 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 (Linda	ine)	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		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		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	υg/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		05/21/09 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		05/21/09 6:12	JL.	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5343		05/21/09 6:12	JL	E96080

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

Printed: 6/10/09

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



5600 U.S. I 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	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	l 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		E96080
Hexachlorocyclopentadier	ne 0.24 U	ug/L	0.24	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20		E96080
Simazine	0.63 U	ug/L	0.63	EPA 525.2	SVOC2774	05/18/09 6:00	05/20/09 14:20		E96080
Carbofuran	0.41 U	ug/L	0.41	EPA 531.1	HPLC2599		05/19/09 19:38		E96080
Oxamyl	0.13 U	ug/L	0.13	EPA 531.1	HPLC2599		05/19/09 19:38		E96080
Glyphosate	13 U	ug/L	13	EPA 547	HPLC2598		05/15/09 18:12		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		E84129
Radium 226	0.9 +/- 0.1	pCi/L		EPA 903.1	SAL1130		05/24/09 16:50		E84129
Radium 228	0.4 +/- 0.2	pCi/L		EPA Alter.	SAL1130		06/5/09 16:43		E84129
Color	3.0	CU	1.8	SM2120 B	WCGE31029		05/14/09 15:00		E96080
Odor - Dechlorinated	1.0 U	T.O.N.	1.0	SM2150 B	WCDE19028		05/14/09 7:16		E83509
Total Dissolved Solids	630	mg/L	16	SM2540 C	WCGE31038		05/18/09 17:00		E96080
Cyanide	0.0047 U	mg/L	0.0047	SM4500CN E		05/26/09 11:10			E96080
Surfactants as LAS, Mol.wt.340	0.022 U	mg/L	0.022	SM5540 C		05/14/09 11:15			E96080

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

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



HBEL. Inc.

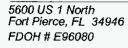
5600 U.S. I North, Fort Pierce, FL 34946 Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS [2134736]

Client: Aqua Utilities Florida, Inc.

Workorder ID: River Grove Triannual

Parameter	1 Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Analyzed Date/Time Date/Time	Analyst	Lab ID
	134736002 OC Trip Blanks			Sampled: Matrix: Water	Result	Received: 05/13/09 s reported on Wet Weight		
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
1,2,4-Trichlorobenzene	e 0.41 U	ug/L	0.41	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC3092	05/22/ 09 19:5	8 WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC3092	05/22/09 19:5	B WR	E96080
cis-1,2-Dichloroethene	0.21 ป	ug/L	0.21	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Toluene	0.22 ป	ug/L	0.22	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC3092	05/22/09 19:5	B WR	E96080
trans-1,2-Dichloroethe	ne 0.35 U	ug/L	0.35	EPA 524.2	VOC3092	05/22/09 19:5	3 WR	E96080
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC3092	05/22/09 19:5	3 WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC3092	05/22/09 19:5	8 WR	E96080



Printed: 6/10/09





Q Sample held beyond the accepted holding time.



Company: AQUA UTILITIES FLORIDA, INC.



Method(s) of	courier
Shipment:	



Laboratory not responsible for o. . . d information

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



__X__FDOH # E83509 4155 St.Johns Pkwy,#1300

Address:		P.O. BO	X 490	310				. 				V V				Sanfor	d, FL 3	2771	
Dhana	LEESBU					34749	e-mail:		quaamerica.com		ninci desi	i Tire i Pilitan				ja j Opesia		Albaria	
	(352) 435			_	(352	787-6333	x	Standard Turn Arou	Laboratory	1921		P	RESE	WWW.	IN IN INC.				
Client Co	ntact:	David H	larin	g 2546	\ <u>a</u>	21		- Or	Ì		C-T					_		Preserva	=
Project N	iame: 🎉	iver Qu	OV	4> ۲۰ و	:Triar	nual 1º & 2º				ST	ST	ANAL'	MCAAB YSES F	REQUE			ST	H=Hydrochloric Acid N≄Nitric Acid	P=Phosphoric Acid ST≃Sodium
Sampled	Sampled By: Ralph Marriott					in Bus ires Laborato					ATES)			_		S=Sulfuric Acid SH=Sodium Hydroxida	Thiosulfate U=Unpreserved		
	COLLE DATE	TIME	Sample Type*	MATRIX**	# Containers			ESCRIP ear On Ro		504(EDB/DBPC	515.1	525.2	531.1(CARBAMATES)	547(GLYPHOSATE)	548(ENDOTHALL)	549(DIQUAT)	505	СОММ	ENTS
:001#	<u>5:13:29</u>	839M	G	DW	14	P.O.E,		·-····································		3	1	1	1	_1	3	1	3		
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							COMPONIAN.			STEDINGS		137 (BSS)	TO MANAGEMENT	0.0100.000	SPACE NAME OF	(SCORE 123 VISCO			Art-Real-Categoria i incensional consciona
		HED BY Ra					ELINQUIS			PAIDKINES	Waters		RELINO			CORVA	D T	Expanievaler avial	
	DATE/TIME	5-13-0	6	IDE	41	in D.	ATE/TIME		7-09	131	4		DATE/TI			3/09	7	1610	
"我们是我们的关系。"	RECEIVED E	3Y (1)		2			ECEIVED		Ul J	<i>(</i> 2				u, o					
	UM I EZ I IIVIE	5 1/2	? -0	7	//0	U.	ATE/TIME	5/13	3/19	1314							CHAI	LPAGE 2	of 2



Chain-of-Custody Agreement to Reiform Services:

Method(s) of courier

USE BALL POINT PEN # PRESS HARD - P COMPLETELY FILL OUT ALL NON GREYED AREAS Fort Pierce, FL 34946

Laboratory not responsible for omitted information FDOH # E96080 5600 U.S. 1 North

ED IN ACCORD

_X_FDOH # E83509

Company: AQUA UTILITIES FLORIDA, INC.	Shipment:					4155 St.Johns Pkwy,#1300				
Address: P.O. BOX 490310		backet state of the state of th				Art. 18	Sanford	d, FL 32	2771	
LEESBURG, FL Zip: 34749	o mail: IDUsias @assassis	44 Tempe	rature .	For Lab Custody S	eals		pH Checked		LAB#434	134
Phone: (352) 435-4020 Fax: (352) 787-6333	e-mail: JDHaring@aquaamerica.com Standard Laboratory X Turn Around Time	12.255/2163/2163	cked N	Y PRESER	N.		ALTO TON SUCCESSIONS	Contract with the second of the		
Client Contact: David Haring	- A Tani / Would Tillo			PRESE	T	E			Preservation	on Kev
2540959	Or	N	SH	U	U	Н	N		H=Hydrochloric Acid	P≂Phosphoric Acid
Project Name: Kiver Grove: Triannual 1º & 2º	Bush in Business Davis	ANALYSES REQUESTED N=Nitric Acid Business Days A B C D F Q S=Sulfunc Acid							ST=Sodium	
Sampled By: Kalph. Marriett	Rush in Business Days Requires Laboratory Approval			-	L/S	BIN TOTAL		CONTACTORY	S=Sulfuric Acid SH=Scdium Hydroxide	Thiosulfate U=Unpreserved
ACCEPTED STREET	LE DESCRIPTION	METALS	IIDE	402, CL ^c . pH, TDS,	. ~	REG VOC'S	GROSS ALPHA, RAD 226/228		CONANAI	
iii iii	ll Appear On Report	10 & 20	CYANIDE	NO3, NO2, C SO4, F, pH, Color, TDS, MBAS	ODOR	REG	GROS RAD 2		СОММЕ	ENIS
001 5-13.A 8 AM G DW 10 P.O.E.		1	1	1	1	3	3			
002 5.13-51 8 AU 3 VOC TRIP BLA	NKS					3				
					,					

700 000 000 000 000										
Sample Type: G=Grab (C=Composite	™ Matrix S=Solid SL=Sludge DW∈l	Drinking)	Vater (W≔Ground W	ater SV	V=Surfa	ace Wal	er WW	/=Wastewater∜ M=Ma	nne: Sastilla
	ELINQUISHED BY				UISHED		P	all	& fiel to	
DATE/TIME 5-13-09 IDE AM		314		DATE/T		57		09	1600 1	
	DATE/TIME 5/3/09 /3/4				RECEIVED FOR HEEL CUSTODY BY					

CHAIN PAGE __1__ of __2__

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

	(to be completed by sampler - Please type or print legibly)	
System Name: System Type (check one) Communic Address:		nunity
City:	State: ZIP Code:	
Phone #:	Fax #:	
F Mail Address:		
SAMPLE INFORMATION (to be completed by	y sampler)	
Sample Number:	Location Code (if known):	
Sample Date: 05/13/09	Sample Time: 8:30 AM	
Sample Location (be specific): P.O.E. Gra	ab	
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids): mg/L Field p	H:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
Distribution Entry Point (to Distribution) Plant Tap not for compliance with 62-550) Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer *See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	al requirements attach a results page for each site.	idated Sample
Sampler's Name:		
Sampler's Phone #:	Sampler's Fax #:	
CERTIFICATION (to be completed by sampler)		
l,Print Name	Print Title lic water system and sample collection information is	
Signature:	Date:	

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

ATTACH A CUI	RRENT DOH ANALYTE SHEET		
Lab Name:	HBEL, Inc.	Florida Certification #: E96080	
Address: _	5600 US 1 North	Certification Expiration Date: 06/30/200	9
-	Fort Pierce, FL 34946	Phone #: (772) 465-8584	
ANALYSIS I	NFORMATION (to be completed by lab)	Date Sample(s) Received:: 5/13	/09
PWS ID (Fro	m Page 1):	Sample Number (From Page 1):	
Lab Assigne	d Report Number or Job ID:	2134736001	
Group(s) Ana	alyzed and Results attached for complian	nce with Chapter 62-550, F.A.C. (Check all that apply):	
Inorg	ganics Synthetic Organics	Volatile Organics Disinfection Byp	products
A	II 17 All 30	All 21 Trihalomet	hanes
Y P	artial All Except Dioxin	Partial Haloacetic	Acids
ĹΝ	itrate Partial	Bromate	
N	itrite Dioxin Only	Radionuclides Chlorite	
	sbestos Only	Single Sample Secondarie	S
		Qtrly Composite**	
Were any ar	alyses subcontracted? X Yes	NoPartial	
	e provide DOH certification numbers:	E84129	
ATTACH DOH	ANALYTE SHEET FOR EACH SUBCONTRACTE		
	CER	TIFICATION	
l,	Eric Charest	,Laboratory Manager (Print Title)	
do HEREBY	(Print Name) CERTIFY that all attached analytical dat	a are correct and unless noted meet all requirements of	of the
	rironmental Laboratory Accreditation Con		
Signature	The March	Date: 10-Jun-09	
in rejection of t Bureau of Labo	vide a valid and current Florida DOH lab certificat	ion number and a current Analyte Sheet for the attached analysis c water system for failure to sample, and may result in notification parter.	
COMPLIAN	CE DETERMINATION (to be completed by D	EP or DOH)	
Sample Coll	ection Info Satisfactory: Yes	No Sample Analysis Info Satisfactory:	Yes No
Replacer	ment Sample(s) Requested (circle or highlight	${\sf group}({\sf s}) \; {\sf above}) \; \boxed{\;\; } \\ {\sf Revised} \; {\sf Report} \; {\sf Requested} \; ({\sf circle} \; {\sf or} \; {\sf highl}) \\$	ight group(s) above
Additiona	al Monitoring Required (circle or highlight group	(s) above)	
Reason(s):			Report nsatisfactory
Person Notif			
0			
Comments:		P/DOH Reviewing Official:	

`500 U.S. I North, Fort Pierce, FL 34946 none: (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

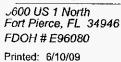
Date Received:

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	1	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	1	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 oid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri







3600 U.S. I 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

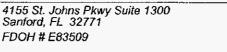
Date Received:

5/13/09 13:14

Contan ID	n 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	5/14/095/14/09	E96080
~1 028	Iron	[0.3]	mg/L	0.040	ı	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	j	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	рH	[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

o600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 6/10/09





^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 52-160, 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 oid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

5600 U.S. I 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	ı			Analysis		Analytical	Lab		Extraction	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qual.*	Method	MDL	RDL	Date	Date/Time	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
~9039	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
∠040	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	Ų	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	Ų	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).

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 Printed: 6/10/09 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



^{*} 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 oid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client:

Aqua Utilities Florida, Inc.

Workorder:

River Grove Triannual 2134736001

Sample Location:

P.O.E. Grab

Sample Number:

Sampling Date: Date Received: 5/13/09 8:30

5/13/09 13:14

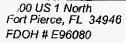
PWS ID (From Page 1): _____

	Contam				Analysis	*	Analytical	Lab		Analysis	DOH Lab
	ID	Contam Name	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	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
_	ે?976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	5/22/09 19:24	E96080
	2977	1,1-Dichloroethené	[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	บ	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	Ų	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	υ	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	Ü	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.



Printed: 6/10/09

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



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 fax 813-855-2218



Harbor Branch Environmental Laboratory Don Hash 5600 US 1 North Fort Pierce, FL 34946June 9, 2009 Project No: 91998

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description:

2134736

Sample Number

Sample Description

91998.01 2134

2134736 001Q

Date & Time Collected

05/13/09 08:30

Date & Time Received

05/15/09

08:45

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

FDOH Laboratory No. E84129 NELAP Accredited Approved By: Francis I. Daniels, Laboratory Director Leslie C. Boardman, Q.A. Manager

Page 1 of 3

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	Qualifler	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

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

Page 2 of 3

^{*} 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:

Harbor Branch Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY 5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292 Fax: (772) 467-1584 CHAIN OF CUSTODY RECORD

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

Receiving Laboratory: SHC		
The samples are to be shipped by FEDEX	to arrive on <u>5/15/09</u> .	TAT:

HARBOR BI				TAL L	ABORATO	PRY	-, <u>-</u>			·············	ALYSIS I				COLLECTION	REMARKS
									N	N	N					
SAMPLE TYPE: (MATRIX: Drinkin S, Waste = W, (g Water = DV		···-	H ₂ S	O4 = S, N2OH =	, HNO, = N, Na ₂ S ₂ SH, Unpreserved = Vastewater = WW, S	Ŭ		W Men	AAP 20	ie ans					
Sliem Code.	MATRIX PW	COLLE DATE	TIME	TYPE	213	HBEL SAMPLE ID BONIES 21347360018 3		3				· · · · · · · · · · · · · · · · · · ·		SAMPLE COM	IMENTS	
					31	LP, HN	V3									
						1870 ₂ 1			,				_			
0	RELINQUISHE	DBY:	- 0		DATE	TIME				REC	EIVED BY:	- 17	·	<i>r</i> . (5-15-09	пме
And	RELINQUISHE	(2) DBY:	Eel	K.	5-14-09 DATE	7600 TIME		<u> </u>	LABOR	ATORY NA	ME AND RE	CBIVED I		~ _L X	5-15-60/ DATE	US45

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2.4

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

System Name:	PWS I.D. #:						
System Type (check one) Communic	Nontransient Noncommunity	Transient Noncommunity					
Address:							
City:	State:	ZIP Code:					
Phone #:	Fax #:						
E-Mail Address:							
SAMPLE INFORMATION (to be completed by	r sampler)						
Sample Number:	Location Code (if known):	·					
Sample Date:	Sample Time:	10 (A) in 1 (A)					
Sample Location (be specific): VOC Trip I							
Disinfectant Residual (Required when reporting							
Sample Type (Check Only One)	Reason(s) for Sample (0						
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Qtr?					
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550					
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution					
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)					
Max Residence Time	Other:						
Ave Residence Time	Sampling Procedure Used or Other Co	mments:					
Near First Customer							
*See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	al requirements attach a res	550(4) for requirements and sults page for each site.					
Sampler's Name:							
Sampler's Phone #:	Sampler's Fax #:						
Sampler's E-Mail Address:							
CERTIFICATION (to be completed by sampler)							
1,	1:						
Print Name		Print Title					
do HEREBY CERTIFY that the above publicompleted and correct.	ic water system and sample collection inf	formation is					
	Date:						

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

ATTACH A CURRENT DOH ANALYTE SHEET	o completion by labor 1 loader type of print to	giniy)				
Lab Name: HBEL, Inc.	Florida Certification	#: E96080				
Address: 5600 US 1 North	Cartification Expiration Data: 06/30/2000					
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	e with Chapter 62-550, F.A.C. (Che	ck all that apply):				
Inorganics Synthetic Organics All 17 All 30 Partial Nitrate Nitrite Dioxin Only Asbestos Only Were any analyses subcontracted? X Yes If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED	Volatile Organics All 21 Partial Radionuclides Single Sample Qtrly Composite** No E84129	Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Secondaries All 14 Partial				
	FICATION					
I, Eric Charest (Print Name) do HEREBY CERTIFY that all attached analytical data National Environmental Laboratory Accreditation Confe	Laboratory M (Print Title are correct and unless noted meet a	е)				
Signature	Date: 10-Jun-0)9				
* Failure to provide a valid and current Florida DOH lab certification in rejection of the report, possible enforcement against the public we Bureau of Laboratory Services. *** Please provide radiological sample dates locations for each qualification of the completed by DEF	n number and a current Analyte Sheet for the rater system for failure to sample, and may rter.	e attached analysis results will result				
Sample Collection Info Satisfactory: Yes No	Sample Analysis Info Sa	tisfactory: Yes No				
Replacement Sample(s) Requested (circle or highlight gro		ested (circle or highlight group(s) above)				
Additional Monitoring Required (circle or highlight group(s)		(
Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s) Other:	Detection(s) Location Unsatisfactory	Incomplete Report Analysis Unsatisfactory				
Person Notified:	Date Notified:	1020				
Comments:	0115	*0.002				
Date Reviewed: DEP/D	OOH Reviewing Official:					



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

Contar ID	n 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
?976	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

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

Printed: 6/10/09

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



^{*} 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.

Agua Pure

AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40

10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265

	FOR LAB USE ONLY
RECEIVED BY	TIME RECEIVED / DATE RECEIVED AND ANALYZED APR 6 10 PM 2:45
SAMPLE PRESERVATION: DISINFECTANT CHECK:	© ON ICE ☐ NOT ON ICE ☐ °C UNOT DETECTED ☐
DATE/TIME PWS NOTIFIED	BY LAB OF POSITIVE RESULTS:
PERSON NOTIFIED:	NOTIFIED BY:
E TOOTE TOOTH TED.	The second secon
	AB OF E. coli POSITIVE RESULTS:

	ESS: 250 River Dr.	PERSO DATE D PAIL	East Palatky county Pulnam						
	LY (Check Box): Community Water Syste				COLLECTOR P				
REASON FOR S	SAMPLING (Check Box): Proutine Complian		☐ Rep	placement	☐ Main Clearance	☐ Well Sur	vey		
SAMPLE COLLI	Other:		MARKS:_						
	TO BE COMPLETED BY SAMPLE (COLLECTOR			TO BE COI			2222	
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid (mg/L)	Lab Sample Number	Total coliform	E coli	Data Qualifier	
5	Well	930 AM	12	none	Submission Number:	H			
6 1	or River Terr.	445 AM		0.8	n 104269	IA			
7 1.	38 East, St. Johns Terr.	. 10 DAM	D	1,0	M104270	A			
	area patakyan - New Lev Unit Spirako ya majaring 1999 a sa Afrika		er to humb	ria wrotestaria					
	The grant of the state of the s			(4.)	P. 2 (4) (8) (2) (3) (4)				
Average of discommunity and including 4,900 Disinfectant Ferson perfor	sinfectant residuals for routine and repeat sand nontransient noncommunity systems serving po b. Do not include raw or plant samples in the average desidual Analysis Method: DPD Colorimetric ming analysis is: ied operator (#	pulations up to and rage.)	I rtified lab	0.9	Time(s) Analyzed: 4:05	pm se	48	1	
All tests are perfor Results: A = colifor DEP Sample Type	med in accordance with NELAC standards. rms are absent; P = coliforms are present o Codes: D = Distribution (Routine Compliance); C = R. Administrative Code Rule 62-160, Table 1			If you have ar	TECHNICAL DIRECTOR esented herein relate only to the s ny questions regarding this report, pution; P = Plant Tap; S = Sp	olease call Lisa	ed. Saupp at (3	DATE 352) 625-2822	
NAME AND MA	Agua Utilities Fla 100 Thomas Ave Leesburg Fla 34748	VE REPORT	□ In □ Re □ Re	epeat Sample eplacement Reviewed t	ollection Information es Required Samples Required by DEP/DOH: wing Official:	DEI	P/DOH (JSE ONLY	



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

Ben Tels

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 Owner Name Aqua Utilities Florida, Inc. // Mr. John Li	32131 Phone 386-329-1122
	Owner Name Aqua Utilities Florida, Inc. // Mr. John Li	hvarcik, President Phone 352-732-6027
	Owner Address Post Office Box 490310, Leesburg, F	L 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 Date06/16/10 Last Survey Date	08/02/07 Last C.I. Date 6/18/09
1		
	PWS TYPE & CLASS: Community - (4C)—	RAW WATER SOURCE
	SERVICE AREA CHARACTERISTICS	☐ GROUND; Number of Wells 1
	Subdivision	SURFACE/UDI; Source
	Subdivision	PURCHASED from PWS ID #
	Food Service: Yes No N/A	Emergency Water Source
	1 Ood Service. Tes Tino Min/A	Emergency Water Capacity
	GENERAL INFORMATION	AUXILIARY POWER SOURCE
	Number of Service Connections107	
	Population Served 375 Basis estimate	Yes None Not Required
	Plant Design Capacity 90,000 gpd	Source Capacity of Standby (kW)
	Basis Well Design Capacity	Switchover: Automatic Manual
	Average Day (from MORs) 18,600 gpd	Standby Plan: Yes No
	Max. Day (from MORs) 15.968 gpd	Hrs Operated Under Load
	Max. Day (from MORs) 15,968 gpd Total Storage Capacity 30,950 gallons	What equipment does it operate?
	Comments MOR data is based upon the last 12 month	Well pumps
	average.	High Service Pumps
		Treatment Equipment
	LOCATION	Satisfy 1/2 max-day demand? Yes No Unk
	Latitude 29° 38' 54.23" North	Comments
	Longitude 81° 36' 27.22" West	3311113113
	GPS: <u>Yes</u> Date: <u>7/97</u>	
	Directions Take I-95 south to exit 311 (FL 207). Head west	TREATMENT PROCESSES IN USE
	to East Palatka. In approximately 19.5 miles, turn right on McCormick Rd. Turn left on Putnam County Blvd. Make a right	Hypochlorination and aeration.
	on Ferry Rd and right on River Terrace. Left on River Drive.	
		What additional treatment is needed?
	OPERATION & MAINTENANCE	No additional treatment is required.
	Certified Operator: ☐ Yes ☐ No ☐ Not required	For control of what deficiencies?
	Operator(s) & Certification Class-Number	-
	Mr. Paul Thompson A-7251	DISTRIBUTION SYSTEM
		DISTRIBUTION SYSTEM Flow Measuring Device Flow Meter
	O&M Log: ⊠Yes □No O&M Manual: ⊠Yes □No	Flow Measuring Device Flow Meter Meter Size & Type 3" Neptune meter
	Operator Visitation Frequency	Backflow Prevention Devices: X Yes No
	Hrs/day: RequiredActual	Cross-connections None observed
	Days/wk: Required 5 Actual 5	Written Cross-connection Control Program: Yes
	Non-consecutive Days? ☐ Yes ☐ No ☐ N/A MORs submitted regularly? ☒ Yes ☐ No ☐ N/A	Coliform Sampling Plan: Yes No
	Data missing from MORs? No Yes N/A	Comments Flowmeter calibration was completed
	Complete Operations, Equipment, and Maintenance	12/3/09.
	logs and sampling plans are on site at the facility.	
	The second secon	

PWS ID # <u>2540959</u> Survey Date <u>06/16/10</u>

GROUND WATER SOURCE

OROGRE	MATERIOUNIE		
Well Numb	per (PWS Identification)	2540959	
Well Name (System Identification)		1	
Year Drilled		1962	
Depth Dril	led	200'	
Latitude		29° 38' 54.247" N	
Longitude		81° 36' 27.217" W	
GPS (Y or N	I) / Date (if applicable)	Y – 7/97	
Florida We	ell ID	AAC1899	
Static Wat	er Level	Unknown	
Actual Yie	ld (if different than rated capacity)		
Strainer		Unknown	
Length (ou	utside casing)	Unknown	
Diameter ((outside casing)	6"	
Material (d	outside casing)	Steel	
Well Contamination History		OK	
Is inundation of well possible?		OK	
6' X 6' X 4	" Concrete Pad	OK	
	Septic Tank	OK	
SET	Reuse Water	OK	
BACKS	WW Plumbing	OK	
	Other Sanitary Hazard	OK	
	Туре	Centrifugal	
	Manufacturer Name	Goulds	
PUMP	Model Number	4BF15035	
	Rated Capacity (gpm)	125	
	Motor Horsepower	5	
Well casin	g 12" above grade?	Ok, <12"	
Well Casir	ng Sanitary Seal	OK	
Raw Wate	er Sampling Tap	Smooth/downturned	
Above Gro	ound Check Valve	OK	
Fence/Ho	using	Secured in fence.	
Well Vent	Protection	Not required.	

COMMENTS	The well casing extends less than 12" above the ground surface.

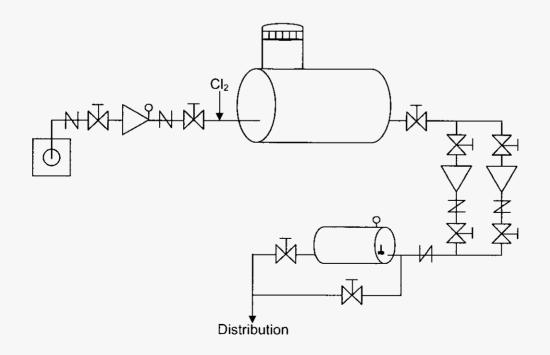
Type:Hypo-Chlorination			(B) Bladder (CW) Clearwell (C) Contact (E) Elevated				
Make Stenner		17 gpd	(G) Ground (H) I				
Chlorine Feed Rate _	90	<u>-</u>	Tank Type/Nui	mber	H1	H2	
Avg. Amount of Cl ₂ ga	as used	N/A	Capacity (gal)		3,000	15,000	
Chlorine Residuals: F Remote tap location			Material		Steel	Steel	
DPD Test Kit: Or		th operator			Yes	 	
		t Used Daily	Gravity Drain			Yes	
Injection Points Pre			By-pass Piping		Yes	Yes	
Booster Pump Info N			Pressure Gaug	е	Yes	Yes	
Comments			Sight Glass or Level Indicator		L.I.	N/A	
Chlorine Gas Use Requirements	YES NO	Comments	Fittings for Sight Glass		Yes	Yes	
Qual System			Protected Oper	nings	Yes	Yes	
Auto-switchover			PRV/ARV		PRV	ARV	
Alarms:			On/Off Pressure	e ·	40,60	N/A	
Loss of Cl ₂ capability			Access Padlock	ked	Yes_	Yes	
Loss of Cl ₂ residual			Height to Botton Elevated Tank	m of	N/A	N/A	
Cl₂ leak detection	<u> </u>		Height to Max.	_ _		N//A	
Scale			Water Level		N/A	N/A	
Chained Cylinders \			Last Inspection		0000	0000	
Reserve Supply			Date (for tanks access manhole		2008	2008	İ
Adequate Air-pak			Comments Sy		sure me	asured as	52 psig.
Sign of Leaks							
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs			HIGH SERVICE	F PUMPS			
Repair Kits			Pump Number	1		2	
Fitted Wrench			Туре	Centrifu	gal Ce	entrifugal	
Housing/Protection			Make	Goulds	s	Goulds	
			Model	3656		3656	
AERATION (Gases, F			Capacity (gpm)	170		170	
Type <u>Cascade</u> Aerator Condition C	Capacii)K	y <u>∠≀5 gpm</u>	Motor HP	10		10	
Bloodworm Presence	None obser	ved	Date Installed	unknov	vn u	nknown	
Visible Algae Growth			Maintenance	Good	i	Good	
Protective Screen Co Comments			Comments				
		 u-					

PWS ID # _____2540959 Survey Date ____06/16/10

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 each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Inorganic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Volatile Organic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Synthetic Organic Contaminants	2009	2012	Taken from each 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 each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Secondary Standards	2009	2012	Taken from each 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):



PWS ID # <u>2540959</u> Survey Date <u>06/16/10</u>

MONITORING VIOLATIONS	MCL VIOLA	MCL VIOLATIONS	
No monitoring violations.	No MCL violations		
DEFICIENCIES:			
DEI ICILIACIES.			
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Ben Pin		······································	
Inspector Ben Piltz	Title Environmental Specialist I	Date7/02/10	
Ben Piltz			
Approved by Blanca R. Rodriguez Blanca R. Rodriguez			
Approved by	Title <u>Engineer Specialist IV</u>	Date7/02/10	
Blanca R Rodriguez			