SEMINOLE COUNTY

Florida Central Commerce Park WWTP Harmony Homes

Docket No. 100330-WS

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

Florida

Volume 5 Book 2 Set 14 of 17

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

Aqua Utilities Florida, Inc.

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Florida Department of Environmental Protection

> Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

FLA011078-005

August 4, 2009

FLA011078-005-DW3P

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

FILE NUMBER:

ISSUANCE DATE:

EXPIRATION DATE: August 3, 2014

PERMITTEE: Aqua Utilities Florida Inc

RESPONSIBLE OFFICIAL:

Edward Pellenz, P.E. Operations Manager 1100 Thomas Avenue Leesburg, Florida 34748 (352) 435-4033

FACILITY:

Florida Central Commerce Park WWTF 140 Hope St Longwood, FL 32750-5141 Seminole County Latitude: 28°41' 42.6" N Longitude: 81°21' 20.06" 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.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

WASTEWATER TREATMENT:

An existing 0.095 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of flow equalization, influent screening, aeration, secondary clarification, chemical feed facilities, filtration, chlorination, 3-day (0.285 MG) reject storage pond with provisions for retreatment, and aerobic digestion of residuals. This permit also authorizes construction of a 10,000 gallon surge tank, including all associated piping and appurtenances, to provide a total surge capacity of 30,000 gallons.

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.095 MGD AADF permitted capacity slow-rate public access system. R-001 is a reuse system which consists of a 10-day (0.95 MG) wet weather storage pond and irrigation of approximately 19 acres of greenspace at the commerce park.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 16 of this permit.

PERMIT NUMBER: FLA011078-005 EXPIRATION DATE: August 3, 2014

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

			Re	claimed Water Limitations	Mo	onitoring Requiremen	S	
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	Notes
Flow (public access irrigation)	MGD	Max Max	0.095 Report	Annual Average Monthly Average	5 Days/Week	Meter	FLW-2	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max	20.0 Report 60.0	Annual Average Monthly Average Single Sample	Bi-weekly; every 2 weeks	Grab	EFA-1	
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	3 Days/Week	Grab	EFB-1	
Coliform, Fecal	#/100mL	Max	25	Single Sample	3 Days/Week	Grab	EFA-1	
Coliform, Fecal, % less than detection	percent	Min	75	Monthly Total	3 Days/Week	Calculated	EFA-1	See I.A.4
рН	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-1	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	1.0	Single Sample	Continuous	Meter	EFA-1	See I.A.5 and I.A.8
Turbidity	NTU	Max	Report	Single Sample	Continuous	Meter	EFB-1	See I.A.6 and I.A.8
Giardia	cysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-1	See I.A.9
Cryptosporidium	oocysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-1	See I.A.9

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

Monitoring Site Number	Description of Monitoring Site
FLW-2	Flow meter to irrigation system
EFA-1	Chlorine contact chamber effluent
EFB-1	Filter effluent prior to chlorination

- 3. A meter shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
- 4. To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
- 5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]
- 6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2)]
- 7. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to reject storage for subsequent additional treatment or disinfection . [62-610.320(6) and 62-610.463(2)]
- 8. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2)]
- 9. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. [62-610.463(4)]

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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.8.:

				Limitations	Mor	nitoring Requirements		
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	Notes
Flow (total through plant)	MGD	Max Max Max	0.095 Report Report	Annual Average Monthly Average Quarterly Average	5 Days/Week	Meter	FLW-1	See I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Total	Monthly	Calculated	FLW-1	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	Grab	INF-1	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	Grab	INF-1	See I.B.3

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

Monitoring Site Number	Description of Monitoring Site
FLW-1	Effluent flow meter, recording total plant flow
INF-1	Raw influent to surge tank

- 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. A meter shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
- 5. Sampling results for giardia and cryptosporidium shall be reported on DEP Form 62-610.300(4)(a)4, Pathogen Monitoring, which is attached to this permit. This form shall be submitted to the Department's Central District Office and to DEP's Reuse Coordinator in Tallahassee. [62-610.300(4)(a)]
- 6. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at http://www.dep.state.fl.us/labs/library/index.htm. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
 - a. The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - b. The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - c. If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. *[62-4.246, 62-160]*

7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]

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8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type on DMR	Monitoring Period	Due Date
Monthly or Toxicity	first day of month - last day of month	28th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 - June 30	July 28
	July 1 - September 30	October 28
	October 1 - December 31	January 28
Semiannual	January 1 - June 30	July 28
	July 1 - December 30	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 Central District Office at the address specified in Permit Condition I.B.13. by the twenty-eighth (28th) of the month following the month of operation.

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

- 9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for asbestos, color, odor, and corrosivity). These monitoring results shall be reported to the Department annually on the DMR. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department's Central District Office by June 28 of each year. Approved analytical methods identified in Rule 62-620.100(3)(j), F.A.C., shall be used for the analysis. If no method is included for a parameter, methods specified in Chapter 62-550, F.A.C., shall be used. [62-601.300(4)][62-610.300(4)]
- 10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
- 11. Operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department's Central District Office for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6) and 62-610.463(2)]
- 12. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department's Central District Office at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
- 13. 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 Central District Office at the address specified below:

Florida Department of Environmental Protection Central District Office 3319 Maguire Blvd Suite 232 Orlando, Florida 32803-3767 Phone Number - (407)894-7555 FAX Number - (407)897-2966 (All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

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

II. RESIDUALS MANAGEMENT REQUIREMENTS

- The method of residuals use or disposal by this facility is transport to American Pipe & Tank Inc. d/b/a 412 Biosolids Processing Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative residuals management facility does not require a permit modification. However, use of an alternative residuals management facility requires the submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals. [62-620,320(6),62-640.880(1)]
- 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 disposal facility, 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 the requirements of 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 Management Facility or Treatment 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
- 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

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

[62-640.880(4)]

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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

1. Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part III Public Access System(s)

- 1. Cross-connections to the potable water system are prohibited. [62-610.469(7)]
- 2. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7)]
- 3. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify the proper use of reclaimed water. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. [62-610.469(7)(h)]
- 4. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - e. Within 24 hours, notify the Department's Central District Office's domestic wastewater and drinking water programs.
 - f. Within 5 days of discovery of a cross-connection, submit a written report to the Department's Central District Office detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur.

[62-555.350(3) and 62-555.360][62-620.610(20)]

- 5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. [62-610.469(7)]
- 6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. [62-610.471(3)]
- 7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (7)]

- 8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4)]
- 9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6)]
- 10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8)]
- 11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2)]
- 12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468, 62-610.469]
- 13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
- 14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414(8)]
- 15. Overflows from emergency discharge facilities on storage ponds shall be reported as abnormal events in accordance with Permit Condition IX.20. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing 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 C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 7 days/week. The lead/chief operator must be a Class C operator, or higher.

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

- 2. An operator meeting the lead/chief operator class for 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. [62-699.311(1)]
- B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements
 - 1. 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)]

2. 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)]

C. Recordkeeping Requirements

- 1. 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, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of any required 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 license 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, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. 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, 62-602.650]

VI. SCHEDULES

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal no later than one-hundred and eighty days (180) prior to the expiration date of this permit. Application shall be made 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. [62-620.335(1) and (2)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

 Prior to placing the new facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. [62-620.630(2)]

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- 2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7)]
- 3. The permittee shall comply with all conditions and requirements for reuse contained in their consumptive use permit issued by the Water Management District, if such requirements are consistent with Department rules. [62-610.800(10)]
- 4. 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)]
- 5. 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)]*
- 6. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 7. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(5)]

- 8. The treatment facility, storage ponds for Part II systems, 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. [62-600.400(2)(b)]
- 9. 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)]
- 10. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. [62-620.310(4)]

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- 11. The permittee shall provide verbal notice to the Department's Central District Office as soon as practical after discovery of a sinkhole or other karst feature 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's Central District Office in a written report within 7 days of the sinkhole discovery. [62-620.320(6)]
- 12. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit constitute grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]

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

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. 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 or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]

PERMITTEE: Aqua Utilities Florida Inc FACILITY: Florida Central Commerce Park WWTF PERMIT NUMBER: EXPIRATION DATE: FLA011078-005 August 3, 2014

- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., 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), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-601, and 62-610, 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's Central District Office any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

PERMITTEE:
FACILITY:

- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - (4) Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
 - For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - (a) Name, address, and telephone number of person reporting;
 - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - (e) Estimated amount of the discharge;
 - (f) Location or address of the discharge;
 - (g) Source and cause of the discharge;
 - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - (i) Description of area affected by the discharge, including name of water body affected, if any; and
 - (j) Other persons or agencies contacted.
 - (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's Central District Office within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's Central District Office 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., IX.18., or IX.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" means the intentional diversion of waste streams from any portion of a treatment works.
 - b. 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.

PERMITTEE:	Aqua Utilities Florida Inc
FACILITY:	Florida Central Commerce Park WWTF

PERMIT NUMBER: FLA01 EXPIRATION DATE: August

FLA011078-005 August 3, 2014

- c. 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.
- d. 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.
- e. 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. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
 - An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
 - (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
 - b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
 - (2) The permitted facility was at the time being properly operated;
 - (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
 - (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
 - c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
 - d. 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 Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Dennise Judy

Program Manager Domestic Waste

Date: August 4, 2009

Attachment(s): Discharge Monitoring Report Pathogen Monitoring Form

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Sulte 232, Orlando, Florida 32803-3767

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PERMITTEE NAME:	Florida Water Services Corporation	PERMIT NUMBER:	FLA0110	78	
MAILING ADDRESS:	P.O. Box 609520				
	Orlando, FL 32860-9520	LIMIT:	Final	REPORT:	Monthly
ar i Martin Valla V		CLASS SIZE:	N/A	GROUP:	Domestic
FACILITY:	Florida Central Commerce Park WWTP	MONITORING GROUP NUMBER:	R-001		
LOCATION:	140 Hope Street	MONITORING GROUP DESC:	Public Ad	ccess Irrigation,	including Influent
	Longwood, FL	NO DISCHARGE FROM SITE:	[]		•

COUNTY:	Seminole			MONITO	RING PERIOD-F	rom:	05/01/2008	To:		05/31/2008		
Parameter		Quantity of	Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0.041		mgd		and the second		The second se	0	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd						5 Days/Week	Flow-meter	
Flow	Sample Measurement	0.026	**********	mgd			<u> </u>	f	0	5 Days/Week	Flow-meter	
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	18. s. s.	mgd						5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			.	2.9			MG/L	0	Every Two	Grab	
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An, Avg.)			MG/L		Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0<	2.0<		MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement		and the second second		30.0 (Mo,Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement		an a		2.3			MG/L	0	3 Days/Week	Grab	
PARM Code, 00530 1 Mon.Site No. EFB-1	Permit Measurement				.5.0 (Max.)			MGIL		3 Days/Week	Grab	
рН	Sample Measurement				6.8	7.8		S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 OFF	ICER OR AUTHORIZED AGENT TELEPHONE NO.	DATE (YYMMOD)
William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	Ulla X	407-339-5424	08/05/15

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ets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Cer	ntral Commerce Par	k WWTP	Permit	t Number:	FLA011078			MONITORIN	GGR	OUP NUMBER .:	R001
		Ţ.		MONITC	RING PERIODF	rom:	05/01/2008	To:		05/31/2008	
Parameter		Quantity o	f Loading	Units	Quality	or Concenti	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				.75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0<	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				53			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement	(14-5) 1			Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended PARM Code, 00530 G Mon.Site No. INF-1	Sample Measurement Permit Measurement				128 Report (Mo.Avg.)			, MG/L MG/L	0	Every Two Weeks Every Two Weeks	Grab Grab
Flow	Sample Measurement	0.045		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow PARM Code, 50050 Q Mon.Site No. FLW-1	Sample Measurement Permit Measurement	0.039 Report (Mo.Avg.)	0.043 Report (3-Mo.Avg.)	MG/D MG/D					0	5 Days/Week 5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				51.6%				0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report		100 - 20 11 p 9, 10 - 1			Percent	Calculated
	Sample Measurement								1		
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

To: 5/31/08

ionitoring P	erioù	FION.	5/1/	00	10	0.01				
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TŠS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
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PLANT ST	AFFING:									
Day Shift C	Operator	Class:	Ce	rtification No			Charles Har	ris		
Day Shift C	Operator	Class: <u>C</u>	Ce	rtification No	9558		Roger Grav			-
Day Shift C	Operator	Class: _C	Ce	nification No			ingor oray	anna ann ann an Anna Anna Anna Anna Ann		
Day Shift C	Operator	Class:	Ce	rtification No	9184		William Trei	ndel		
Lead Oper	ator	CiassM_	Ce		0 6-14					

* 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: Dept. of Environmental Protection, Central District, 3315 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: MAILING ADDRESS:	Florida Water Sen P.O. Box 609520	rices Corporatio	n	PERMIT	NUMBER:		FLA011078				
	Orlando, FL 3286	0-9520		LIMIT: CLASS	SIZE		Final N/A	REPORT: GROUP		Monthly Domestic	
FACILITY: LOCATION:	Florida Central Co 140 Hope Street Longwood, FL	mmerce Park V	WTP	MONITO MONITO NO DISC	RING GROUP N RING GROUP D CHARGE FROM S	UMBER ESC: SITE:	R-001 Public Acco []	ess irrigatio	on, inc	cluding influent	
COUNTY:	Seminole			MONITO	RING PERIOD-F	From:	06/01/2008	To:		06/30/2008	
Parameter		Quantity o	f Loading	Units	Quality	or Concer	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgđ						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		k ontaise montaise		2.9			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Ġrab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0<	2.0<		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo:Avg.)	60.0 (Max.)		МGЛ		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.0			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab
рH	Sample Measurement				6.9	7.9		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 property 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 AUTYORIZED AGENT TELEPHONE NO YAMADO 106/15 William Trendel / Sen. Facilities Operator William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) 407-339-5424 08

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name, Florida Ce	ntral Commerce Pa	rk wwtp	Perm	t Number:	FLA011078	-		MONITORIN	G GR	OUP NUMBER .:	R001
Doromotor		O ve el'h	- (1	MONITC	RING PERIOD	From	06/01/2008	To:		06/30/2008	
		Quantity	of Loading	Units	Quality	or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Typ
than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MGAL	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				27		999 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199	MGAL	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Méasurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				125			MGA	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.044		MG/D					0	5 Days/Week	
ARM Code, 50050 P Aon Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.037	0.041	MG/D		•			0	5 Days/Week	
ARM Code, 50050 Q Ion Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
ercent Capacity, MADF/Permitted Capacity) 100	Sample Measurement				43.5%				0	Percent	Calculated
ARM Code, 00180 I Ion.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement						erendiy e sal				
	Measurement										

Z

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

wonitoning r	renou	From:	6/1.	/08	10:	6/30)/08			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.4	5.0		1.0	0.021	0.060		
2	allowed a second second	<1	7.4	5.0	<1	13	0.038	0.064	1987 - 2019 an 1997 a seasonna an 1997 ag	hall the second s
3		<1	74	10	<1	1.8	0.046	0.060		
4			6.9	1.2	er er er hær som som er	1.8	0.039	0.076		() () () () () () () () () ()
5		<1	6.9	50	<1	0.9	0.000	0.053		ing a strange of the
6			7.9	4.5		0.0	0.043	0.000		
7			7.0	1.0		2.0	0.000	0.000		
8			י. ז ד ד	50		2.0	0.009	0.000	an anna an	
0			7.1	5.0	filmen of a second s	1.5	0.009	0.063	$(\mathbf{x}, \mathbf{y}, y$	
10		~	7.0	1.0	-1	2.0	0.040	0.001		
11	orana an		/.0 7 7	5.0	<u> </u>	1.2	0.000	0.061		and an an and the second s
11	204		1.1	5.0		0.9	0.042	0.000		
12	2.0<	<1	/.1	5.0	<1	0.8	0.040	0.000	54	120
13		141 Martin Control (1 910) - CONTROLOGICA (19	7.1	5.0	alla and a star	0.7	0.037	0.061	e Anna e anna anna an anna an anna an anna an an	and the second sec
14			7.2	5.0	• · · · · · · · · · · · · · · · · · · ·	0.9	0.013	0.000	energie (energie), and and a second	
15			7.5	5.0		1.4	0.014	0.048.	· AN COMPANY OF COMPANY CONTRACTOR	
16		<1	7.5	3.5	<1	1.2	0.053	0.000		
17	eneritation and an	<1	7.5	5.0	<1	0.9	0.045	0.000		
18			7.3	5.0	-	1.4	0.037	0.054	electric (1995), transmission of a spin	a se a construction de la constr
19	energia and a state of a contract of	<1	7.4	5.0	<1	0.9	0.060	0.062	1	and a state of the
20			7.0	5.0		0.8	0.052	0.054		
21	1999 Mart 1		7.5	5.0		0.8	0.028	0.000	a a constant a subject of the same subjects of	
22			7.5	4.4		0.9	0.035	0.029		
23		<1	7.8	5.0	<1	1.0	0.044	0.055		
24		<1	7.6	1.0	<1	0.8	0.046	0.059		
25		ini and the second s	7.6	5.0		0.9	0.053	0.051		
26	2.0<	<1	7.5	5.0	<1	0.8	0.056	0.060	34J	130
27			7.5	5.0	1	0.7	0.040	0.062		
28			7.5	5.0	1. (mmm) - 1111 (mm	1.0	0.011	0.041	r	
29	(), (), (), (), (), (), (), (), (), (),	and the second	7.3	5.0		1.2	0.019	0.000		
30	and the second	<1	7.4	5.0	<1	2.0	0.033	0.000		Contraction Contraction
31	e in themese stationary	den en la compañía de		n en						. adda anti-rinnen i Samo
PLANT STA	FFING:									A
Day Shift Op	perator	Class:	Cert	ification No.:						
Day Shift Op	perator	Class: C	Cert	ification No.:	9558		Charles Harri	S		
Day Shift Op	perator	Class: _C	Cert	ification No.:	14198		Roger Gray			
Jay Shift Op	perator	Class:	Cert	incation No.:	0101		Million Terra	dal		
.eau Opera	tor	Class _A_	Cen	meation No.:	9184		vvilliam Trend	Jei		

* 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: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: MAILING ADDRESS	Florida Water Serv P.O. Box 609520	vices Corporatio	n	PERMIT	NUMBER:		FLA011078				
FACILITY: LOCATION:	Orlando, FL 32860 Florida Central Col 140 Hope Street Longwood, FL	0-9520 mmerce Park V	WTP	LIMIT: CLASS S MONITO MONITO NO DISC	Size: Iring group n Iring group d Charge from :	UMBER: ESC: SITE:	Final N/A R-001 Public Acco []	REPORT: GROUP: ess Irrigatio	on, inc	Monthly Domestic Juding Influent	
COUNTY:	Seminole	2		MONITO	RING PERIODI	From:	07/01/2008	To:		07/31/2008	
Parameter		Quantity of	f Loading	Units	Quality	or Concen	itration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.022		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				13.0	.		MG/L	1	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement				7.0	8.1		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.	an the	5 Days/Week	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 property 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 EXECUTIV OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE MYMMOD -William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) William Trendel / Sen. Facilities Operator 407-339-5424

Facility Name: Florida Cer	ntral Commerce Pa	rk WWTP	Permit	Permit Number: FLA011078 MONITORING PERIODFrom:				MONITORING GROUP NUMBER.: R001 07/01/2008 To: 07/31/2008			
				MONITO	RING PERIOD-	From:	07/01/2008	To:		07/31/2008	
Parameter		Quantity o	of Loading	Units	Quality	or Concentr	ation	Units	No. of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MGAL		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)	nin stor (* 19 Net stor (* 19		NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				60			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				61			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.044		MG/D					0	5 Days/Week	n ang a sa tina na sa tina na sa tina na sa
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.037	0.038	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				39.6%				0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement								5.5		
	Permit Measurement							y) giran			

DISCHARGE MONITORING REPORT - PART A (Continued)

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring P	eriod	From:	7/1	/08	To:	7/31	1/08			
ſ	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L.)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/l
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1 ;		<1	7.3	5.0	<1.1	1.9	0.067	0.056		
2	 If the state of th		7.5	1.0	•	1.6	0.041	0.000		
3		<1	7.1	1.0	<1	1.8	0.034	0.000	63	anne far in finderinger er nærer er fr
4			7.9	5.0	• • • • • • • • • • • • • • • • • • •	1.5	0.017	0.049		time in an
5			8.1	1.0	••••••••••••••••••••••••••••••••••••••	1.9	0.035	0.051	non menseeling of the networks	an an a' chinana " chinana ang anana
6	o, anagan yo Toopaan o nasay	eren er en er	7.8	4.8	f a contraction of the second se	2.0	0.040	0.059	er i tro cano, a compaño de Compaño enero canon	Annonen eta (ar. ere aladata eta algorena)
7		<1	78	50	<1	2.0	0.041	0.054		
8	ana dan sana ang sara sa sa sa	<1	7.0	<u></u> Д З	11	2.0	0.050	0.000	na ana amin' any indrina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina di Ny INSEE dia mampina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kao	
9			7.4	4.5	1,1	2.0	0.051	0.000		
10	¢?	c1	7.5	1.0		1.0	0.031	0.000	36	2
11			7.1	1.0		1.5	0.025	0.001	30	-
12		angar (shekari) (setteringa) (theolar) (set	7.0	1.0		2.0	0.013	0.000	anana sanan anan sana	
12	ana ana amin'ny faritr'ora na saraha amin'ny faritr'ora amin'ny faritr'ora amin'ny faritr'ora amin'ny faritr'o		7.0	1.0		2.0	0.011	0.000	10.000 and - 10 - 10 - 10.000 at 1 - 10.00	-
13			7.2	1.0	47	2.0	0.020	0.000		
14		<u></u>	1.2	5.0	4.7	2.0	0.064	0.000		
15		<1	7.1	1.0	13	2.0	0.014	0.000		
16			1.4	1.0		2.0	0.030	0.000	91	 March (Company) (Company)
17	- scannage	<1	7.7	1.0	1.7	2.0	0.046	0.000	و بوده المحمولين و روز بو بستمانين	and an an an and the same of a low state of
18	5270.0000 (n - 100000 (n - 1000)	en en anna en an anna an	7,4	1.0	and and a second of	2.0	0.043	0.049		
19			7.2	1.0		2.0	0.010	0.053	e en en el Managemente en en en en en entre de la composition de la composition de la composition de la composi	a and a constant of the second second
20		l	7.3	1.0		2.0	0.022	0.000	a in spanning the second statement	ki taana taa ta
21		<1	7.3	1.0	<1.1	2.0	0.033	0.000		
22	این اطلقات میشد این ایران	<1	7.3	1.0	<1	2.0	0.056	0.000		
23			7.1	1.0	Lange Contraction (1999)	1.5	0.069	0.000		
24	2	<1	7.1	2.2	<1	0.7	0.043	0.049	29 J	10
25			7.7	1.4		0.7	0.044	0.046		
26			7.0	2.2		0.9	0.011	0.038		
27			7.5	2.2		0.9	0.024	0.050		
28		<1	7.5	3.2	<1	2.0	0.050	0.080		
29		<1	7.3	2.9	<1	2.0	0.045	0.000		
30			7.3	1.0		2.0	0.048	0.000		
31		<1	7.0	1.5	<2.4	2.0	0.045	0.000	110	
LANT STA	FFING:	Class:	Cert	ification No -			e		94 - 54 -	
Day Shift Op	erator	Class: C	Cert	ification No.:	9558		Charles Harri	S		
Day Shift Op	perator	Class: _C	Cert	ification No.:	14198		Roger Gray			-
Day Shift Op	perator	Class:	Cert	ification No.:						
.ead Operat	nor	Class: _A_	Cert	ification No.:	9184		William Trend	del		•

* 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: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME	Florida Water Services Corporation P.O. Box 609520 Orlando, FL 32660-9520	PERMIT N	JMBER:		FLA011078					
	Orlando, FL 32860	9-9520	LIMIT: CLASS SIZ	E:		Final N/A	REPORT: GROUP:		Monthly Domestic	
FACILITY: LOCATION	Florida Central Commerce Park WWTP 140 Hope Street Longwood, FL		MONITORI MONITORI NO DISCH.	NG GROUP NU NG GROUP DE ARGE FROM SI	MBER SC TE	R-001 Public Acce []	ess Irrigation	n, incl	luding Influent	
COUNTY:	Seminole		MONITORI	NG PERIODFr	om:	08/01/2008	To:		08/31/2008	
Parameter		Quantity of Loading	Units	Quality	or Concent	ration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An Avg.)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0 054	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		1. <u>19</u> 11 - 11	2.9			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0<	2.04		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No, EFA-1	Permit Measurement			30 0 (Mo Avg)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			1.2			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
PH	Sample Measurement	and the second s	a transform contractor	7.0	7.9		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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, rive, 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 OF FICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DO) 08/09/21 William Trendel / Sen. Facilities Operator
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) 407-339-5424

acility Name: Florida Centra	al Commerce Park	WWTP	Permit I	Number: F	LA011078		MONITORIN	IG GR	OUP NUMBER .:	R001
sony manual roman control			į	MONITORI	NG PERIOD-From	08/01/2008	To:		08/31/2008	
Parameter		Quantity of L	oading	Units	Quality or Co	ncentration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less han detecton	Sample Measurement				100%	na da ser an an	#/100mL		3 Days/Week	Grab
ARM Code, 51005 I Aon Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement	en sin a			en ander ander Ander ander and	1.0	#/100mL	0	3 Days/Week	Grab
ARM Code, 74055 Jon. Site No. EFA-1	Permit Measurement					25 (Max)	#/100mL		3 Days/Week	Grab
otal Residual Chlorine For Disinfection)	Sample Measurement	ina and a second			1.0		MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)		MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2 00		NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)		NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		unon n foldis Li Gana		92		MG/L	C	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				167		MG/L	0	Every I wo Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement			1	Report (Mo.Avg.)		MG/L		Every I wo Weeks	Grab
Flow	Sample Measurement	0 045		MG/D				0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D	ä				5 Days/Week	
Flow	Sample Measurement	0.048	0.041	MG/D	an ang ang ang ang ang ang ang ang ang a	an a	under states in a	0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D					5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement	مى يې د يې			42.8%			0	Percent	Calculated
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement				Report				Percent	Calculated
	Sample Measurement			a dan serie a s		- 94 AL-18			1	
	Permit Measurement	1		ì				1	1	

DISCHARGE MONITORING REPORT - PART A (Continued)

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Per	iod	From:	8/1	/08	To:	8/3	1/08			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1			7.1	1.0		2.0	0.044	0.000		
2			7.0	1.0		2.0	0.019	0.086		
3			7,2	3.6		2.0	0.017	0.086		
4		<1	7.5	1.5	<1	2.0	0.048	0.000		
5		<1	7.2	1.0	<1	1.9	0.047	0.000		en unt. I
6			7.1	1.0		1.4	0.047	0.093		
7	<2	<1	7.3	1.2	<1.1	1.5	0.038	0.093	23	64
8			7.1	1.3		0.9	0.045	0.085	The second se	
9			7.2	1.3		1.2	0.020	0.086		
10			7.2	3.5		1.1	0.017	0.086		
11		<1	7.2	5.0	<1	1.6	0.042	0.093		an an na an istao
12		<1	7.9	5.0	<1	1.5	0.040	0.000		-constanting
13			7.3	4.5		1.1	0.049	0.000		
14		<1	74	5.0	<1	1.0	0.040	0.000	1941 - 1941 - 1944 1941	
15			7.7	5.0		1.0	0,038	0.000		
16			7.2	5.0		1.2	0.026	0.086		
17			74	3.6		1.2	0.021	0.090		
18		<1	72	4.5	<1	1.8	0 004	0.089		
19		< 1	74	10	<1	2.0	0.098	0.000		
20			7 1	15		2.0	0.095	0.000		
21	12	- 1	73	1.0	<1	2.0	0.165	0.178	160	270
22	~		7.3	10		2.0	0.103	0.086	100	
23			7.5	1.0		1.0	0.134	0.082		
20			7.4	4.9		2.0	0.020	0.002		
25		-1	7.4	4.3	-11	2.0	0.025	0.102		
20		~1	7.4	5.0	12	2.0	0.034	0.085		
20		\$1	7.7	1.0	1.2	2.0	0.041	0.000	and the second	e e Pr
21			1.0	1.0	4	2.0	0.062	0.000	1997 - 1997 - 19	and and and and
20		×.1	7.0	5.0	1	2.0	0.052	0.000		railen auf a
29			1.2	5.0		1.9	0.043	0.000	· · · · · · · · · · · · · · · · · · ·	
30			7.3	5.0		1.9	0.000	0.007		
		=	7.4	5.0		2.0	0.020	0.000		
PLANT STAFF	ing: ator	Class	Cert	ification No						
Day Shift Oper	ator	Class: C	Cert	ification No.:	9558		Charles Harri	S		
Day Shift Oper	ator	Class:	Cert	ification No.:						
Day Shift Oper	ator	Class:	Cert	ification No.:	0101		Million Tree	(a)		
.ead Operator	1 Discussion	Class: _A_	Cert	incation No.:	9184		vvillam Trend	lei		
ype of Effluer	it Disposa	or Reclaimed	vvater Reu	se:	Sprayneid	(P,	- <u>1</u>	
imited Wet Wea	ther Discha	rge Activated. Y	es 🔄	No.	Not Applicable	J If	yes, cumulative (days of wet weath	er discharge	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation MAILING ADDRESS: P.O. Box 609520			PERMIT NUMBER: FLA011			FLA011078	LA011078					
	Orlando, FL 32860	0-9520	LIMIT: F CLASS SIZE: N			Final N/A	REPORT: GROUP:		Monthly Domestic			
FACILITY: LOCATION:	Florida Central Commerce Park WWTP 140 Hope Street Longwood, FL		MONITORING GROUP NUMBER: MONITORING GROUP DESC: NO DISCHARGE FROM SITE:			R-001 Public Acce	uding Influent					
COUNTY:	Seminole			NG PERIOD-Fr	om:	09/01/2008	To:					
Parameter		Quantity of Loading	Units	Quality	or Concent	ration	Units	No. of Ex	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	0.039	mgd					Û.	5 Days/Week	Flow-meter		
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd						5 Days/Week	Flow-meter		
Flow	Sample Measurement	0.050	mgd					Ů	5 Days/Week	Flow-meter		
PARM Code, 50050 I Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			27			MG/L	0	Every Two Weeks	Grab		
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0<	2 0<		MG/L	()	Every Two Weeks	Grab		
PARM Code, 80082 I Mon Site No. EFA-1	Permit Measurement			30 0 (Mo Avg)	60.0 (Max.)		MG/L		Every Two Weeks	Grab		
Solids, Total Suspended	Sample Measurement			2.3			MG/L	0	3 Days/Week	Grab		
PARM Code, 00530 Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab		
рH	Sample Measurement			7.0	7.5		S.U	5	5 Days/Week	Grab		
PARM Code, 00400 1 Mon Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U		5 Days/Week	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 property 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.

1

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT William Trendel / Sen. Facilities Operator Luituan Start COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

TELEPHONE NO DATE (YY/MM/DD) 407-339-5424

Facility Name: Florida Central Commerce Park WWTP				Permit Number: FLA011078			MONITORING GROUP NUMBER : R001					
			MONITORING PERIOD-From:		from:	09/01/2008	To:		0930-2008			
Parameter		Quantity of	Loading	Units	Quality	or Concer	ntration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab	
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab	
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab	
PARM Code, 74055 I Mon.Site No. EFA-1	Permit _ Measurement						25 (Max)	#/100mL		3 Days/Week	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0	1		MG/L	0	Continuous	analyzer	
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer	
Turbidity	Sample Measurement				2.00			NTU	C	Continuous	analyzer	
PARM Code, 00070 I Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				35			MG/L	Ũ	Every Two Weeks	Grab	
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement				46			MG/L	Ũ	Every Two Weeks	Grab	
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab	
Flow	Sample Measurement	0.044		MG/D					Ĉ	5 Days/Week		
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week		
Flow	Sample Measurement	0 037	0.041	MG/D					0	5 Days/Week		
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week		
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement	Sarrig ()		· · · · · · · · · · · · ·	42.8%	Alterna Marine and Antonio			0	Percent	Calculated	
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated	
an a Hean ar ye a	Sample Measurement Permit Measurement	(n) (en) (in i) 	-	#	2	1	en e ser e el	8	-	к та		

DISCHARGE MONITORING REPORT - PART A (Continued)

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

CBOD5 Fecal (mg/L) pH Coliform (#(100m) TRC (For (S.U.) TSC (mg/L) Disinfect.) Turbidity (NTU) Flow (MGD) CBOD5 CSC (mg/L) (mg/L) Code 80082 74055 00400 50060 00530 50060 50050 50050 80082 00530 Mon Site EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 FA-1 FA-1 FA-1 FA-1 FA-1 NP-01 NP-01 NP-01 1 7.0 1.0 2.0 0.0025 0.0025 0.0025 0.0025 0.0025 0.0025 0.0025 0.0025 0.0025 0.000 2.0 0.0036 0.0095 2.3 2.8 2.6 0.011 0.000 2.6 0.025 0.0012 0.000 2.6 0.001 0.000 2.6 0.001 0.000 2.6 0.001 0.000 2.6 0.001 0.000 2.6 0.001 0.000 2.6 0.001 0.000 2.6 0.001 0.000 2.6 0.001
Code Mon Site 80082 EFA-1 74055 EFA-1 00400 EFA-1 50060 EFA-1 50060 EFA-1 50050 FLW-1 50050 FLW-2 80082 INF-01 00530 INF-01 1 740 10 2.0 0.009 0.085 INF-01 INF-01 INF-01 2 <1
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10 10 10 10 10 0.012 0.001 19 7.3 2.8 1.2 0.029 0.000 20 7.2 1.0 2.0 0.028 0.100 21 7.3 2.2 2.0 0.019 0.000 22 -:1 7.3 2.2 1.1 2.0 0.055 0.000 23 1 7.3 1.7 <1
10 7.0 1.0 1.0 1.0 0.028 0.000 20 7.2 1.0 2.0 0.028 0.100 21 7.3 2.2 2.0 0.019 0.000 22 1.1 7.3 2.2 1.1 2.0 0.055 0.000 23 1 7.3 1.7 <1
20 7.3 2.2 2.0 0.019 0.000 21 7.3 2.2 1.1 2.0 0.055 0.000 22 1 7.3 2.2 1.1 2.0 0.055 0.000 23 1 7.3 1.7 <1
21 73 22 1.1 2.0 0.055 0.000 23 1 7.3 1.7 <1
23 1 7.3 1.7 <1 2.0 0.071 0.054 24 7.3 4.0 1.7 0.048 0.050 25 <1
24 7.3 4.0 1.7 0.048 0.050 25 <1
25 ×1 7.3 3.7 <1 1.7 0.043 0.058
26 7.4 3.7 1.5 0.051 0.000
27 73 50 11 0.022 0.000
28 7.3 5.0 0.9 0.018 0.054
20 73 18 <1 14 0.048 0.055
30 71 71 14 13 0.058 0.054
31 0.000
PI ANT STAFFING
Day Shift Operator Class: Certification No.:
Day Shift Operator Class: C Certification No.: 9558 Charles Harris
Day Shift Operator Class: C Certification No. 14198 Roger Gray
Lead Operator Class: A Certification No. 9184 William Trendel
Type of Effluent Disposal or Reclaimed Water Reuse. Sprayfield
Limited Wet Weather Discharge Activated: Yes: No. Not Applicable: 🖉 If yes, cumulative days of wet weather discharge

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: MAILING ADDRESS:	Florida Water Sen P.O. Box 609520	PERMIT NUMBER:			FLA011078					
FACILITY: LOCATION:	Orlando, FL 3286 Florida Central Co 140 Hope Street Longwood, FL	Orlando, FL 32860-9520 Florida Central Commerce Park WWTP 140 Hope Street Longwood, FL		LIMIT: CLASS SIZE: MONITORING GROUP NUMBER: MONITORING GROUP DESC: NO DISCHARGE FROM SITE:			REPORT: GROUP:	PORT: Monthly 20UP: Domestic rrigation, including Influent		
COUNTY	Seminole		MONITORING PERIOD-From			10/01/2008	To		10/31/2008	
Parameter		Quantity of Loading	Units	Quality	or Concen	tration	Units	No. of Ex	Frequency of Analysis	Sample Type
)) Flow	Sample Measurement	0.040	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0,048	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		an a	MG/L	C	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement		alian an an	20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
5 day, 20C	Sample Measurement			2.7	3.2		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 1 Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			1.0<			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement			7.1	7.8		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement		89 41 - 6	6.0 (Min)	8.5 (Max)	jær. Nite	S.U.		5 Days/Week	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 personnet property 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 and aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment for knowing violations.

1

SIGNATURE O

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Trendel / Sen. Facilities Operator
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additioner sheets if necessary.)

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO 407-339-5424

DATE (YY/MM/DO 08/11/16

Facility Name: Florida Central Commerce Park WWTP				Permit Number: FLA011078				MONITORING GROUP NUMBER. R001				
			MONITORING PERIODFrom: 10			10/01/2008	To: 10/31/2008					
Parameter		Quantity c	of Loading	Units	Quality	or Concen	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal, % less than detecton	Sample Measurement	- 			100%			#/100mL		3 Days/Week	Grab	
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab	
Coliform, Fecal	Sample Measurement			1 			1 0	#/100mL	0	3 Days/Week	Grab	
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement	<u>6</u> ' '			1.0			MG/L	G	Continuous	analyzer	
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer	
Turbidity	Sample Measurement	Tan ang			2 00			NTU	0	Continuous	analyzer	
PARM Code, 00070 I Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				46			MG/L	C	Every Two Weeks	Grab	
PARM Code, 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement				52			MG/L	0	Every Two Weeks	Grab	
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab	
Flow	Sample Measurement	0.044		MG/D					0	5 Days/Week		
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An Avg.)		MG/D						5 Days/Week		
Flow	Sample Measurement	0.042	0.042	MG/D					0	5 Days/Week		
ARM Code, 50050 Q Non,Site No, FLW-1	Permit Measurement	Report (Mo Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week		
ercent Capacity. MADF/Permitted Capacity) 100	Sample Measurement				44.6%			2	0	Percent	Calculated	
ARM Code, 00180 Ion.Site No. FLW-1	Permit Measurement			-	Report					Percent	Calculated	
	Sample Measurement Permit				۲۰۰۵ ۱۹۰۱ ۱۹۹۲							
	Measurement				2							

DISCHARGE MONITORING REPORT - PART A (Continued)

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Monitoring Period From: 10/1/08 To: 10/31/08

Facility Name: Florida Central Commerce Park WWTP

	CBOD5 (mg/L)	Fecal Coliform Bactería (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code Mon.Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1			7.1	1.0	1	1.3	0.051	0.050		
2	3.00	<1	7.2	5.0	<1	1.2	0.040	0.054	55	54
3			7.3	5.0		1.1	0.041	0.054		
4			7.3	5.0		1.1	0.019	0.075		
5			7.3	4.5		0.7	0.021	0.054		
6		<1	7.3	3.9	<1	0.9	0.047	0.046		
7		<1	7.3	5.0	<1	0.8	0.053	0.069		
8			7.3	5.0		1.0	0.048	0.056		
9		<1	7.3	2.3	<1	2.0	0.058	0.067		
10			7.1	1.5		1.3	0.049	0.055		
11			7.2	5.0		0.9	0.042	0.064		
12			7.3	5.0		1.5	0.035	0.000		
13		<1	7.3	5.0	<1	0.8	0.055	0.000		-
14		<1	7.7	5.0	<1	2.0	0.035	0.066		2. F.
15			73	2.4		1.1	0.057	0.061		
16	2.00	<1	73	1.0	<1	11	0.044	0.000	40	56
17	2.00	· · · ·	73	3.8	×.*	0.8	0.045	0.060		
18			73	5.0		1.0	0.024	0.000		
10			7.5	3.0		0.6	0.027	0.000		
20		<1	7.0		<1	17	0.057	0.061		
20		~1	7.0	3.3	<1	0.9	0.037	0.066		
21		51	7.5	5.7	-1	0.0	0.047	0.062		
22		~1	7.0	5.0	~1	2.0	0.032	0.002		
20			7.5	5.0		0.9	0.030	0.076		
24			7.1	5.0		4.0	0.000	0.000		
20			7.2	5.0		1.2	0.029	0.002		
20		-1	7.5	5.0	-1	0.5	0.027	0.005		
29		~1	7.4	5.0	<1	0.7	0.024	0.004		
20		51	7.1	5.0		0.0	0.050	0.000		
29	2.2	-1	7.4	3.0	-1	0.5	0.050	0.000	42	
31	5.2	~1	7.5	1.0		2.0	0.055	0.072	42	40
	FEINO	=	1.4	1.0		0.0		0.000		
Day Shift Op	perator	Class:	Cer	tification No.	1					
Day Shift Op	perator	Class. C	Cer	tification No.	11993		Alfred Gerard	ot		
Day Shift Op	perator	Class:	Cer	tification No.	: 					-
Day Shift Op	perator	Class:	Cer	tification No.	0104		Million Trees	dol		. .
Type of Efflu	ient Dienoes	Lor Reclaimer	d Water Ros	incation NO.	Spraufiold		vvimam iren			
Limited Mod 14	loothor Director			N- [· · · ·		i.	
Linned wet W	reamer Discha	inge Activated: Y	es 📋	NO.	j Not Applicable	. ✓ If	yes, cumulative	days of wet weath	ier discharge	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:	TEE NAME: Florida Water Services Corporation 3 ADDRESS: P O Box 609520 Orlando, FL 32860-9520		PERMIT NUMBER			FLA011078					
MAILING ADDALUG.			LIMIT CLASS SIZ	E	Final N/A	REPORT: GROUP		Monthly Domestic			
FACILITY LOCATION	Florida Central Commerce Park WWTP 140 Hope Street Longwood, FL		MONITORING GROUP NUMBER MONITORING GROUP DESC NO DISCHARGE FROM SITE			R-001 Public Access Irrigation, including Influent			uding Influent		
COUNTY:	Seminoie		MONITOR	NG PERIOD-From		11/01/2008	То		11/30/2008		
Parameter		Quantity of Loading	Units	Quality or	Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0 039	mgd					5	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An Avg.)	mgđ						5 Days/Week	Flow-meter	
Flow	Sample Measurement	0 026	mgd					ŷ	5 Days/Week	Flow-meter	
PARM Code, 50050 I Mon Site No. FLW-2	Permit Measurement	(Mo.Avg.)	mgd						5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2			MG/L	52	Every Two Weeks	Grab	
PARM Code, 80082 Y Mon Site No, EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			26	3.2		MG/L		Every Two Weeks	Grab	
PARM Code, 80082 I Mon Site No. EFA-1	Permit Measurement			30 0 (Mo Avg.)	60 0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement			1.0			MG/L		3 Days/Week	Grab	
PARM Code: 00530 Mon Site No. EFB-1	Permit Measurement			5 0 (Max.)			MG/L		3 Days/Week	Grab	
pH	Sample Measurement			71	7 8		sυ		5 Days/Week	Grab	
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement			6 0 (Min)	8.5 (Max)		S U.		5 Days/Week	Grab	

Centry 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 trial qualified personnel property gather and evaluate the information submitted Based on my inquiny 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, ascurate, and complete — am aware that there are significant penalties for submitting false information including the possibility of the and intersonment for knowing violations CRITICAL SIT

WAME TITLE OF PRIVOPAL EXECUTIVE OFFICER OR AUTHORIZED ACENT

16/EbHOa6 20 SCREATURE OF PRINCIPAL EXECUTIVE DETYER ON AUTHORIZED ACENT 407-339-5424

1

William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)
		A GALT D	Decision	Jumber 51	A011078		MONITORING	GGRC	OUP NUMBER R	001
Facility Name: Florida Central Commerce Park		VVV1P	MONITORING PERIC		IG PERIOD-From	11/01/2008	То		11/30/2008	
Parameter		Quantity of Lo	ading	Units	Quality or Co	ncentration	Units	No of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less S than delecton M	Sample Aeasurement				100%		#/100mL		3 Days/Week	Grab
PARM Code, \$1005 F Mon Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grap
Coliform, Fecal	Sample Measurement					1.0	#/100mL	10	3 Days/Week	Grab
PARM Code, 74055 Mon Site No. EFA-1	^o ermit Vleasurement					25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		MG/L	Ç	Continuous	anaiyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)		MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00		NTU	5	Continuous	analyzer
PARM Code, 00070 Mon Site No. EFA-1	Permit Measurement	-			Report (Max)		NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				59		MG/L	<i>(</i>).	Every Two Weeks	Grab
PARM Code, 80082 G Mon Site No INF-1	Permit Measurement				Report (Mo Avg.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				86		MG/L		Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L		Weeks	Grab
Flow	Sample Measurement	0.043		MG/D					5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0 095 (An Avg)		MG/D					5 Days/Week	
Flow	Sample Measurement	0.037	0.039	MG/D					5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D					5 Days/Week	
Percent Capacity. (TMADF/Permitted Capacity) X 100	Sampie Measurement				40.7%				Percent	Calculat
PARM Code, 00180 Mon Site No. FLW-1	Permit Measurement				Report				Percent	Calculat
	Sample Measurement									
	Permit				2					

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Per	iod	From	11/1	/08	To	11/3	30/08			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.2	1.5		0.9	0.042	0.065		
2			7.3	5.0		0.5	0.023	0.000		
3		<1	7.3	5.0	<1	0.6	0 056	0.000		
4		<1	7.3	1.7	<1	07	0.046	0.000		
5			7.2	4.7		2.0	0.054	0.000		
6		<1	7.2	5.0	<1	0.8	0.045	0.000		
7			7.1	3.5		0.7	0.046	0.000		
8			7.1	5.0		1.9	0.013	0.087		
9			7.6	5.0		0.6	0.028	0.088		
10		< 1	7.5	3.6	<1	0.8	0.064	0.000		
11		<1	7.5	4.1	<1	0.9	0.049	0.000		
12		1.5×14	7.5	43	(200.4	12	0.051	0.086		
13	3.2	<1	7.0	3.2	<1	1.0	0.045	0.063	61	96
14	9.2	2.4	7.2	36		1.0	0.039	0.059	0.	50
15			7.2	50		1.0	0.028	0.058		
16			73	50		0.7	0.020	0.000		
17		<i>c</i> 1	77	5.0	<i>c</i> 1	0.7	0.012	0.000		
19		~1	7.5	1.0	~1	0.0	0.030	0.065		
10		21	7.5	1.0		0.9	0.040	030.0		
20		~ 1	7.5	3.6	-1	10	0.037	0.000		
20			7.5	5.5 E.O		1.0	0.037	0.000		
21			1.5	50		1.0	0.043	000.0		
22			7.6	5.0		0.9	0.023	0 000		
23		50 4 (7.5	50	:274	0.9	0.018	0.000		
24		<1	7.4	3.5	<1	0.8	0.047	0.000		
25		<1	7.4	3.3	<1	0.9	0.049	0.081		
26	<2	<1	7.4	1.7	<1	2.0	0.046	0.065	56	76
27			7.2	3.0		1.2	0.018	0.000		
28			7.6	5.0		12	0 019	0 000		
29			7.5	5.0		0.9	0.011	0.000		
30			7.5	5.0		0.9	0 025	0.000		
31								ana ana amatana ana ana		Texa an alternation are and
PLANT STAFF	FING	Class	C	10						
Day Shift Oper	rator	Class C	Cert	ification No.	11993		Al Gerardo			7
Day Shift Oper	rator	Class	Cert	ification No.:						
Day Shift Oper	rator	Class:	Cen	ification No.						-
Lead Operator		ClassA	Cert	ification No.	9184		William Trend	tel		
Type of Effluer	nt Disposa	al or Reclaimed	i Water Reu	se	Sprayfield					
Limited Wet Wea	ather Discha	arge Activated Y	es 🗍	No []	Not Applicable	[] II	yes cumulative	days of wel weath	er discharge	

* Attach additional sheets if necessary to list all certified operators

When completed real take report in: Days, of Environmental Protection, Control District, 1379 Integraine Bankovard Suite 222, Orlande, Florinte 228,0-1787

PERMITTEE NAME: MAILING ADDRESS:	Florida Water Servi P.O. Box 609520	ces Corporatio	n	PERMIT	NUMBER:		FLA01 (078				
	Ortando, FL 32860-	-9620		LIMIT: CLASS	SIZE		Finel N/A	REPORT: GROUP:		Monithy Domestic	
FACILITY: LOCATION:	Fiorida Central Com 140 Hope Street Longwood, FL	innerce Pairk Vi	/wTP	MONITO MONITO NO DISC	Dring group n Dring group d Charge Fron	iumber: Desc: Site:	R-001 Public Acco []	ss Irrigatio	HR, ÌNC	luding Influent	
COUNTY:	Seminole			MONITO	RING PERIOD	From:	12/01/2008	To:		12/31/2008	
Parameter		Quantity of	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		mgd					0	5 Days/Waak	Flow-meter
PARM Code: 50050 Y Mon Sile No: FLW-2	Pernit. Measurement	0.005 (An Avg.)		mgd						5 Days/Week	Flow-one ler
Flow	Sample Measurement	0.038	-	mgd				a a anti-fi con confi d a	0	5 Days/Weak	Flow-mater
Param Coste, 50050.	Bernit	Heport Ma Avg. 1		mgd .	電子					5Days West	Flow-maler
BOD, Carbonaceous 5 day, 20C	Sample Measurement		terren en det tet de alt	Part	22			MGAL	0	Every Two Weeks	Grab
PARM Code, 80082 Y T Mon Sille No. EFA-1	Permit Mansurement				200 (An Avg.)		idit e grit	MGAL		'Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MGAL	٥	Every Two Weeks	Grab
PARNI-Code, 80082 1 Mon Sile No. EFA-1	Permi Measurement				Mo Avii)	ACID (Madu)		MGAL	11111	Every Twee Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.4			MGAL	0	3 Deys/Week	Grab
PARNI Code, 00530 - 1 - Mon Site No: EFB: 1					50 - (Max.)	7. Januar 19. Januar		MGA		3.Days/Week	Grab
рн	Sample Measurement			Carlo and a shife	6.9	7.8	and the second stated	S.U,	0	5 Days/Week	Grab
PARM Code (00400) 1 Non Sile No. EFA-1	Pentik					8.5 (Max)		s.u	1.4. 1.9	5 Days Week	Grab

I surfig under passady of lage for this document and all adjustments wave pagarent under my direction or supervision in secondance with a system destant of a supervision becaused or any inspire of the person of property galles and evaluate the internation submitted. Based or my inspire of the person of proceedy galles and evaluate the internation submitted or any inspire of the person of proceedy galles and evaluate the internation submitted. I em eware that there are significant penalizes for submitting their internation, including the possibility of line and imprisonment for knowing videbies.

NAME/TITLE OF PRINCIPAL EXCELUTIVE OF FICED OR AUTHORIZED AGENT SEMANARY CLARENCHICK OF THE ACTION AND A DATE OF A DECK TELEPHENNE MOL William Trendel / Sen. Facilities Operator
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atlachments here): (Atlach additional sheets if necessary.) 407-339-5424

1

P.2

				MONITOR	ING PERIOD-From	12/01/2008	10		12/31/2008	
Parameter		Quantity of I	Loading	Units	Quality or C	oncentration	Units	No of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detector	Sample Measurement				100%		#/100mL		3 Days∕Wee×	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement					10	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 1 Mon.Site No. EFA-1	Permit Measurement					25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chiorine (For Disinfection)	Sample Measurement				10	, dag phonological and a set of the set of t	MG/L		Continuous	analyzér
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)		MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2 00	n e z na ser skriver en	NTU		Continuous	analyzer
PARM Code, 00070 Mon Site No. EFA-1	Permit Measurement				Report (Max)		NTÜ		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				42		MG/L	Q.	Every Two Weeks	Grab
PARM Code, 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo Avg)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				:03		MGA.		Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo Avg)		MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.042		MG/D					5 Days Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An Avg.)		MG/D					5 Days/Week	
Flow	Sample Measurement	0 040	0.040	MG/D		n and the second s			5 Days/Week	
PARM Code, 50050 0 Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D					5 Days/Week	
Percent Capacity TMADF/Permitted Capacity X 100	Sample Measurement				41 8%				Percent	Calculated
PARM Code, 00180 1 Mon Site No. FLW-1	Permit Measurement				Report				Percent	Calculated
	Sample Measurement Permit Measurement	ан к		-						-

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

CBOD5

(mg/L)

TSS (mg/L)

Monitoring Period	From	12	/1/08	To	12/	31/08	
CBOD (mg/L	5 Fecal) Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)

Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
http://www.com/com/com/com/com/com/com/com/com/com/		< 1	7.4	3.3	<1	1.4	0.048	0 000		
2		<1	6.9	1.3	<1	1.6	0.051	0.072		
3			7 2	1.4		1.6	0.065	0.052		
4		· <1	7.2	1.6	12	1.5	0.052	0.055		
-6			7.3	33		2.0	0 036	0.058		
6			7.3	1.0		2.0	0.031	0.000		
7			74	1 0		1 0	0.020	0.000		
8		<1	7.2	5.0	<1	0.9	0.048	0.000		
* 9		<1	7.3	1.6	<1	0.9	0.051	0.000		
10			7 2	1 1		1.8	0.046	0.000		
11	<2	<1	7.8	1.1	<1	1.4	0.072	0.000	24	65
12			7.3	1.9		2.0	0.047	0.090		
13			74	4.4		2.0	0.033	0.058		
1.4			7.4	5.0		0.7	0.027	0.000		
16		<1	7.4	5.0	<1	0.9	0.041	0 059		
16		<1	73	2.6	1.4	2.0	0.042	0.065		
1.7			7.2	1.0		2.0	0.041	0.058		
18		<1	78	5.0	<1.1	1.4	0.057	0.071		
19			7.2	2.6		20	0.039	0.072		
20			73	1.8		1.3	0 036	0.065		
21			7.4	5.0		2.0	0.016	0 0 00		
22		<1	7.4	5.0	< 1	0.9	0.055	0 070		
23	<2	<: 1	73	5.0	<1	17	0.052	0 000	60	140
24		<1	73	5.0	<1	1_3	0.043	0.000		
25			73	5.0		1.6	0.002	0.000		
26			7.4	5.0		1.9	0.045	0.000		
27			7.3	27		18	0.027	0.059		
28			73	5.0		16	0.018	0.065		
29		< 1	7.3	5.0	< 1	18	0.045	0.062		
30		s: 1	7.3	1 8	< 1	20	0.041	0 000		
31			73	1.6		2.0	0.026	0.000		
PLANT STA	FFING									
Day Shift Op	verator	Class	Certi	heation No						
 Day Shift Or 	perator	Class	Certi	fication No						
Day Shift Op	perator	Class C	Certi	fication No	11993	2 2	Alfred Gerard	0		
Lead Operat	01	Class A	Certi	fication No	9184		William Trend	el		

9184

Type of Effluent Disposal or Reclaimed Water Reuse Sprayfield Not Applicable

If yes, cumulative days of wet weather discharge

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Fiorida 32803-3767

PERMITTEE NAME: MAILING ADDRESS:	Florida Water Serv P.O. Box 609520	ices Corporatio	n	PERMIT	NUMBER:	FLA011078							
FACILITY: LOCATION:	Orlando, FL 32860 Florida Central Cor 140 Hope Street	-9520 nmerce Park V	WWTP	LIMIT: CLASS MONITO MONITO	SIZE: DRING GROUP NI DRING GROUP DI	Final N/A R-001 Public Acce	REPORT: Monthly GROUP: Domestic Access Irrigation, including Influ						
	Longwood, FL			NO DISC	CHARGE FROM S	SITE:	[]	[]					
COUNTY:	Seminole			MONITO	RING PERIOD-F	rom:	01/01/2009	To:		01/31/2009			
Parameter		Quantity o	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	0.038		mgd		-			0	5 Days/Week	Flow-meter		
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd						5 Days/Week	Flow-meter		
Flow	Sample Measurement	0.029		mgd					0	5 Days/Week	Flow-meter		
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd .						5 Days/Week	Flow-meter		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			MG/L	0	Every Two Weeks	Grab		
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			1. 54 5	20.0 (An, Avg.)			MG/L		Every Two Weeks	Grab		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.75	3.2		MG/L	0	Every Two Weeks	Grab		
PARM Code, 80082 1 Mon Site No. EFA-1	Permit Measurement		1. 1.		30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab		
Solids, Total Suspended	Sample Measurement				7.7		· · · · · · · · · · · · · · · · · · ·	MG/L	6	3 Days/Week	Grab		
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab		
рН	Sample Measurement				6.7	7.4		S.U.	0	5 Days/Week	Grab		
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Méasurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 property 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, 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 OFFICIATION AUTHORIZED AGEN	T TELEPHONE NO.	DATE (YYAMADOP
William Trendel / Sen. Facilities Operator	I William 12	407-339-5424	09/02/23
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	achments here): (Attach additional sheets if necessary.)	Ut cape -

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Facility Name: Florida Cen	tral Commerce Park	WWTP	Permi	it Number	FLA011078			MONITORIN	IG GF	OUP NUMBER .:	R001
MONITORING PERIODFrom: 01/01/2009								To:		01/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concenti	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1		1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No, EFA-1	Permit Measurement				n A Alissian		25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 1 Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				26			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon Site No. INF-1	Permit Measurement	1			Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				165			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon:Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.040		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.034	0.037	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				38.9%				0	Percent	Calculated
PARM Code, 00180 Mon Site No, FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement										
	Permit Measurement	÷			2	**** *					

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring F	Period	From:	1/1	/09	To:	1/3	1/09			
T	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.3	4.7		2.0	0.010	0.000		
2		<1	7.2	5.0	<1	2.0	0.038	0.000		
3			7.3	5.0		2.0	0.014	0.000		
4			7.4	5.0		2.0	0.022	0.000		
5		<1	7.4	5.0	3.1	2.0	0.053	0.000		
6			7.4	5.0		2.0	0.028	0.000		
7			7.4	11		2.0	0.025	0.000		
8	32	<1	7.1	41	57	2.0	0.047	0.067	52	120
9		<1	7.1	37	12	2.0	0.050	0.065	V4.	120
10			7.1	27	14	2.0	0.000	0.000		
11			8.3	2.7		2.0	0.010	0.000		
12		~1	6.0	2.0	10	2.0	0.024	0.000		
12			0.9	3.3	19	2.0	0.021	0.000		
13			0.0	1.0		2.0	0.034	0.000		
14			6.9	3.9		2.0	0.049	0.000		
15		<1	6.8	3.6	7.3	2.0	0.060	0.000		• - · · · · · · · · · · · · · · · · · ·
16		<1	6.8	1.0	9.2	2.0	0.054	0.000		
17			6.8	1.0		2.0	0.022	0.066		
18			6.7	3.3	ļ	2.0	0.011	0.068		
19		<1	7.1	2.7	4.6	2.0	0.037	0.069		-
20		¥1	7.2	3.1	2.4	2.0		0.066		in the second second
21		<1	7.3	2.3		2.0	0.011	0.078		
22	v2.3	<1	7.3	1.4	7.1	2.0	0.049	0.000	170 v	210
23			7.3	1.3		2.0	0.037	0.000		
24			7.0	1.5		1.8	0.034	0.068		
25			7.2	2.6		1.1	0.006	0.000	*****	
26		<1	7.1	1.0	<1.1	1.5	0.068	0.068	1999 - Al Andrew (and an Alfred States) (1997	
27		<1	7.1	1.8	1	1.1	0.031	0.077		
28			7.2	1.2		1.1	0.047	0.070		
29		<1	7.4	29	<1	13	0.057	0.077		•
30	-		72	3.7		13	0.068	0.071		
31			7.2	1.8	+	2.0	0.000	0.071		
DI ANT STA	FEINO		1.4	1.0		2.0	0.010	0.000		
Day Shift Or	perator	Class:	Cert	ification No.						
Day Shift Or	perator	Class: C	Cert	ification No.:	11993		Alfred Gerard	lo		
Day Shift Op	perator	Class:	Cert	ification No.:			**************************************			
Day Shift Op	perator	Class:	Cert	ification No.:						
Lead Operat	tor	Class: _A_	Cert	ification No.:	9184		William Tren	del		
Type of Efflu	ent Disposal	or Reclaimed	d Water Reu	se:	Sprayfield					
imited Wet W	Veather Discha	rge Activated: Y	'es:	No:	Not Applicable:	J If	yes, cumulative	days of wet weath	er discharge	

Keuisrd

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida, 32803-3767

PERMITTEE NAME: MAILING ADDRESS:	Florida Water Ser P.O. Box 609520	vices Corporatio	on	PERMIT	NUMBER:	na i chagan na 2010 Childhe Ann	FLA011078				
FACILITY: LOCATION:	Florida Central Co 140 Hope Street Longwood, FL	u-9520 mmerce Park V	WVTP	LIMIT: CLASS MONITO MONITO NO DISO	Size: Dring group i Dring group i Charge from	NUMBER: DESC: SITE:	Final N/A R-001 Public Acco []	REPORT: GROUP:	on, ind	Monthly Domestic cluding influent	
COUNTY:	Seminole		1.2286.16	MONITO	RING PERIOD-	From:	02/01/2009	To:		02/28/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		mgd	The second				0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd			and the second s			5 Days/Week	Flow-meter
Flow	Sample Measurement	0.032		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd	ana ang pangangan ang pangangangan ang pangangan ang pangangan ang pangangan ang pangangan ang pangangangan ang					5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement		anta 111 anta		20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.15	2.3		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.2			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement			ing)	5.0 (Max.)		n i nation and and	MG/L		3 Days/Week	Grab
рН	Sample Measurement				6.7	7.5		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 AUTH RIZED AGENT TELEPHONE NO DATE (YY/MM/DD) William Trendel / Sen. Facilities Operator 120 William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Altach additional sheets if necessary.) 407-339-5424

1

Facility Name: Florida Cen	Iame: Florida Central Commerce Park WWTP Permit Number: FLA011078 MONITORING GROUP NUMBER: R0							R001			
		MONITORING PERIOD-From: 02/01/2009 To: 03/03/2009									
Parameter		Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex.	Frequency of Anatysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%		and a second second second	#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				49			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				99			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.044	0.039	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				41.4%				0	Percent	Calculated
PARM Code, 00180 I Mon Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement										
	Permit Measurement			and the second							

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring P	enou	FIOITI.	2/11	109	10:	2/20	w09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.2	19		2.0	0.037	0.000		
2		<1	6.9	5.0	1 3	2.0	0.059	0.000		
3			7.3	16		2.0	0.060	0.076		
4		<1	73	1.0		2.0	0.000	0.072		
5	23	<1 <1	6.8	1.0	•	2.0	0.000	0.072	60	140
5 F	2.7		6.7	1.0		2.0	0.010	0.000	00	14
7			6.7	1.0		2.0	0.001	0.000		
0			7.0	1.0		2.0	0.024	0.000		
8			7.0	5.0		1.2	0.013	0.000		
9		<1	6.9	3.7	2.3	2.0	0.048	0.068		
10		<1	7.2	1.8	4.2	1.7	0.044	0.077		
11			7.0	3.4		1.4	0.050	0.071		
12		<1	7.1	2.7	1.3	1.8	0.028	0.064		
13			7.1	1.6		0.9	0.041	0.000		
14			7.4	2.7		0.9	0.005	0.000		
15			7.5	1.9		0.8	0.040	0.050		
16		<1	7.4	3.7	1.0<	0.8	0.059	0.053	An a definition of the American State of the Control of the American State	
17		<1	7.4	1.0	<1.1	1.2	0.074	0.051		
18			7.2	1.7		1.2	0.070	0.052		
19	2.0<	<1	7.2	1.8	1.0<	1.1	0.059	0.049	38	54
20			7.2	1.5		1.2	0.046	0.053		
21			7.2	3.2		1.0	0.055	0.049		
22			7.3	2.6		0.7	0.022	0.000		
23		<1	7.3	5.0	1.0<	0.8	0.059	0.000		
24		<1	7.3	3.6	1.0<	0.9	0.055	0.000		
25			7.4	1.6		1.3	0.055	0.000		
26		<1	7.4	1.3	1.0<	1.0	0.054	0.052		
27			7.4	3.4		1.1	0.048	0.051	(
28			7.2	1.0		1.8	0.031	0.000		
29										
30										
31										
PLANT STA Day Shift O Day Shift O Day Shift O	AFFING: perator perator perator	Class: Class: _C Class:	Cen Cen Cen	ification No.: ification No.: ification No.:	11993		Alfred Gerard	ło		•
Day Shift O	perator	Class:	Cer	tification No.:	0104		Million Tre-	dol		-
Lead Opera	itor	Class: _A_	Cer	incation No.:	9184		william Iren	Jei		-
lype of Effl	uent Disposa	I or Reclaime	d Water Reu	ISE:	Sprayfield					

* Flow diverted to sub-standard pond

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:	TTEE NAME: Florida Water Services Corporation G ADDRESS: P.O. Box 609520		PERMIT	NUMBER:		FLA011078				
MAILING ADDRESS:	P.O. Box 609520 Orlando, FL 32860	-9520	LIMIT: CLASS S	IZE		Final N/A	REPORT: GROUP:		Monthly Domestic	
FACILITY: LOCATION:	LITY: Florida Central Commerce Park WWTP ATION: 140 Hope Street Longwood, FL			RING GROUP NUI RING GROUP DES HARGE FROM SI	MBER: SC: TE:	R-001 Public Acce []	ess Irrigatio	n, incl	uding influent	
COUNTY	TY Seminole			MONITORING PERIOD From:			To:		03/31/2009	
Parameter		Quantity of Loading	Units	Quality	or Concen	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd			÷.			5 Days/Week	Flow-meter
Flow	Sample Measurement	0.034	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd			111-11-111-111-111-111-111-111-111-111			5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	en en antarioù (amero amero) en		2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)	a og de un on of the second		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0<		MG/L	0	Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	and an also a second since the second state of a second state of the second state of t		2.6	ant care and to contract the	an comparison and the second second second	MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement			6.8	7.5	-	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 faise information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE

willian

1

OR AUTHORIZED AGENT

TELEPHONE NO

407-339-5424

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Trendel / Sen. Facilities Operator

ullel. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Facility Name: Florida Cer	ntral Commerce Par	k WWTP	Perm	it Number:	FLA011078		MONITORING GROUP NUMBER : ROO				
				MONITO	RING PERIOD-	From:	03/01/2009	To:		03/31/2009	2
Parameter		Quantity	of Loading	Units	Qualit	y or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Typ
Coliform, Fecal, % less than detecton	Sample Measurement		1		100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement		And and the second		75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement			-			1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		• • • • • • • • • • • • • • • • • • •		1.0		an an ann a an ann ann ann a	MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon,Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00		nano e nano (n) na	NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)		anno ano - On Graduito 4 - Contracto	NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				57			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement	-			Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				86			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.040		MG/D	and a Colone construction of an and		-	l	0	5 Days/Week	
ARM Code, 50050 P Ion.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.041	0.040	MG/D					0	5 Days/Week	-
ARM Code, 50050 Q Ion.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	en ((Maria and Carlos e a gar glassen e a crae in gr
ercent Capacity, IMADF/Permitted Capacity) 100	Sample Measurement				41.8%		ana ing ang ang ang ang ang ang ang ang ang a		0	Percent	Calculated
ARM Code, 00180 Ion.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement Permit Measurement	 State of the state of the state		· · · · · · ·	2						

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring F	Period	From:	3/1	/09	To:	3/3	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1 1			7.2	5.0		1.1	0.019	0.000		
2		<1	7.3	2.4	<1	20	0.066	0.000	na dalam (sé debatan na dése	and the second
3	and the second sec	<1	7.1	2.8	<1	20	0.029	0.000		
4			6.8	1.0	· · · · · · · · · · · · · · · · · · ·	2.0	0.045	0,000		
5	<2	<1	6.8	10	19	2.0	0.043	0.000	45	100
6		· · · · · · · · · · · · · · · · · · ·	6.8	1.0	1.0	2.0	0.040	0.000		100
7		······································	8.0	5.0		2.0	0.013	0.000	······	
8			6.0	3.8		2.0	0.009	0.000		<u>.</u>
9			7.1	1.9	~1	2.0	0.025	0.000		
10		<1		1.0	26	2.0	0.000	0.000		
11			6.0	2.1	2.0	2.0	0.044	0.000		
12			6.9	2.1	·	2.0	0.060	0.052	······	line - interest
13			7.1	2.0	~1	2.0	0.049	0.072		1
14			7.1	3.4		2.0	0.048	0.058		
15			7.4	1.7		2.0	0.024	000.0		
16			7.4	1.0		2.0	0.019	0.061		
17			7.4	1.0	1.4	1.8	0.049	0.064		
10	··· · · · · · · · · · · · · · · · · ·	~1	7.4	2.1	1.0	1.5	0.063	0.060	••••••••••••••••••••••••••••••••••••••	
10			/.4	2.1		1.2	0.046	0.061		
19	<2	<1		1.9	<1	1.1	0.059	0.064	68	- 73
20			7.4	1.0		1.1	0.042	0.059		
21			7.4	5.0	ļ	1.2	0.019	0.059		
22			7.4	3.7		1.3	0.023	0.000		
23		<1	7.4	5.0	<1	1.1	0.045	0.064		
24		<:1	7.3	3.8	<1	1.4	0.049	0.066		l
25			7.4	3.5		2.0	0.038	0.000		-
26		<1	7.4	5.0	1.3	1.9	0.052	0.069		
27		1	7.4	2.1		1.8	0.058	0.056		
28			7.4	2.3		1.8	0.021	0.059		
29			7.5	5.0		1.4	0.048	0.000		
30		<1	7.5	5.0	<1	2.0	0.048	0.065		
31		·<1	7.4	5.0	1.1	1.8	0.048	0.060		j.
PLANT STA Day Shift Op Day Shift Op	FFING: perator perator	Class:	Cert	ification No.:						
Day Shift Op	perator	Class: _C	Cert	ification No.:	11993		Al Gerardo	ing and a state of the state of		-
Day Shift Op	perator	Class:	Cert	ification No.:						-
Lead Opera	tor	Class: _A_	Cert	ification No.:	9184		William Tren	del		
Type of Efflu	uent Disposa	I or Reclaime	d Water Reu	se:	Sprayfield	and the second	Territoria I. Statements a diversity			Network Western 1 Tel Middlement

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

MAILING ADDRESS:	Florida Water Sen P.O. Box 609520	vices Corporation	PERMIT	NUMBER:		FLA011078				
FACILITY: LOCATION:	Orlando, FL 32860-9520 Florida Central Commerce Park WWTP 140 Hope Street Longwood, FL			SIZE: IRING GROUP NU RING GROUP DE CHARGE FROM S	JMBER: ESC: NTE:	Final N/A R-001 Public Acce []	REPORT: GROUP: ess Irrigatio	n, Inc	Monthly Domestic Iuding Influent	
COUNTY	Y Seminole		MONITO	RING PERIOD-F	rom.	04/01/2009 To:			04/30/2009	
Parameter		Quantity of Loading	Units	Quality	or Concentr	ration	Units	No. of	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037	mgd	and a the senare of an analysis of	(in the state of t			0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd		and the second sec				5 Days/Week	Flow-meter
Flow	Sample Measurement	0.031	mgd	ga ganti nakon nem san I			aller - tradition - To include	0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd	ingen Anline angen ar ar general ar ar		alabata analo - Model are	i o vo. The subscreen		5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		an ann an	2.3	an a the local and a the second of		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement	1		20.0 (An. Avg.)	an a	a contra meno menero a seco	MG/L		Every Two Weeks	Grab
5 day, 20C	Sample Measurement	1		2.5	3.3		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement		-	1.6		And the second sec	MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement	and meaning of the second states and		5.0 (Max.)	alisi siyasi asa siyasi s	(*) (*) (*) (*) (*) (*) (*) (*) (*) (*)	MG/L	1	3 Days/Week	Grab
рН	Sample Measurement	A set Remain of the state of the first state of the st		7.0	7.7	in the advance of a	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)	and the second of the second	S.U.		5 Days/Week	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 property 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 to be to 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.

1

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT TELEPHONE NO William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach add 407-339-5424 hal sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continue))d)
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Facility Name: Florida Cent	ral Commerce Park	WWTP	Permi	Number: f	LA011078			MONITORIN	G GR	OUP NUMBER.	R001
				MONITOF	ING PERIOD-From	n:	04/01/2009	To:		04/30/2009	
Parameter		Quantity of	Loading	Units	Quality or	Concentr	ation	Units	No. of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement		2		100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab ,
Coliform, Fecal	Sample Measurement		andin strain and a second		(a) P. (100) - 1. (20): 4 - 4		1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	n ann an tha	•		1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement		1		1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement	an a			1.60	and	a na sinanitan	NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		energia de la composición de		76	i na marana i sanan A marana ing karana	1	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				126		i na serie de la constante de	MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L	and a second of the second	Every Two Weeks	Grab
Flow	Sample Measurement	0.040		MG/D	· · · · · · · · · · · · · · · · · · ·				0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.040	0.042	MG/D			· · · · · · · · · · · · · · · · · · ·		0	5 Days/Week	2 (1997) (1997) (1997) (1997) (1997) (1997)
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement		1011 (1119) 1011 (1119)		43.9%		100 (100 - 100 (100 - 100 - 100 - 100 -		0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report				No.	Percent	Calculated
	Sample Measurement Permit			No. of the second se			1.4				
	Measurement	1			2						1

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

11										
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/l
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.4	5.0		1.6	0.040	0.000		
2	3.3	<1	7.3	1.3	1	1.4	0.055	0.066	72	8
3	·····		7.3	5.0		1.2	0.050	0.058		Andread Contractor Contractor
4		9	7.3	3.0	••••••••••••••••••••••••••••••••••••••	1.2	0.023	0.059		1
5			7.3	3.6	ngan	0.9	0.012	0.000		a) - Marcia (Amari) - Ama
6	a a succession and a succession of the	<1	7.4	2.0	<1	1.4	0.055	0.065		n better an and a state
7		<1	7.3	5.0	<1	0.8	0.042	0.064		
8	anness - annalising to an	ante a serie de la companya de la co	7.4	5.0		0.7	0.040	0.000		
9		<1	7.4	5.0	<1	0.7	0.037	0.068	na a ninenin, senar i s	ana ()aan (. anaan)
10			7.4	3.2	1	0.6	0.031	0.000		
11	**************************************	······	7.4	2.0		0.6	0.028	0.000		
12			7.4	5.0	1	0.6	0.019	0.061		
13		<1	7.4	4.1	<1	0.9	0.059	0.065		
14	()	<1	7.4	3.3	<1	0.9	0.050	0.000		nataanin' na mira ny 1 1
15			7.4	1.0		0.9	0.045	0.063		
16	2.3	<1	7.4	2.1	<1	10	0.040	0.000	110	22
17			7.4	2.2	1	0.8	0.048	0.000		
18	· · · · · · · · · · · · · · · · · · ·		7.4	5.0		0.7	0.027	0.059		
19			7.4	3.4	•	0.5	0.024	0.060		·
20		<1	7.5	5.0	<1	0.7	0.048	0.062		
21		<1	7.6	5.0	<1	0.7	0.047	0.000	-	
22			7.5	5.0		0.8	0.045	0.000		· · · · · · · · · · · · · · · · · · ·
23	1997-1998 (1999-1997) - 147 - 1499-1499-1499-1499-1499-1499-1499-14	<1	7.5	5.0	<1	1.0	0.041	0.066		and a constant of the second s
24			7.4	5.0		0.8	0.037	0.000		
25			7.6	1.8		0.0	0.007	0.000		
26			7.3	3.4		1.0	0.030	0.000		-i -
27	an in a sub-sector of the sector of the	<1	7.7	5.0	12	1.7	0.030	0.000	· • • · · · · · · · · · · · · · · · · ·	
28	an a tha and a the set	<1	7.6	4.4	<1	1.5	0.047	0.003		1
A. U			72	5.0	· · · · · · · · · · · · · · · · · · ·	1.5	0.002	0.000		
29						1.0	0.037	0.059		1
29 30	2.0<	<1	7.0	1 1 1	1.13		0 0 4 0	0.000	400	

When completed mall this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities, Fl. P.O. Box 490310			PERMIT	NUMBER:		FLA011078				
	Leesburg, FL 3474	8		LIMIT: CLASS S	SIZE:		Final N/A	REPORT: GROUP:		Monthly Domestic	
FACILITY: LOCATION:	Florida Central Con 140 Hope Street Longwood, FL	nmerce Park V	WTP	MONITO MONITO NO DISC	RING GROUP NI RING GROUP DE HARGE FROM S	JMBER: ESC: NTE:	R-001 Public Access Irrigation, including Influ []			luding Influent	
COUNTY:	Seminole			MONITORING PERIODFrom:			05/01/2009 To:			05/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd						5 Days/Week	Flaw-meter
Flow	Sample Measurement	0.045		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			and the second sec	2.2		All Contract of the second	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		1	MG/L	1 W	Every Two Weeks	Grab
5 day, 20C	Sample Measurement	çoral oraşarı s	a we be an a state of the second		2.1	2.2		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			£	1.4			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 Mon.Site No. EFB-1	Permit Measurement				5.0 (Max.)		-	MG/L		3 Days/Week	Grab
рН	Sample Measurement				7.0	8.0		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
The second s	The second se	and the second		1		State of the second second					li li

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 property 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.

1

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Trendel / Sen. Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OF FICER OR AUTHORIZED AGENT William uer

TELEPHONE NO. DATE (YYMMOD) 407-509-8398

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Facility Name: Florida Cer	ntral Commerce Par	k WWTP	Perm	Permit Number: FLA011078				MONITORING GROUP NUMBER .: R001				
				MONITO	RING PERIODFr		05/01/2009	To:		05/31/2009		
Parameter		Quantity	of Loading	Units	Quality	or Concentra	tion	Units	No.	Frequency of Analysis	Sample Ty	
Coliform, Fecal, % less than detecton	Sample Measurement			1	100%			#/100mL		3 Days/Week	Grab	
PARM Code, 51005 I Ion.Site No, EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab	
coliform, Fecal	Sample Measurement		n Frankrik († 1996) 1		a na an		1.0	#/100mL	10	3 Days/Week	Grab	
ARM Code, 74055 I Ion.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab	
otal Residual Chlorine For Disinfection)	Sample Measurement		1 1		1,4	North Constant and Constant	aa alifaa ka o	MG/L	0	Continuous	analyzer	
ARM Code, 50060 A Ion.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer	
urbidity	Sample Measurement			·	3.00	And		NTU	0	Continuous	analyzer	
ARM Code, 00070 I Ion.Site No, EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer	
OD, Carbonaceous day, 20C	Sample Measurement	l	t a change and an		58			MG/L	0	Every Two Weeks	Grab	
ARM Code, 80082 G Ion.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab	
olids, Total Suspended	Sample Measurement	1 (10) - 10 (10) (10) - 10 - 10 - 10 (10)			101			MG/L	0	Every Two Weeks	Grab	
ARM Code, 00530 G on.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L	Ì	Every Two Weeks	Grab	
Flow	Sample Measurement	0.040	n in 19 militer in anna 19	MG/D	Anna an in the second s				0	5 Days/Week		
ARM Code, 50050 P on Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week		
Flow	Sample Measurement	0.039	0.040	MG/D					0	5 Days/Week		
ARM Code, 50050 Q on Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	ana ang ang ang ang ang ang ang ang ang	
rcent Capacity, MADF/Permitted Capacity) 100	Sample Measurement	<u>.</u>			42.1%				0	Percent	Calculated	
RM Code, 00180 I on.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated	
ann a an Iomrain an Iomrain an Iomrain Ann an Iomrain an Iomrain an Iomrain	Sample Measurement Permit		60 · · · · ·		$\left\{ \mathbf{r} \in \{\mathbf{a}^{(1)}\} : \mathbf{k}^{(1)} = \left\{ \mathbf{r} \in \{\mathbf{a}^{(1)}\} : \mathbf{r}^{(1)} \in \{\mathbf{a}^{(1)}\} : \mathbf{r}^{(1)} \in \{\mathbf{a}^{(1)}\} \right\}$	· · · · · · · · · · · · · · · ·	energie en la se a s	er no niver in an				
	Measurement				_2					i		

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PermitNumber: FLA011078

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Facility Name: Florida Central Commerce Park WWTP

Monitoring Pe	riod	From:	5/1/	09	10:	5/31	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.1	5.0		1.3	0.038	0.000		
2			7.1	5.0		1.1	0.037	0.058		1
3		р на на на на	7.2	5.0		0.8	0.022	0.000		
4	nan ang tao	<1	7.2	5.0	<1	0.8	0.049	0.000		<u>.</u>
5		<1	7.6	5.0	<1;	07	0.047	0.063	anna co - compo	press in the second s
6			7.0	5.0		0.7	0.055	0.057		
7		<1	73	5.0		0.0	0.000	0.068	en (egiles a consensi L
8	100.0000000000000000000000000000000000		73	5.0		0.7	0.043	0.000		in stan tin saa
0			7.3	5.0		0.7	0.042	0.062		
10			7.3	5.0		0.0	0.020	0.066	anna ann an tha ann an ann a	-
10		~1	7.0	5.0		0.0	0.015	0.000		
12	nan en en segun ananonen era an	<u></u>	7.0	5.0	~1	0.7	0.040	0.009		8:
12		<u> </u>	7.0	3.0	~1	0.0	0.070	0.020		an a
13			76	5.0		0.7	0.052	0.060		
15	· · · · · · · · · · · · · · · · · · ·	······	7.0	5.0		0.7	0.000	0.065	47	12
10			7.4	5.0	- <u>BARGER (</u>	0.0	0.035	0.062		
10			1.4	4.0		0.8	0.031	0.000		
- 1/				5.0		0.4	0.015	0.000		n An an
18		<1	7.5	5.0	<1	1.4	0.048	0.062		
19		<1	7.6	5.0	<1	1.2	0.075	0.000		
20			7.5	5.0		1.2	0.077	0.000		44 Million and Anna and An
		<1	7.6	5.0	<1	1.2	0.062	0.098		l References (1996 - 1996 - 1997 - 1997
22	rector with (, the second second		7.7	5.0		1.2	0.055	0.090		
23	a geographic and a set and a series	······································	7.6	3.5		1.2	0.016	0.065		
24			7.4	1.8		1.8	800.0	0.065		1
25			7.5	3.4		3.0	And the second	0.065		
26		<1	7.6	3.3	<1	2.6	0.059	0.064		· · · · · · · · · · · · · · · · · · ·
27			7.7	5.0		1.6	0.034	0.085	*******	neneral a concensioned la concensión de la conce
28	2.2	<1	7.7	3.8	<1	0.9	0.037	0.076	68	130
29		<1	7.7	2.9	1.4	1.1	0.040	0.065	······································	and a second
30			7.9	5.0	 Sector and the sector a	1.3	0.022	0.065		••••••••••••••••••••••••••••••••••••••
31			7.8	5.0		1.2	0.091			 Schemensensteinererfere,
PLANT STAF	FING:	· · · · · · · · · · · · · · · · · · ·				••••				
Day Shift Ope	erator	Class:	Certi	fication No.:						
Day Shift Ope	erator	Class:	Certi	fication No.:						•
Day Shift Ope	erator	Class:	Certi	fication No.:						
Day Shift Ope	erator	Class: _C	Certi	fication No.:	11993		Alfred Gerard	0		
Lead Operato	r	Class: _A_	Certi	fication No.:	9184		William Trend	lel		
Type of Efflue	int Disposa	I or Reclaimed	Water Reus	se:	Spravfield					

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities, Fl. P.O. Box 490310 Leesburg, Fl. 34748			PERMI	T NUMBER:		FLA011078	E.				
FACILITY: LOCATION:	Leesburg, FL 34748 Florida Central Commerce Park WWTP 140 Hope Street Longwood, FL				SIZE: ORING GROUP I ORING GROUP I CHARGE FROM	NUMBER: DESC: SITE:	Final N/A R-001 Public Acco []	REPORT: GROUP: ess Irrigatio	on, ind	Monthly Domestic ncluding influent		
COUNTY:	Seminole			MONIT	ORING PERIOD-	-From:	06/01/2009	To:		06/20/2000		
Parameter		Quantity o	f Loading	Units	Quality	or Concer	tration	Units	No. of	Frequency of	Sample Type	
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Méasurement	0.095 (An.Avg.)		mgđ						5 Days/Week	Flow-meter	
Flow	Sample Measurement	0.044		mgd		NABARA CARE	<u> </u>		0	5 Days/Week	Flow-meter	
PARM Code, 50050 I Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			A BETY A THE COL	2.2			MG/L	0	Every Two	Grab	
PARM Code, 80082 Y	Permit Measurement				20.0 (An. Avg.)		1	* MG/L		Every Two Weeks	Grab	
5 day, 20C	Sample Measurement				2.0	2.0<		MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 I Mon Site No. EFA-1	Permit Measurement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement				1.1		<u>o a nasiona dan</u>	MG/L	0	3 Days/Week	Grab	
PARM Code, 00530 I Mon Site No, EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab	
pН	Sample Measurement	<u></u>		<u>naga sa</u> ake	7.0	7.8	<u>y di katalan</u> i	S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement		e de la Prime de la		6.0 (Min)	8.5 (Max)		S.⊍.		5 Days/Week	Grab	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

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 property 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 line and imprisonment for knowing violations.

HAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	ENT TELEPHONE NO	BATE OVALLED	
William Trendel / Sen. Facilities Operator	Willian dierde	407-509-8398	09/07/1	2
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here): (Attach additional sheets if neces	sarv)	240-11-16	G

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Facility Name: Florida Cent	ral Commerce Park	WWTP	Permi	t Number	FLA011078		M	ONITORIN	G GR	OUP NUMBER.	R001
				MONITO	RING PERIOD-	From:	06/01/2009	To:		06/30/2009	
Parameter		Quantity o	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code: 51005 I Mon Site No: EFA-1	Permit Measurement				75 (Min.)			#/100mL	100	3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 1 Mon.Site No: EFA-1	Permit Measurement			- 356 62-58			25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MGA		Continuous	analyzer
Furbidity	Sample Measurement				2.60			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon Site No, EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
3OD, Carbonaceous 5 day, 20C	Sample Measurement				45			MGA	0	Every Two Weeks	Grab
PARM Code, 80082 G Non Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two* Weeks	Grab
Solids, Total Suspended	Sample Measurement				76		130 Que 16 - 600	MG/L	0	Every Two Weeks	Grab
ARM Code, 00530 G Aon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.040		MG/D					0	5 Days/Week	
ARM Code, 50050 P Ion Site No. FLW-1	Permit Méasurement	0.095 (An Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.045	0.041	MG/D	AND A CONTRACT OF A CONTRACT		<u>elevitor de la company</u>	<u> 1998 - 1995</u>	0	5 Days/Week	
ARM Code, 50050 Q Ion Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
ercent Capacity, [MADF/Permitted Capacity] 100	Sample Measurement		<u> </u>	<u>19168-92" (P.</u>	43.5%	<u>an an an an An</u>		<u>et o d'at i sta al</u>	0	Percent	Calculated
ARM Code, 00180 1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement								<u> </u>		
	Permit Measurement					a and	anti ki Ngjara ski ji				

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

monitoring i	riod	From:	6/1	/09	To:	6/30	0/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	1NE-01
1		<1	7.4	5.0	<1	24	0.063	0.064		
2		<1	7.6	5.0	<1	2.6	0.056	0.065		
3			7.3	50		15	0.055	0.059		
4	1		7.4	3.3		1.4	0.071	0.066		
5		<1	74	5.0	11	12	0.039	0.057		
6			7.4	5.0		1.2	0.035	0.061		
7			74	33		13	0.014	0.000		
8		<1	7.4	5.0	<1	1.0	0.014	0.000		
9		<1	7.4	3.0	e1 1	1.4	0.033	0.053		
10			73	5.4		1.0	0.042	0.050		
11	2	<1	7.0	5.0	<1	1.2	0.073	0.059	24	E.A.
12			7.2	5.0		0.5	0.037	0.060	54	34
13			7.5	5.0		0.0 n a	0.037	600.0	Х окалана (),;	
14	•••••••••••••••••••••••••••••••••••••••		7.5	5.0		0.5	0.010	0.003		
15		<1	7.5	5.0	c1 1	1.0	0.040	0.000		- 1
16		<1	7.0	3.0	-1	1.0	0.050	0.009		
17			7.0	27		1,1	0.030	0.000	an a	
18		<1 C1	7.1	2.7	4	1.1	0.031	0.050	•	
19			7.1	2.4		1.3	0.070	0.062		
20			7.2	3.0		1.2	0.042	0.062		
21			7.4	3.2		1.1	0.020	0.000		
22		<1	7.5	5.0	4	1.7	0.020	0.000		
23		c1	7.0	5.0	4	2.4	0.050	0.000		
24			7.5	3.0		1.7	0.000	0.000		
25	<2	<1	7.0	5.0	<1	1.4	0.040	0.000	55	OB
26		·····	7.8	13		1.1	0.047	0.000		50
27			7.6	1.0		1.4	0.030	0.057		
28			7.5	1.0		1.2	0.000	0.000		
29		<1	7.0	5.0	-1	1.1	0.027	0.000		
30			7.4	1.0		1.0	0.057	0.000		
31				4.3		1.2	0.000	0.000		
	FEING	ka				ł				
Day Shift Op Day Shift Op	perator	Class: Class:	Cert	fication No.: ification No.:	-					
Jay Shift Op Day Shift Or	erator	Class:	Cert	fication No.:	11002		Alfred Correct	0		
ead Operat	or	Class: A	Certi	fication No.:	9184	5 -	William Trend	lel		
voe of Efflu	ent Disposa	or Reclaimer	i Water Reu	SP'	Spravfield					
Limited Wet W	lent Disposa leather Discha	or Reclaimed	es:	se: No:	Sprayfield	[J] if√	es cumulative (tays of wet weath	er discharge	and control (Composition de

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: MAILING ADDRESS	Aqua Utilities, FI. P.O. Box 490310		PERM	T NUMBER:		FLA011078				
	Leesburg, FL 347	48	LIMIT: CLASS	SIZE:		Final N/A	REPORT: GROUP:		Monthly Domestic	
FACILITY: LOCATION:	Florida Central Col 140 Hope Street Longwood, FL	nmerce Park WWTP	MONIT MONIT NO DIS	ORING GROUP N ORING GROUP D CHARGE FROM	IUMBER: DESC: SITE:	R-001 Public Acce []	ess Irrigatio	n, Inc	luding Influent	
COUNTY:	Seminole		MONIT	ORING PERIOD-	From:	07/01/2009	To:		07/31/2009	
Parameter		Quantity of Loa	ding Units	Quality	or Concenti	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	mgd		and the second	and the second		0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An:Avg.)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.044	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	1	5	2.3	2.5		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			1,0		1	MG/L	Ō	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement			7.1	8.0		S.U.	D	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S .U.		5 Days/Week	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 property 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 again/fact penalties for submitting false information, including the possibility of fine and imprisonment for knowledge values.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE OR AUTHORIZED AGEN TELEPHONE NO. William Trendel / Sen. Facilities Operator Ullian ud 407-509-8398 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

1

Facility Name: Florida Cen	tral Commerce Par	k WWTP	Permit	Number:	FLA011078		N	ONITORIN	GGR	OUP NUMBER :	R001
				MONITO	RING PERIODI	From:	07/01/2009	To:		07/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						190 0	#/100mL	1	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement			214	1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				1.80			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement]		74			MGA	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MGA		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	-	-		130			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MGIL	н н 1	Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D			40-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		0	5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.046	0.043	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				45.6%				0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement										
	Permit Measurement										

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

, normoring ,	enou	FIOID.	771)	109	10:	113	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/l
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INE-01	INF-01
1			7.4	2.6		0.9	0.056	0.053		
2	o par anterestinger y garrier tande dans andere	<1	74	5.0	<1	13	0.039	0.059	984997 *** all - 400908 - in a + 1000000 (Summa	
3		- and a second	7.3	50		1.0	0.000	0.054		·····
4		and the second sec	7.4	5.0		0.9	0.040	0.054		
5			74	5.0		1 2	0.000	0.000		
6		<1	7 4	5.0	e1	1.4	0.000	0.000		
7		<1	7.4	5.0		1.1	0.042	0.054		
8			7.0	5.0		1.0	0.044	0.054		
0	25	P100	7.0	J.U 4 E		0.9	0.000	0.055		
10	2.5	0190	7.4	4.5	<u> </u>	1.3	0.049	0.061	/5	120
			7.5	4.2		1.0	0.039	0.053		
			7.5	4,4	mana an' is nation no a si ana	1.0	0.037	0.057		
12			/.5	5.0		0.9	0.032	0.000	a ana an a	
13	08. / mm. 4	<1	7.7	5.0	<1	0.9	0.051	0.061		
14		<1	7.7	5.0	<1	0.7	0.063	0.000		
15		••••••••••••••••••••••••••••••••••••••	7.5	5.0	Rest and a second s	0.8	0.047	0.051		
16		<1	7.4	5.0	<1	0.8	0.063	0.060		
17			7.4	5.0		0.9	0.044	0.054		
18	nen allen er en ser en an en an en an		7.8	5.0		0.9	0.039	0.059		l
19			7.5	5.0		0.7	0.028	0.056)
20		<1	7.9	4,4	<1	1,1	0.061	0.054		3] {***
21		<1	7.3	5.0	<1	0.9	0.013	0.056		
22			7.6	4.3		0.8	0.074	0.060		
23	2.0	<1	7.2	1.0	<1	1.5	0.053	0.059	73	140
24			7.1	1.6		1.8	0.043	0.000		
25			7.2	3.4		1.0	0.039	0.000		
26		1	8.0	5.0		1.3	0.045	0.000		
27		<1	7.9	5.0	<1	1.1	0.051	0.056		
28		<1	8.0	1.0	<1	1.7	0.055	0.055	an annan a' staineach 1993 tha tha ann an a	and the state of the
29		1	7.2	5.0		1.6	0.054	0.054	100 an a l an 2010 an an 2010 an an 2010 an an 2010 an an 2010 an an 2010 an an 2010 an an 2010 an 2010 an 2010	•
30	an an ann an Annaichte an	<1	8.0	5.0	<1	1.2	0.049	0.059		
31		1999 - San	7.2	5.0		1.0	0.048		and the cost of the advanced of a second () ()	
PLANT STAI Day Shift Op Day Shift Op	FFING: erator erator	Class: Class: Class:	Certi Certi Certi	fication No.: fication No.:						-
Day Shift On	erator	Class: C	Certi	fication No.	11993		Alfred Gerard	0		-
Lead Operate	or	Class: _A_	Certi	fication No.:	9184		William Trend	iel		.
Type of Efflu	ent Disposa	or Paclaimar	Notor Dow		0 5 11					

PERMITTEE NAME	Aqua Utilities, Fl.			PERMIT	NUMBER:		FLA011078				
MAILING ADDRESS.	Leesburg, FL 3474	3		LIMIT:	SIZE		Final N/A	REPORT: GROUP:		Monthly Domestic	
FACILITY: LOCATION:	Florida Central Com 140 Hope Street Longwood, FL	merce Park W	WTP	MONITO MONITO NO DISC	RING GROUP N RING GROUP D CHARGE FROM S	UMBER: ESC: SITE:	R-001 Public Acce []	ess Irrigatio	n, inc	iuding influen t	
COUNTY	Seminole			MONITO	RING PERIOD-I	From:	08/01/2009	To:		08/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.048		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 1 Mon Site No: FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	<u></u>			2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An: Avg.)			MG/L		Every Two Weeks	Ģrab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.4		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 1 Mon Site No. EFA-1	Permit Measurement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.0			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement				5.0 -(Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement				7.1	8.2		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No: EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

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 property 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 pelief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT William Trendel / Sen. Facilities Operator
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) 407-509-8398

1

Facility Name: Florida Cen	tral Commerce Park	WWTP	Permi	I Number	FLA011078		N	ONITORIN	G GR	OUP NUMBER.	R001
				MONITO	DRING PERIOD-	From:	08/01/2009	To:		08/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Typ
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Daýs/Week	Grab
Fotal Residual Chlorine For Disinfection)	Sample Measurement	1. 18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		<u>a.e. e. e. e</u>	1.0	POLICIE LINE HALFMAN	19.90802 Sp. 12.5	MGA	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement		n san san san san san san san san san sa		1.0 (Min)			MGA		Continuous	analyzer
Turbidity	Sample Measurement				1.30			NTU	0	Continuous	analyzer
ARM Code, 00070 I. Mon Site No. EFA-1	Permit Méasurement				Report (Max)			NTU		Continuous	analyzer
3OD, Carbonaceous i day, 20C	Sample Measurement				34			MG/L	0	Every Two Weeks	Grab
ARM Code, 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				43			MG/L	0	Every Two Weeks	Grab
ARM Code, 00530 G fon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D			ACCENTISED TO NO. 19	<u>er (10.04.000) (40.000)</u>	0	5 Days/Week	
ARM Code, 50050 P Ion Site No, FLW-1	Permit Measurement	0.095 (An:Avg.)	th _a c A	MG/D						5 Days/Week	
Flow	Sample Measurement	0.046	0.046	MG/D			2.2.5.5.2.2.2°.2°		0	5 Days/Week	
ARM Code, 50050 Q on Site No. FLW-1	Permit Measurement	Report (Mo Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
ercent Capacity, MADF/Permitted Capacity) 100	Sample Measurement				48.1%				0	Percent	Calculated
ARM Code, 00180 I on Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement				and the second	24	a set il "Soliticke" il s	a a a a a a a a a a a a a a a a a a a	276.01	ut de Section - vie - 1	A CONTRACTOR
	Permit Méasurement									Frilling Port	

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

	CBOD5									
	(mg/L)	Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1		-	8.1	5.0		1.0	0.026	0.056		
2			7.4	5.0		1.3	0.034	0.000		
3		<1	7.7	5.0	>1	1.3	0.067	0.072		
4		<1	8.0	5.0	<1	1.0	0.070	0.057		
5			8.0	5.0		0.8	0.046	0.056		
6	2.4	<1	7.9	5.0	<1	0.8	0.063	0.056	34	4
7			7.3	1.0		1.1	0.026	0.063		
8	ar i neveni e constanta con deservo e conservo		7,1	1.5		1,1	0.038	0.061		
9			7.3	5.0		0.8	0.021	0.000		
10	a.	<1	7.7	5.0	<1	0.7	0.049	0.057		
11		<1	8.2	5.0	<1	0.7	0.044	0.058		
12			8.1	5.0		0.6	0.043	0.057		1
13			8.2	5.0		0.7	0.055	0.000		
14		<1	7.6	5.0	<1	0.6	0.052	0.058		
15			7.5	5.0		1.0	0.030	0.056		
16			7.4	5.0		0.7	0.043	0.055		
17		<1	8.2	5.0	<1	0.7	0.045	0.056		
18		<1	8.2	5.0	<1	0.6	0.062	0.061		
19			8.1	5.0		0.0	0.052	0.055		
20	0		8.2	5.0	-1	0.0	0.002	0.055	٨۶	4
20	-2		70	3.0		0.5	0.042	0.030		
21			7.5	4.4 5.0		0.5	0.049	0.049		
22			7.5	3.0		0.5	0.032	0.033		
23			7.0	3.3		0.0	0.040	0.000		
24		<u></u>	0.2	4.7	<1 	0.0	0.060	0.058		
23		<u><u> </u></u>	7.0	2.0		1.0	0.059	0.064		
20		<1	1.3	3.1	<1	0.8	0.077	0.058		
21			7.3	1.0		0.6	0.033	0.058		
28			7.2	5.0		0.6	0.046	0.060		+
29			7.2	5.0		0.6	0.027	0.060		
30			7.5	1.0		0.9	0.038	0.059		
31		<1	7.4	1.0	i <1	1.0	0.104	0.000	an na an a	1
PLANT STAI	FFING:	Classe	0-4	6						
Day Shift On	erator	Class:	Certi	fication No.:						-
Day Shift On	erator	Class:	Certi	fication No.						-
Day Shift On	erator	Class: C	Certi	fication No :	11003		Alfred Geran	to		-
Lead Onerat	or	Class: A	Certi	fication No :	9184		William Tren	del		-
Tuno of Tel	ant Disass	Los Donlaime	d Motor Dr.		Coroudiald					-

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME	Aqua Utilities, Fl. P.O. Box 490310			PERMIT	NUMBER:		FLA011078				
NETERIO ADDICEDO.	Leesburg, FL 34748	3		LIMIT: CLASS S	IZE:		Final N/A	REPORT: GROUP:		Monthly Domestic	
FACILITY: LOCATION:	Florida Central Com 140 Hope Street Longwood, FL	merce Park V	WTP	MONITO MONITO NO DISC	RING GROUP N RING GROUP D HARGE FROM S	UMBER: ESC: SITE:	R-001 Public Acce []	ess Irrigatio	n, inc	luding Influent	
COUNTY:	Seminole			MONITO	RING PERIOD-I	From:	09/01/2009	To:		09/30/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039		mgd					0	5 Days/Week	Flow-meter
PARM Code; 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.050		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 1 Mon Site No FLW-2	Permit Measurement	Report (Mo:Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2			2.3			MGAL	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement		and the second		20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.3		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon Site No: EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.2			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 1 Mon Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab
рH	Sample Measurement				7.0	7.9		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement		Alian Alia		6.0 (Min)	8.5 - (Max)		S.U.		5 Days/Week	Grab

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YYAMAOO) NAMENTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tinn n 407-509-8398 William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Facility Name: Florida Cen	tral Commerce Park	WWTP	Permi	it Number:	FLA011078	22.	h	MONITORIN	G GR	OUP NUMBER :	R001
				MONITO	RING PERIOD	-From:	09/01/2009	To:		09/30/2009	
Parameter		Quantity o	of Loading	Units	Quality	or Concenti	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)	Contraction of the		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement					A Contract Processing of the	1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit. Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			<u></u>	1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement		-		2.20			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTÚ.		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			221	40			MGA	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	POLITE ALET NO SH	A A A A A A A A A A A A A A A A A A A	ALC: YEARANA	63	Contraction and a start of	ES CARE AND	MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.042		MG/D		AN CHART STRATE	<u>19 8 8 9 9 9 9 8 8 9 9 9 9 9 9 9 9 9 9 9</u>		0	5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.044	0.045	MG/D	an a	ALL PARTY CONTROL IN TOTAL	<u>de hot ofsstaange</u>	<u>Sensolanony</u> ,	0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo:Avg.)	MG/D						5 Days/Week	
Percent Capacity, TMADF/Permitted Capacity) X 100	Sample Measurement			<u>allocitettitti</u>	47,7%	and the second of the second		<u>21.129.259, 2019</u>	0	Percent	Calculated
PARM Code, 00180 I Von Site No. FLW-1	Permit . Measurement				Report					Percent	Calculated
	Sample Measurement				and the second second second	17.17.438(17.636) 17.7	0.000.000.228	and the state street.	73,9579	<u>0) 252250458</u> 3	<u>Altakini, Takini</u>
	Permit Measurement										

*

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring I	Period	From:	9/1	/09	To:	9/30	0/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1		<1	7.4	1.0	<1.1	1.0	0.060	0.061		
2			7.4	3.3		0.8	0.082	0.055	****	
3	2.3	<1	7.5	5.0	<1	0.8	0.044	0.050	38	
4			7.5	5.0		0.8	0.059	0.059		
5			7.6	4.5		1.0	0.013	0.058		
6			7.5	4.3		12	0.032	0.058		
7	*** and a set of the basis of a basis of a		7.6	5.0		1.9	0.002	0.000		
8		<1	7.7	5.0	<1	21	0.046	0.001		
9			7.6	2.4		1 9	0.048	0.000		
10		<1	7.6	5.0	<1	1.0	0.040	0.000	·····	
11		<1	7.7	4.0	<1	1.4	0.000	0.000		
12			7.4	40		1.0	0.031	0.055		
13			7.6	3.9		1.8	0.030	0.059		
14	1	<1	7.6	5.0	1	1.0	0.050	0.058		
15		<1	7.7	23		2.3	0.035	0.058		
16			7.7	<u>۲.5</u> ۶.۵		4.2	0.007	0.058		
17	21	<1	7.0	5.0		1.0	0.001	860.0		
18			7.1	5.0		1.1	0.030	0.058	41	<u> </u>
19			7.0	5.0		0.7	0.031	0.058		
20			76	5.0		0.9	0.022	0.083		
21			7.0	5.0		0.9	0.025	0.100		
22		e1	7.5	5.0	~1	1.4	0.037	0.039		
23			7.0	1.0	~ ~	1.5	0.059	0.085		
24		~1	7,4	1.0	<u> </u>	1./	0.069	0.063		
25		~!	7.4	0.0	<1	1,1	0.061	0.063		
25			7.0	5.0		1.0	0.031	0.000		
20			7.0	1.0	·····	0.8	0.028	0.000		
21			7.4	5.0		0.8	0.039	0.022		
20			7.4	1.0		1.2	0.055	0.064		
20		<1	7.0	5.0	1.2	1.0	0.045	0.055		
31		<1	1.1	5.0	<1	1.1	0.047	0.057		
25 26 27 28 29 30 31 20 20 20 20 20 20 20 20 20 20 20 20 20	FFING: erator ()	<1 <1 Class:	7.6 7.6 7.4 7.4 7.0 7.7 Certif	5.0 5.0 1.0 5.0 5.0 5.0 5.0	1.2 <1	1.0 0.8 0.8 1.2 1.0 1.1	0.031 0.028 0.039 0.055 0.045 0.047		0.003 0.000 0.000 0.022 0.064 0.055 0.057	0.003 0.000 0.000 0.022 0.064 0.055 0.057
ay Shift Op	erator (Class:	Certif	ication No.:		-				
ay Shift Op	erator (Class:	Certif	ication No.:		-				
ead Operation	erator (or (Class: _C Class: _A	Certif Certif	ication No.:	<u>11993</u> 9184	-	Alfred Gerardo William Trende) el		
une of Effer	ant Disposal	or Realaimed	Winter David			-				

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, FI. MAILING ADDRESS: P.O. Box 490310			PERMIT	NUMBER:		FLA011078					
Leesburg, FL 34748			LIMIT: CLASS S	SIZE		Final N/A	REPORT: Monthly GROUP: Domest		Monthly Domestic		
FACILITY: LOCATION	JLITY: Florida Central Commerce Park WWTP ATION: 140 Hope Street Longwood, FL				MONITORING GROUP NUMBER: MONITORING GROUP DESC: NO DISCHARGE FROM SITE:				luding Influent	ing Influent 31/2009	
COUNTY: Seminole			MONITORING PERIOD-From:			10/01/2009	To: 10/31/2009				
Parameter Quantity of Loading			Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0.039	mgd					0	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An:Avg.)	mgd						S Days/Week	Flow-meter	
Flow	Sample Measurement	0.044	mgd					0	\$ Days/Week	Flow-meter	
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3			MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 Y Mon.Site No: EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			24	2.9		MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60,0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement			1.4			MG/L	0	3 Days/Week	Grab	
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab	
рН	Sample Measurement			7.3	8.0		S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 1 Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 property 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 beliet, true, accurate, and complete. I am aware that there are significant penalties for submitting faise 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. 09/11/20 William Trendel / Sen. Facilities Operator
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) 407-509-8398

Facility Name: Florida Cent	tral Commerce Par	K WWTP		10/04/2000	To: 10/31/2009						
				MONITC	RING PERIODF	rom:	10/01/2009	10.	No	Frequency	Sample Type
Parameter		Quantity 0	f Loading	Units	Quality or Concentr		ation	Units	of Ex.	of Analysis	Sample Typ
Coliform, Fecal, % less than detecton	Sample Measurement	 a second contraction of the sec	a anna a na a na anna a sua anna a sua anna a sua a	and the second second	100%	at in the Parent Series	active of some	#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1 0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine For Disinfection)	Sample Measurement				3 4			MGA	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No.EFA-1	Permit Measurement			1997 1997 1997	1.0 (Min)			MGA		Continuous	analyzer
Turbidity	Sample Measurement				1.30			NTU	0	Continuous	analyzer
PARM Code, 00070 Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				49			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				66			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No: INF-1	Permit Méasurement				Report (Mo.Avg.)			MGA		Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.041	0.044	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, TMADF/Permitted Capacity) K 100	Sample Measurement				46.0%				0	Percent	Calculated
PARM Code, 00180 I Mon Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement							1			angun (u. 1.) one (u. 1.) one (u. 1.)
	Permit Measurement										L

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period		From:	10/1/09		To:	10/3				
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TŠS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1	2.2	<1	7.6	5.0	<1	1.0	0.039	0.055	76	96
2			7.3	5.0	and an order of the second second	0.8	0.030	0.051		i I I
3			7.4	5.0		0.8	0.035	0.053	Management (1) Manufactory and a state of the second	1
4			7.4	5.0		0.9	0.023	0.069	e (seren i vojnek starona ovala ne	
5	n di fama (1997) anna an Albania	<1	8.0	5.0	<1	1.1	0.036	0.066		
6		<1	7.5	5.0	<1	0.9	0.061	0.068		
7			7.9	5.0		0.7	0.041	0.064	144 (
8		<1	7.7	5.0	<1	0.9	0.032	0.070	a, a p aran a sanan ar a <u>anan an an</u>	<u> </u>
9		······	7.4	50		0.7	0.065	0 000		
10	anna is a chainn is an		7.8	34	••••••••••••••••••••••••••••••••••••••	0.8	0.039	0.073		
11			7.9	50		1.0	0.033	0.000		
12		<1	7.4	50	<1	13	0.054	0.000	nemen in die Mart III - C. C. de and - November	
13		c1	80	5.0	-1	0.8	0.004	0.072		<u> </u>
14			8.0	5.0		0.0	0.045	0.075		
15	<2		7.5	5.0		0.7	0.031	0.000	25	40
16			7.5	5.0		0.0	0.040	0.059	20	40
17			7.0	5.0	+	0.9	0.040	0.057		
10			7.4	5.0	<u> </u>	0.9	0.022	0.058		1
10			8.0	5.0		0.5	0.034	0.000		
19		<1	7.5	5.0	1.4	1.3	0.052	0.057		,
20		<1	1.1	5.0	<1	0.6	0.054	0.000	Management and a first set of second	
21			7.8	5.0		0.6	0.066	0.056	n a sen i ta angenerita sera a na ang	
22		<1	7.7	5.0	<1	0.5	0.033	0.000		
23		-	7.8	5.0		0.6	0.036	0.061		
24			7.5	4.7		0.5	0.023	0.000	mmere a chronoman adam	
25			7.4	5.0		0.6	0.023	0.000		1
26		<1	7.6	5.0	1.1	0.5	0.047	0.000		
27		<1	7.8	5.0	<1	0.8	0.056	0.061	Ac 1000	-
28			7.8	5.0		0.7	0.047	0.060		
29	2.9	<1	7.8	5.0	<1	0.8	0.031	0.065	45	53
30			7.4	5.0		1,1	0.054	0.057		
31			7.7	5.0		1.0	0.013	0.000		
PLANT STA Day Shift O Day Shift O Day Shift O Day Shift O Lead Opera	NFFING: perator perator perator perator tor	Class: Class: Class: Class: _C Class: _A_	Cer Cer Cer Cer	tification No tification No tification No tification No tification No	<u> </u>		Alfred Geran William Tren	do del		
Type of Effl	uent Disposa	al or Reclaime	d Water Reu	JSe:	Sprayfield			and the second		en a service de la companya de la c
Limited Wet V	Veather Discha	arge Activated: `	/es:	No:	Not Applicable	e: 🔽 If	yes, cumulative	days of wet weat	ner discharge	}

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: MAILING ADDRESS:	AE: Aqua Utilities, Fl. SS: P.O. Box 490310			PERMIT NUMBER: LIMIT: CLASS SIZE:			FLA011078					
Leesburg, FL 34748 FACILITY: Florida Central Commerce Park WWTP LOCATION: 140 Hope Street Longwood, FL							Final N/A	REPORT: GROUP:	Monthly Domestic			
			MONITORING GROUP NUMBER: MONITORING GROUP DESC: NO DISCHARGE FROM SITE:			R-001 Public Access Irrigation, including influent []						
COUNTY: Seminole					MONITORING PERIOD-From: 1			11/01/2009 To: 11/30/2009				
Parameter Quantity of Loading			Units	Quality or Concentration		tration	Units	No. of Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	0.039		mgd					0	5 Days/Week	Flow-meter	
PARM Code; 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter	
Flow	Sample Measurement	0.032		mgd	and the second				0	5 Days/Week	Flow-meter	
PARM Code, 50050 1 Mon Site No: FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd			2 X			5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 Y Mon Site No: EFA-1	Permit Measurement				20.0 (An. Avg.)	Survey States		MG/L		Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1	-	MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 1 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max,)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement				1.4			MG/L	0	3 Days/Week	Grab	
PARM Code, 00530 I Mon Site No: EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab	
рH	Sample Measurement				7.0	7.9		S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 I. Mon Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 property 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 gathening 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 (YYAMADD)	
William Trendel / Sen. Facilities Operator	1 William. dudel)	407-509-8398	09/12/13	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Peteropee all at	(Attach monte length and the stand of the stand at a standard			

1

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach adultional sheets if necessary.)
Facility Name: Florida Cen	tral Commerce Parl	WWTP	Permi	t Number:	FLA011078	Gram	11/01/2000	IONITORIN	G GR	OUP NUMBER .:	R001
Parameter		Quantity of	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement	-			100%			#/100mL	1	3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement			1.94	75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement				an a	•	1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 1 Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			MG/L	0	Continuous	analyzer
PARM Codé, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				1.60			NTU	0	Continuous	analyzer
PARM Code, 00070 - 1 Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTÚ		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement	20. Junio 19 41 - 4			253			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	AND FOR			165	1997 - Sector 7 - Lation		MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.042		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon Sile No. FLW-1	Permit Méasurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.042	0.042	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				44.6%				0	Percent	Calculated
PARM Code, 00180 I Mon Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
Handback and a fair of a f	Sample Measurement										
	Permit Measurement								-		

DISCHARGE MONITORING REPORT - PART A (Continued)

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DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

.

Facility Name: Florida Central Commerce Park WWTP

Aonitoring P	eriod	From:	11/1	109	10:	11/3	0/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.5	5.0		0.9	0.025	0.000		
2		<1	7.7	5.0	1	0.9	0.061	0.000		
3	*******	<1	7.8	5.0	1.4	· 1.0	0.054	0.060		
4			7.4	5.0		0.9	0.048	0.022		
5		<1	7.1	5.0	<1	0.8	0.055	0.060		
6			7.0	2.0		1.1	0.042	0.055		
7			7.5	5.0	1	0.9	0.025	0.000		
8			7.6	3.0		0.8	0.034	0.068	and a second group of the second and second	
9		<1	7.6	4.2	<1	0.7	0.051	0.000	and a subsection of the subsection of the subsection of	
10		<1	7.3	1.4	<1	1.2	0.057	0.000		1
11			7.4	3.6		1.0	0.059	0.000	Gali y Louise (1997), Ala (1997), Ala Gali ya G	
12	2.0<	<1	7.5	2.8	<1	0.8	0.056	0.059	66	110
13			7.5	2.5	-	0.9	0.055	0.052		
14			7.2	5.0		0.7	0.029	0.059		
15		-	7.5	5.0		0.8	0.015	0.059		
16		<1	7.5	1.5	<1	0.6	0.060	0.060		
17	. 9 - M. (9-10-10-10-10-10-10-10-10-10-10-10-10-10-	<1	7.6	5.0	<1	0.9	0.050	0.000		
18			7.5	1.5		1.0	0.041	0.000		
19	an in an ann an an ann an an an an an an an	<1	7.6	5.0	<1	0.8	0.056	0.124		
20	,		7.5	3.6		0.7	0.037	0.055		
21			7.5	5.0		0.7	0.023	0.000		
22	Alexandronal () (()) () () () () () () (7.3	5.0		0.8	0.026	0.000		
23			7.5	4,4	<1	0.7	0.038	0.000		
24	2.1	<1	7.5	5.0	<1	0.8	0.058	0.000	440	220
25		<1	7.4	1.1	<1	0.9	0.051	0.054		
26			7.5	5.0		0.9	0.033	0.056		
27		<1	7.6	5.0		0.8	0.015	0.058		
28			7.3	5.0		1.8	0.032	0.056		
29			7.8	5.0		1.2	0.021	0.000		
30		<1	7.9	5.0	<1	0.8	0.055	0.000		
31										
PLANT STA Day Shift O Day Shift O Day Shift O Day Shift O Day Shift O	FFING: perator perator perator perator tor	Class: Class: Class: Class: _C Class: _A	Cer Cer Cer Cer Cer	tification No. tification No. tification No. tification No. tification No.	 		Alfred Gerard William Tren	do		

* 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: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities, Fl. MAILING ADDRESS: P.O. Box 490310				PERMIT	NUMBER:		FLA011078				
	Leesburg, FL 3474	8		LIMIT: CLASS S	SIZE:		Final N/A	REPORT: GROUP:		Monthly Domestic	
FACILITY: LOCATION:	Florida Central Corr 140 Hope Street Longwood, FL	nmerce Park V	WWTP	MONITO MONITO NO DISC	ess Irrigatio						
COUNTY:	DUNTY: Seminole				RING PERIOD	From:	12/01/2009	To:			
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon Site No. FLW-2	Permit, Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.039		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 1 Mon Site No. FLW-2	Permit. Measurement	Report (Mo Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4	2.0<		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon Site No. EFA-1	Permit Measurement				30.0 (Mo,Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.3			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement				6.7	7.9		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	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 as sure that qualified personnel property 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.

NAMERTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFIGER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YYMMU	00)
William Trendel / Sen. Facilities Operator	11/11/11/11/ 01/11/ 407-509-8398 10/01/14	3
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all a	attachments here): (Attach additional sheets if necessary)	

1

Facility Name: Florida Cer	ntral Commerce Park	Permi	t Number:	MONITORING GROUP NUMBER.: R001								
				MONITO	DRING PERIOD-	From:	12/01/2009	To:		12/31/2009	~ ~	
Parameter		Quantity o	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal, % less than detecton	Sample Measurement	-			100%			#/100mL		3 Days/Week	Grab	
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement			4	75 (Min.)			#/100mL		3 Days/Week	Grab	
Coliform, Fecal	Sample Measurement			1			7.0	#/100mL	0	3 Days/Week	Grab	
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement				au forens		25 (Max)	#/100mL		3 Days/Week	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MGAL	0	Continuous	analyzer	
PARM Code, 50060 A Mon Site No: EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer	
Turbidity	Sample Measurement		1		2.50			NTU	0	Continuous	analyzer	
PARM Code, 00070 I	Permit Measurement				Report (Max)			NTU		Continuous	analyzer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement	Contractific Christiania			65		2022 AND A SHORE BEEL	MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MGA		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement				92			MGAL	0	Every Two Weeks	Grab	
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo Avg.)	alan an burne an		MGA		Every Two Weeks	Grab	
Flow	Sample Measurement	0.043		MG/D			in a substant for the second second	and an angle of the	0	5 Days/Week	an a	
PARM Code, 50050 P Mon Sile No. FLW-1	Permit Measurement	0 095 (An:Avg.)		MG/D						5 Days/Week		
Flow	Sample Measurement	0.048	0.044	MG/D	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		3	<u>indersen (na 152</u>	0	5 Days/Week	<u></u>	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week		
Percent Capacity, (TMADF/Permitted Capacity) K 100	Sample Measurement				46.0%				0	Percent	Calculated	
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated	
	Sample Measurement						and a second	an Anna an An		naan door of the book of the b	ander of the second de la	
	Permit Measurement					Martin and				with Section		

DISCHARGE MONITORING REPORT - PART A (Continued)

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Aonitoring P	eriod	From:	12/1	/09	To:	12/3	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/l
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1		<1	7.9	5.0	<1	1.1	0.046	0.000		
2			7.3	5.0		0.7	0.042	0.054		
3		<1	7.4	3.4	<1	0.6	0.054	0.054		
4			7.3	5.0		0.6	0.064	0.000		
5			7.3	5.0		0.5	0.061	0.000		
6			7.4	5.0		0.8	0.031	0.000		
7		<1	7.4	4.3	<1.3	1.4	0.037	0 000		
8		<1	7,4	3.4	<1	1.0	0.069	0.000		
9			7.4	4,6	· · · · · · · · · · · · · · · · · · ·	0.8	0.052	0.056		
10	<2	7	7.4	5.0	<1	0.8	0.059	0.058	99	14(
11			7,4	3.5		1.3	0.059	0.054		
12			7.2	4.2		1.9	0.024	0.057		
13			7.3	4.2	·	2.5	0.033	0.054		
14		<1	7.4	3.8	<1	2.5	0.066	0.062		
15		<1	7.3	3.7	<1	1.8	0.054	0.068		
16			7.3	3.2		1.4	0.060	0.057		
17	****	<1	7.4	3.3	<1	1.0	0.045	0.056		
18	er og en		7.2	5.0		1.1	0.032	0.057		
19	1997 - 177 999 - 1997 - 1977 - 1979 - 1989 - 1989 - 1989 - 1987 - 19	1999 - The State of S	7.3	3.4		11	0.032	0.054		A survey of the design of the second s
20			7.5	3.4		1.4	0.050	0.056		1
21		<1	7.8	2.5	<1	1.5	0.063	0.000		
22	<2	<1	7.0	2.5	<1	1.5	0.074	0.057	30	4
23		<1	6.8	10	<1	17	0.052	0.071		
24			6.7	4.0	······	15	0.032	0.071		
25			69	5.0		1.0	0.024	0.000		
26			7.0	5.0		0.9	0.040	0.071		-
27			7.3	5.0		0.0	0.037	0.000		
28		<1	73	5.0	<1	1.2	0.007	0.071		
29	00 - 004 0 - 10 - 10 - 10 - 10 - 10 - 10	<1	7.7	5.0	e1	1.2	0.030	0.081	al () - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
30		- 1	7.4	5.0		1.1	0.040	0.001		
31	An al	<1	7.5	5.0	<1	0.8	0.030	0.000		
PLANT STA Day Shift Op Day Shift Op Day Shift Op Day Shift Op Lead Operat Type of Efflu	FFING: erator erator erator erator or ent Disposa	Class: Class: Class: Class: _C Class: _A_ I or Reclaimed	Certi Certi Certi Certi Certi t Water Reus	fication No.: fication No.: fication No.: fication No.: fication No.: se:	11993 9184 Soravfield		Alfred Gerard William Trenc	o lel		- - - -

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

PERMITTEE NAME	Aqua Utilities, Fl AILING ADDRESS. P.O. Box 490310		PERMIT NU	MBER		FLA011078				
NOLING NODICOU.	Leesburg, FL 347	48	LIMIT CLASS SIZE	L.		Final N/A	REPORT GROUP		Monthly Domestic	
FACILITY	Florida Central Co 140 Hope Street Longwood, FL	mmerce Park WWTP	MONITORIN MONITORIN NO DISCHA	IG GROUP N IG GROUP D IRGE FROM S	UMBER ESC SITE	R-001 Public Acci [_]	ess Irrigatio	in, inc	luding Influent	
COUNTY	Seminole		MONITORIN	IG PERIOD-F	man	01/01/2010	To		01/31/2010	
Parameter		Quantity of Loading	Units	Quality	or Concen	itration	Units	No of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.040	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An Avg.)	mgd		4	10 12			5 Days/Week	Flow-meter
Flow	Sample Measurement	0 036	mgd				•L,	0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon.Site No. FLW-2	Permit Measurement	Report (Mo Avg.)	mgđ						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day 20C	Sample Measurement	· ···: · ·		2 2	• • • • • • • • •		MG/L	2	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)	1		MG/L	l.	Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			23	2 5		MG/L	5	Every Two Weeks	Grab
PARM Code, 80082	Permit Measurement			30 0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids Total Suspended	Sample Measurement			31	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		MG/L	0	3 Days/Week	Grab
PARM Code, 00530	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
рн	Sample Measurement			6 5	76		SU	0	5 Days Week	Grab
PARM Code, 00400	Permit Measurement			6.0 (Min)	8 5 (Max)		S.U.		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTA

I certify under penanty of taw that this occument and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnal property 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 betel the accurate, and complete and 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 AGEN.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICEN OF ALTHORIZED ACENT TE . EPHONE NO 407-509-8398

10/2/23

William Trendel / Sen Facilities Operator LLUILLOWN LACK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name Honda Central Commerce Park WWTP		Permit Number FLA011078				MONITORING GROUP NUMBER					
		-		MONITO	RING PERIOD-F	rom	01/01/2010	To		11/31/2010	
Parameter		Quantity	of Loading	Units	Quality	or Concentra	non	Units	Ho of Ex	Frequency of Analysis	Sample Typ
Dan detector	Sample Measurement				100%			#100m		3 Days/Week	Grab
PARM Code, 51005 1 Mon She No EFA-1	Permit Measurement				75 (Man)			#/100m_		3 Days/Week	Grab
Coliform Fecal	Sample Measurement	2			e, e ,		10	#/100mi	0	3 Dave-Week	Grah
ARM Code 74055 I Non Site No EFA-1	Permit Measurement	ŧ.			n an	an a	25 Marri	#/100mL		3 Days/Week	Grat
otal Residual Chlorine For D-sinlection)	Sample Measurement				1 C	· — • • • • • • • •		MGA	0	Continuous	analyzer
ARM Code, 50060 A	Pernvit Measurement				1 C (Min)			MGA		Continuous	analyzer
urbidity	Sample Measurement		r jan janji		3 00			NTL) (g	Continuous	analyzer
ARM Code, 00070 1 Ion Side No EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	anaiyzer
OD Carbonaceous day 20C	Sample Measurement				33			MGit	÷	Every Two Weeks	Grat
ARM Code 80082 G Ion Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MGA		Every Two Weeks	Grab
olids Tota Suspended	Sample Measurement				155	9 108 18 100 19 		MG/L		Every Two Weeks	Grab
ARM Code 00530 G Ion Site No INF-1	Permit M##surement				Report (Mo.Avg.)			MGA		Every Two Weeks	Grab
Flow	Sample Maasurement	C 043		MG/D	19	,		•	Č.	5 Days Weex	
ARM Code, 50050 P on Site No FLW-1	Permi Measurement	0 095 (An Avg)		MG/D						5 Days Week	
low	Sample Measurement	C 045	0.045	MG/D				19	:	5 Days.Wee*	
RM Code 50050 Q	Permit Measurement	Report (Mo Avg.)	Report (3-Mo.Avg.)	MG/D	teriai ca cia j	********		7 2 14		5 Days/Ween	
rcent Capacity MADF/Permuted Capacity UD	Sample Measurement	£ (4		a i na santa sa	47.4%				-	Perce-	Calculated
RM Code 00180 I on Site No FLW-1	Permi Measurement				Report					percent	Calculated
i indi j	Sample Measwement Permit						-22				

PermitNumber FLA011078

DAILY SAMPLE RESULTS PART 8

Facility Name Florida Central Commerce Park WWTP

viornioning Pi	67×00	From	1/1	10	To	1/3	1010			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect) (mg/L)	tšš (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530
1			74	5 C		0.7	0 029	0 000		ar (₁₀
2			74	32		08	0 065	0 000		
3			74	10		1 2	0 048	0.000		
4		<1	74	5 0	<1	13	0 051	0 000		
5		< 1	74	5.0	<1	12	0 067	0 000		
G			73	2 2		13	0 046	0 000		
7	<2	< 1	70	1.0	<1	20	0 054	0.000	86	180
8			72	50		30	0 049	0 000		
9			65	50		30	0 028	0 000		
10			69	5.0		3.0	0.043	0 006		
11		<1	68	10	3.1	30	0 020	0 057		
1.2			69	10		30	0 002	0 010		
13			68	10		30	0 055	0 100		
14			68	10		30	0 054	0 055		
15			70	13		3.0	0 040	0 056		
16			7 1	4 0		3.0	0 021	0 050		
\$ 7			73	13		17	0.046	0 000		
1.8		•1	74	33	< 1	1.1	0.059	0.054		
10		\$1	73	3.8	<1	12	0 046	0 056		
20			73	4 2		1.5	0.058	0 054		
21	2.5	<1	7.1	3.5	1.3.	19	0.054	0 055	99	130
22			6 9	27		23	0.056	0.051		
23			70	5.0		20	0.030	0.057		
24			73	50		10	0.026	0.054		
25		<1	73	5.0	<1	0.9	0.060	0.057		
26		-1	7.2	50	<1	07	0.072	0.054		
27			7.6	50		0.8	0.050	0.056		
28		<1	7.4	5.0	<1	13	0.041	0.058		
29			12	50		2.5	0.046	0.057		
30			7 1	5.0		2.6	0.016	0.055		
31			74	50		18	0.056	0.055		
PLANT STAF	EINC.	#	*************				en e	The second second	and a second	
Day Shift Op	erator	Class	Cert	fication No						
Day Shift Ope	iotare	Class	Cert	fication No						
Day Shift Opi	erator	Class	Cen	fication No						
Day Shift Op	erator	Class C	Cert	fication No	11993		Alfred Gerard	0		e
ead Uperato	u u	Class A	Cent	ncation No	9184		wallam itenc	He!		

* Attach additional sheets if necessary to list all certified operators

3

PERMITTEE NAME	Aqua Utilities, FI. P.O. Box 490310	PERMIT	NUMBER		FLA011078						
FACILITY	Leesburg, FL 34748 Florida Central Commerce Park WWTP 140 Hope Street Longwood, FL			SIZE DRING GROUP N DRING GROUP D CHARGE FROM	IUMBER. DESC: SITE:	Final N/A R-001 Public Acc	REPORT GROUP ess Irrigatio	on, inc	Monthly Domestic including influent		
COUNTY	Seminole	MONITO	RING PERIOD-	Fram:	02/01/2010	To		02/28/2010			
Parameter		Quantity of Loading	Units	Quality	or Concen	tration	Units	No. of	Frequency of	Sample Type	
Flow	Sample Measurement	0.040	mgd	·	-		•	0	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd						5 Days/Week	Flow-meter	
Flow	Sample Measurement	0.035	mgd	he :	1			0	5 Days/Week	Flow-meter	
PARM Code, 50050 / Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement	thatan be bir reserve f		2 2			MGA	 Q	Every Two Weeks	Grab	
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An Avg.)			MG/L	-	Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2 4	26		MG/L	ŋ	Every Two Weeks	Grab	
PARM Code, 80082 1 Mon.Site No EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement	• 1		2 1	ala se esta de la composición de la com La composición de la c	5 • • • • • • • • • • • • • • • • • • •	MG/L	Э	3 Days/Week	Grab	
PARM Code, 00530 Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L	*	3 Days/Week	Grab	
рН	Sample Measurement			6.5	73		S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.	1	5 Days/Week	Grab	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTA When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32853-3767

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 property gapper 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 s to the best of my knowledge and belief true accurate and complete 1 am aware that there are significant panattes for submitting falls information, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

WE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT illiam the

del

'ELEPHONE NO DATE TYTINGO 10/03/21 407-509-8398

William Trendel / Sen. Facilities Operator ULLULAS (Reference all attachments here): (Attach additional sheets if necessary)

A 0.020 87			Pelm	IL MURDER:	FLA011078		MUNITURIN	000	UUP NUMBER	nuu i
Parameter		Our set		MONITO	RING PERIOD From	02/01/2010	To		02/28/2010	
	4 1	Quantity	of Loading	Units	Quality or	Concentration	Units	No of Ex	Frequency of Analysis	Sample Typ
than detection	Measurement	. 'a			100%		#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Miin.)		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement	-		•	······	10	#/100mL	 C	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Méasurement				• Providence is a second data planation of the second data and	25 (Max)	#/100mL	1	3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			<u> </u>	1.0		MGL	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Messurement				1.0 (Min)		MGA	1	Continuous	analyzer
Turbidity	Sample Measurement			÷	3 00		NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement		1.		Report (Max)	**************************************	NTU		Continuous	analyzer
300 Carbonaceous 6 day, 20C	Sample Measurement	4		<u>.</u>	64		MGA	0	Every Two	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Meesurement			1	Report (Mo.Avg.)	and a second of the second	MG/L		Every Two Weeks	Grab
Solids. Total Suspended	Sample Measurement			in	75		MGA		Every Two	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement	1	 Control of the second se		Report (Mo.Avg.)		MGA		Every Two Weeks	Grab
Flow	Sample Measurement	0 044		MG/D			hanne ar samme a	0	5 Days/Week	
ARM Code, 50050 P fon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D					5 Days/Week	5 519 E.W
Flow	Sample Measurement	0.046	0.046	MG/D	·····	······································		0	5 Days/Week	
ARM Code, 50050 Q Ion.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D				•••••	5 Days/Week	
arcant Capacity MADF/Permitted Capacity) 100	Sample Measurement				48.8%			0	Percent	Calculated
ARM Code, 00180 F on.Site No. FLW-1	Permit Measurement			1	Report		4		Percent	Calculated
	Sample Measurement Permit Measurement	· · · · · · · · · · · · · · · · · · ·			······································					
	, , ,		1					1		

Facility Name Florida Central Commerce Rack MANTO

PermitNumber: FLA011078

DAILY SAMPLE RESULTS - PART B

Facility Name Florida Central Commerce Park WWTP

 Monitoring Period
 From:
 2/1/10
 To
 2/28/10

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mi)	рН (S.U.)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1		<1	72	29	<1	1.8	0.058	0 000 0		
2		<1	6.9	3.3	<1	1.8	0.050	0.000		
3		agentic content	67	15		2.9	0.063	0 054		1
4	2.1	<1	66	22	14	2.4	0.041	0 000	76	96
5	1		67	2.9		3.0	0.037	0.000		
6			67	3.7		30	0 040	0 058		
7		•	6.6	50		3.0	0.022	0.000)
8		<1	6.7	5.0	1.4	3.0	0.055	0.057		
9		<1	6.7	1.5	17	3.0	0.077	0 056		
10	• •		6.6	19	· ÷	17	0.050	0.052	-	
11		<1	6.5	17	<1	1.4	0.055	0.015		
12			6.7	34		15	0.058	0.000		
13	1		6.8	4.3	- %	0.7	0 023	0.057		
14	1 A state of the state of th		7.1	4.6		07	0.016	0 051		
15		<1	7.0	26	<1	1,1	0.041	0.054		÷
16		<1	70	23	<1	1.1	0.061	0.055		~ .
17	·		7.0	22		24	0.064	0.047		
18	2.6	<1	6.9	50	1.1	1.8	0 072	0.054	51	54
19			6.8	5.0		2.7	0 028	0 055		
20	÷.	*	6.8	10	C	27	0.023	0.048		
21			7.0	3.6	1. o or	20	0 021	0.000		
22		<1	6.8	50	11	3.0	0 062	0.000		
23		<1	6.7	50	11	30	0.049	0.050		
24			69	50		30	0.059	0.049		
25		<1	6.9	5.0	21	28	0.060	0.055		
26	(3)(6))		6.9	5.0		1.8	0 070	0.053		
27		-	7 1	50		2.0	0 039	0.051		
28			73	50		18	0.045	0.055		1
29						1.67				
30	•									
31								4		
PLANT STAL	FFING					э				
Day Shift Op	erator	Class	Certi	fication No						
Day Shift Op	erator	Class	Certi	fication No.						
Day Shift Op	erator (Class:	Certi	fication No	44000		All			
Land Opport	erator (Class: _C	Certi	fication No.	11993		William Trend) 		
Type of CML	ent Discostal	or Beclaimed	Water Rew	nostion INU.	Spravfield		Thurst Licity			
Limited Wet W	/eather Dischar	the Activated Yes		No 🗍	Not Applicable	<u>الا</u>	ves cumulative d	avs of wet weathe	r discharge	

* Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguine Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME Aqua Utilities, FI MAILING ADDRESS P O Box 490310			PERMIT NUMBER. FL				FLA011078			
	Leesburg, FL 3474	9	LIMIT			Final	REPORT		Monthly	
F100 50	51. (1 D	5	CLASS S	IZE		N/A	GROUP		Domestic	
FACILITY.	Flonda Central Com	merce Park WWTP	MONITOR	RING GROUP N	UMBER	R-001				
LOCATION	Longwood, FL		NO DISC	HARGE FROM	SITE	[]				
COUNTY.	Seminole		MONITOR	RING PERIOD	From.	03/01/2010	То		03/31/2010	
Parameter		Quantity of Loading	Units	Quality	or Concent	tration	Units	No of	Frequency	Sample Type
			× å					Еx	Analysis	
Flow	Measurement	0 04 1	mgd					¢	5 Days/Week	Flow-meter
PARM Code, 50050 Y	Permit	0.095	mod						5 Dave Alleek	Flow-motor
Mon Site No. FLW-2	Measurement	(An.Avg.)			1				o Days Week	1 ion-micro
Flow	Sample Measurement	0 042	mgd		• • • • •		t, or	0	5 Days/Week	Flow-meter
PARM Code, 50050	Permit	Report	14.000			1				
Mon.Site No. FLW-2	Measurement	(Mo Avg.)	mgd			{			5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		•	22	÷	ł.	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon, Site No. EFA-1	Permit Measurement	-	3	20.0 (An. Avg.)	-		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		1. 1	2 0	20		MG/L	Ç	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30 0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	A. H		6.8	¥n states		MG/L	2	3 Days/Week	Grab
PARM Code, 00530 1 Mon Site No. EFB-1	Permit Measurement			5.0 (Max.)		1	MGIL	1	3 Days/Week	Grab
рн	Sample Measurement	••••••••••••••••••••••••••••••••••••••		68	74		SU	- - 0	5 Days/Week	Grab
PARM Code, 00400 1 Mon.Site No. EFA-1	Permit Measurement		2	6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab

t 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 property 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 their there are significant penalties for submitting faise information, including the possibility of fine and imprisonment for knowling violations

NAMERITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT William Trendel / Sen Facilibes Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) TELEPTHONE NO 407-509-8398

10/04/25

DISCHARGE MONITORING REPORT - PART A (Continued)

							and a constant	U OR	UDF HUMBER	HUUI
			ACC STREET, ST	MONITOR	ING PERIOD From	03/01/2010	To		03/31/2010	
Parameter		Quantity of L	bading	Units	Quality or Conc	centration	Units	No ol Er	Frequency of Analysis	Sample Typ
Coktorm, Fecal Its less than delecton	Sample Measurement				°00%		#/100mL		3 Days/Week	Grat
PARM Code, 51005 1 Mon Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab
Coliform Fecal	Sample					· c	s/100mi	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. FEA.1	Permit	ing a sarahanna i ga sa			5 - 5	25	#/100mL		3 Davs/Week	Grab
Total Residual Chionne	Sample	en de la marce de président august august	e eserver and			(Max)				
(For Drainfection)	Measurement				· 0		MGA	0	Continuous	analyzer
Mon Sida No EFA-1	Permit Measurement				10 (Man)		MGA		Continuous	analyzer
Turbidity	Sample Measurement	en a con como desentencións	le di di si si si		3 00		NTU	()	Compriseus	analyzer
PARM Code, 00070 I Mon Site No EFA.1	Permit Measurement				Report		NTU		Continuous	anatyzer
BOD Carbonaceous 5 day 20C	Sample Measurement	35 r			57		MGAL	9	Every Two	Grap
PARM Code, 80082 G Mon Sda No INF-1	Perrolt				Report	- 200 70	MGL		Every Two	Grab
Solids Total Suspended	Sample	4			80		MG1.	•	Every Two	Grab
ARM Code, 00530 G	Permit	 F. S. M. M. S. M. Manager, and A. Sanakara, Annual Society, 19977, 19977, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 19977, 19977, 1			Report		MG1		Every Two	Gcab
Flow	Sample	0 344	· - · · · ·	MG/D	(Mo Avg)				Meeks 5 Da.s.Week	
ARM Code, 50050 P	Permit	0.095		мал	1 ()))))				6 Dave Alfred	
Flow	Samole	(An Avg.)							> Dereven	
	Measurement	0 049	0.047	MG/D				9	5 Days/Week	
ARM Code, 50050 Q Aon.Site No FLW-1	Permit Measurement	Report (Mo.Avg.) (3	Report Mo.Avg)	MG/D					5 Days/Week	
ercent Capacity MADF/Permitted Capacity 105	Sample Measurement	Bern Bern er en samt Barne - en ster a			49 ***	- 180, ja		0	Percent	Calculated
ARM Code, 00,180 I Aon. Sate No. FLW-1	Permit Measurement				Report				Percent	Calculated
9 V. V. 2000 - 200	Sample Measurement Permit		,		i and in the first term					- Hora and an and an

PermitNumber: FLA011078

DAILY SAMPLE RESULTS - PART D

Facility Name Florida Central Commerce Park WWTP

wonitoning Per	noa	From	3/1/	/10	10.	12/3	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	рН (S.U.)	TRC (For Disinfect.) (mg/L)	ŤŠŠ (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	ĊBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1		<1	7.4	44	2.2	30	0.053	0.054		
2		<1	7.3	3.4	1	2.0	0.054	0.054		
3			7.3	31		15	0.104	0.051		
4	<2	<1	72	31	<1	12	0 039	0 052	73	90
5			69	50		14	0 049	0.051		
6			6.9	5.0		1.5	0.038	0.059		
7			7.1	5.0		12	0.030	0 000		
8		<1	70	. 18	<1	3.0	0 056	0 000		•
9		<1	70	3.0	<1	19	0.049	0.053		
10		s⊊ tin internet. N	7,1	1.2		16	0 045	0.056		
11		<1	7.0	2.0	<1	16	0 052	0 000		
12			6.8	3.4		16	0.064	0 000		•
13			7.0	50		12	0 045	0 053		
14			7.1	5.0		0.9	0.023	0.055		
15	90 co	<1	7.2	5.0	<1	1.5	0 087	0.054		
16		<1	7.3	38	<1	12	0 051	0 055		
17			72	50		1.4	0.074	0.053		
18	<2	<1	70	5.0	<1	1.8	0.047	0.054	41	70
19		• • • •	69	5.0		20	0 055	0.059		•
20		e e	69	5.0		20	0.018	0 056		
21			71	33		30	0 013	0 058		
22		<1	73	28	6.0	30	0.017	0.057		*) /
23		<1	72	24	68	26	0 055	0 000		
24			73	25		27	0.054	0.000		
25		<1	70	2 5	<1	29	0 036	0.000		
26			72	17		14	0 054	0 053		
27			72	27	1.	09	0 032	0.053		
28			73	4 3		06	0 043	0.053		
29			73	5.0		0.9	0 067	0.054		K.,
30		<1	73	10	<1	0.9	0 059	0 053		¥.
31		<1	7.0	5.0	<1	07	0.053	0.053		
PLANT STAF	FING	Ľ					ter and the second second			
Day Shift Ope	rator	Class	Cer	tification No.	1					-
Day Shift Ope	rator	Class	Cer	tification No.						-
Day Shift Ope	rator	Class	Cer	tification No.	11002		Alfred Cerore	10		-
Lead Operato	rator	Class A	Cer	tification No	9184		William Trend	del		-1
										

* Attach additional sheets if necessary to list all certified operators

PERMITTEE NAME	Aqua Utilities, FI P.O. Box 490310		PERMIT	UMBER		FLA011078					
FACILITY	Leesburg, FL 347 Flonda Central Cc 140 Hope Street Longwood, FL	748 mmerce Park WWTP	LIMIT CLASS SIZE MONITORING GROUP NUMBER MONITORING GROUP DESC NO DISCHARGE FROM SITE			Final N/A R-001 Public Acco []	REPORT GROUP ess irrigetk	on, inc	Monthly Domestic including influent		
COUNTY	Seminole		MONITOR	ING PERIOD-F	rom	04/01/2010	To		64/30/2010		
Parameter	Samole	Quantity of Loading	Units	Quality	or Concer	ntration	Units	No. of Ex	Frequency of Analysis	Sample Type	
and the second second	Measurement	0.042	mgd					э	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurgement	0.095 (An.Avg.)	mgd						5 Days/Week	Flow-melor	
Flow	Sample Measurement	0 044	ოცქ	: e #			i	Ū	5 Days/Week	Fiow-meter	
PARM Code, 60050 Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Døys/Week	Flow-meter	
BOD. Carbonaceous 5 day. 20C	Sample Measurement	and and a second se		2 3			MG4L	ç	Every Two Weeks	Grap	
Mon.Site No. EFA-1	Permit Measurement			20 0 (An Avg.)			MG/L	/) 200 (10) 1	Every Two Weeks	Grab	
5 day 20C	Measurement			32	55		MGA	2	Every Two Weeks	Grab	
PARM Code, 80082 Mon Site No EFA-1	Permit Neasurement			30.0 (Mo Avg)	50.0 (Max.)		MGA		Every Two Weeks	Grab	
Souds Total Suspended	Sample Measurement	1. The second	concern in	21			MGIL	Ş	3 Days/Week	Grab 💊	
PARM Code, 00530 I Mon Srie No. EFB-1	Permit Mecsurement			5.0 (Max.)			MGIL		3 Days Week	Grab	
рн	Sample Measurement		20 2010 - 1 - 1 - 1 - 1 21-2221	70	80	a na star an	SU	i	5 Days/Week	Grab	
PARM Code, 00400 Mon.Sile No EFA-1	Perma Measurement			6 0 (Mici)	8.5 (Max)		s.u		5 Days/Week	Grab	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When completing mail this report to: Dapt. of Environmental Protection, Control District, 3318 Magnatra Boutevant Butto 222, Orlando, Florida 32663-3767

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SOM THE PRATON CREWTHE AND A CARACTERSTONICS T (PHONE SC William Trendel / Sen Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Anachmodikional sheets if necessary) 407-508-8398

10/05/21

			MONITOR	RING PERIOD-Fro	m .	04/01/2010	10		0413012010	
Parameter		Quantity of Loading	Units	Quality o	r Concentr	ation	Units	No of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement			100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement			75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement					10	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement		-			25 (Max)	#/100mL	and the second second second	3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0		· · ·	MGA	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement			1.0 (Min)		and a second sec	MGA		Continuous	analyzer
Turbidity	Sample Measurement			3 00			NŤU	C	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement			Report (Max)		a second s	NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement	1. 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		86			MGA	Q	Every Two Weeks	Grab
PARM Code, 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo.Avg.)			MGA		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			144	······································	•	MGA	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement			Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0 044	MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)	MG/D			2			5 Days/Week	
Flow	Sample Measurement	0.042 0.046	MG/D					C	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report Report (Mo.Avg.) (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity. (TMADF/Permitted Capacity) X 100	Sample Measurement			48.1%			1	Ő	Percent	Calculated
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement			Report	<u>.</u>	- 			Percent	Calculated
and a second	Sample Measurement Permit Measurement		 				an la muni la companya di secondaria			

PermitNumber FLA011078

DAILY SAMPLE RESULTS - PART B Facility Name Florida Central Commerce Park WWTP

Day Shift Operator Class: Certification No Day Shift Operator Class._C Certification No 11993 Alfred Gerardo Lead Operator Class _A_ Certification No 9184 William Trendel Type of Effluent Disposal or Reclaimed Water Reuse Sprayfield []] No Not Applicable

* Attach additional sheets if necessary to list all certified operators

I imited Wel Weather Discharge Activated Yes.

If yes, cumulative days of wet weather discharge



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

OCD-C-WW-10-0424

SENT VIA E-MAIL TO: jmlivarcik@aquaamerica.com

June 3, 2010

AQUA UTILITIES FLORIDA INC PO BOX 2480 LADY LAKE FL 32158

ATTENTION JOHN M LIHVARCIK PRESIDENT

> Seminole County - DW Florida Central Commerce Park WWTF Wastewater Facility - Permit No. FLA011078 Noncompliance Letter

Dear Mr. Lihvarcik

On May 5, 2010, Department personnel conducted a routine inspection of the above-referenced facility. A copy of the inspection report is attached for your review. Please note the items listed below which need to be addressed:

- 1. The thermometer in the sample holding refrigerator was not verified against the NIST-traceable thermometer since April 10, 2009.
- 2. A current inspection and testing certification was not on-site for the reduced pressure zone (RPZ) backflow preventer on the potable water supply line. RPZs shall be tested annually.

The Department requests a written response addressing the items listed above within 14 days from the date 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 guestions to Blake Vahlsing at (407) 893-3313, or via e-mail: <u>blake.vahlsing@dep.state.fl.us</u>.

Sincerely,

David Smichule

David Smicherko Supervisor Wastewater Compliance/Enforcement

DS/bv/ar Enclosure: Inspection Report cc: Patrick Farris, PAFarris@aguaamerica.com

> "More Protection, Less Process" <u>www.dep.state.fl.us</u>

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Nam	a and Physical Lapatian of Facility	WAED ID.		County Data Plan					
	e and Physical Location of Patinty		WAFKID:			County		Entry E	Pate/ I ime
Fiori	a Central Commerce Park wwiff		FLA0(10/8			Seminole		05/05/2	010 11:25 AM
1401	Hope Street					Phone		@ Exit	Date/Time
Long	wood, FL							05/05/2	010 12:48 PM
Nam	e(s) of Field Representatives(s)		Title					Phone	
Bill T	Frendel		Operator					(407) 5	09-8398

Nam	e and Address of Permittee or Desi	gnated	Representative	Title		Phone		@ Ope	erator Certification #
Edwa	rd Pellenz, P.E.			Operation	s Manager	(352) 435-4033			
Aqua	Utilities of Florida Inc.								
1100	Thomas Avenue								
Leest	burg, FL 34748								
	ection Type: C F I	Sa	mnles Taken(V/N)+ N	Sample ID#1			Enmalor	Split (V/N).	
]		w	Sample 10#.			Samples	
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1C	 IC: In Compliance; NC: Of Significant Non-Compliance I.+Permit 	e Crite	 aria Should be Reviewed aria Should be Reviewed aria Should be Reviewed be an arian ar	when Out of C when Out c	ompliance; of Compliar of Compliar of Compliance; of Compliance; of Compliance; of Compliance; of Compliance; of Compliance;	; NA: Not Applicable; nce Ratings Are Giver romnos constants ty Site Review 1		2 or Bla Areas M 9. •E	nk: Not Evaluated Marked by a "◆" Marked by a "◆" Marked by a "◆" fluent Quality
NA	2. Compliance Schedules	NC	4. Sampling	IC	7. Flow N	Measurement	IC	10.♦E	ffluent Disposal
		NC	5. • Records & Reports	IC	8. Operat	ion & Maintenance	1C	11. R	esiduals/Sludge
	13. Other:						NA	12. G	roundwater
Facili Reco	ity and/or Order Compliance Statu mmended Actions: Noncompliance	s:	In-Compliance	Out-Of-Co	mpliance	Significant	-Out-Of	-Complia	ncc
Name	e(s) and Signature(s) of Inspector(s)				District Office/Phone	e Numb	er	Date
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DI-1	ke W. Vahlsing	Val	D				ome	Ċ,	[may 0, 2010
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@ S	ignature of Reviewer David	5	cherte.			407 – 893-3313 District Office/Phone	s Numbo	er	Date May 25, 2010

INSPECTION FINDINGS

Facility Name: Florida Central Commerce Park WWTF Facility ID: FLA011078 Inspection Type: CEI Date: 5/5/2010 11:25 AM

FACILITY BACKGROUND:

Address: 140 Hope Street, Longwood, FL 32750-5141, Seminole County Permit Information: Wastewater Permit issued: 8/4/2009, and expired: 8/3/2014.

Treatment Summary: Extended aeration treatment plant consisting of flow equalization, influent screening, aeration, secondary clarification, chemical feed facilities, filtration, chlorination, 3-day reject storage pond with provisions for retreatment, and aerobic digestion of residuals.

Permitted Capacity: 0.095 MGD

- 1. Permit: IN COMPLIANCE
 - 1.1 Observation: A copy of the permit was onsite.
 - 1.2 Observation: The permit expires August 3, 2014.
- 2. Compliance Schedules: NOT APPLICABLE
 - 2.1 Observation: The facility must submit the application for permit renewal prior to 180 days of the permit's expiration date.
- 3. Laboratory: NOT EVALUATED

4. Sampling: OUT OF COMPLIANCE

- 4.1 <u>Observation</u>: *Chlorine meter* The HACH DR 820 handheld meter is calibrated daily with secondary standards. The inline CL 17 is compared to handheld daily and are within range of each other. The inline meter calibrated July 22, 2009.
- 4.2 <u>Observation</u>: Gel standards Secondary gels were verified with primary standards on May 28, 2009. The gels appeared in good condition.
- 4.3 Observation: pH meter Handheld meter is calibrated daily with 7.0 and 10.0 buffers.
- 4.4 Observation: pH standards Buffers of 7.0 and 10.0 are onsite. They expire April 2011 and May 2011, respectively.
- 4.5 <u>Observation:</u> *Turbidity meter* The handheld HACH 2100 P is calibrated daily. The handheld grab is compared to the inline meter daily. The meters are within 20% of each other. The inline meter calibrated July 22, 2009.
- 4.6 <u>Observation</u>: *Turbidity standards* Secondary standards are used for calibration daily. Primary standards are used annually. The meter was last calibrated with primary standards on May 28, 2009.
- 4.7 <u>Observation</u>: *Thermometers* The thermometer in the holding fridge was 1°C. The thermometer was last compared to a NIST traceable thermometer on April 10, 2009. Thermometers must be verified against a NIST traceable thermometer.
- 4.8 Observation: Sampling All samples are collected as grab sample

5. Records and Reports: OUT OF COMPLIANCE

- 5.1 Observation: Operator logbook Logbook bound with numbered pages. Good visits and entries.
- 5.2 Observation: Plant operated 7 days per week, 6 hours per day.
- 5.3 <u>Observation</u>: Laboratory certification Certification for HBEL is onsite. It expires June 30, 2010.
- 5.4 Observation: Operator certifications All operator certifications are onsite. They empire April 30, 2011.
- 5.5 Observation: Operating Protocol Kept onsite. Was last updated September 2008.
- 5.6 Observation: Backflow prevention device RPZ was last inspected April 27, 2009. The RPZ must be inspected annually.
- 5.7 Observation: Generator log Generator is exercised one hour weekly. Exercise times are noted in the log sheets.
- 5.8 Observation: Pathogen Monitoring Pathogen Monitoring was Last performed November 20, 2008.

- 5.9 DMR review: June 2009 February 2010: All DMRs were received by the Department on time.
- 5.10DMR review: No discrepancies or transcription errors were noted during the period reviewed.
- 6.1 6. Facility Site Review: IN COMPLIANCE
- 6.2 <u>Observation</u>: Security The area is completely fenced. The gate was locked and advisory signs are posted.
- 6.3 Observation: Headworks The surge tank was in good condition. The tanks were mostly empty. Each tank has one diffuser. Reject pond returns to tanks. Bar screen in good condition. Raked every other day. Screenings go down chute, and are carried in a bucket to the dumpster. The dumpster is hauled to the landfill once a week.
- 6.4 <u>Observation</u>: Aeration Basins/Act. Sludge The contents in bays are very dark. All diffusers working properly. No odors, foam, or splashing noted.
- 6.5 Observation: Blowers/Motors Four blowers are onsite, all have belt guards installed and appear in good condition.
- 6.6 <u>Observation</u>: *Clarifiers* Surface is clear. Two floating skimmers working properly. Weir and trough are level and appear in good condition.
- 6.7 <u>Observation</u>: *Filters* Two sand filters. Both automatically backwash to surge tank when the float is raised. Filters appear in good condition.
- 6.8 <u>Observation</u>: *Disinfection* Contact chamber is covered. Steady chlorine drop at beginning of tank. Effluent very clear and bottom of tank is clean.
- 6.9 Observation: Advisory signs Reuse hose bibs are marked with advisory signs.
- 6.10 Observation: Generator Generator in good condition.
- 7. Flow Measurement: IN COMPLIANCE
 - 7.1 Observation: The effluent flow meter was last calibrated July 22, 2009.
 - 7.2 Observation: The irrigation flow meter was last calibrated July 22, 2009.
- 8. Operation and Maintenance: IN COMPLIANCE
 - 8.1 Observation: No problems observed. The facility is well kept.
- 9. Effluent Quality: IN COMPLIANCE
 - 9.1 DMR review: No exceedances were reported during the period reviewed.
 - 9.2 Inline meter: TRC: 3.23 mg/L
 - 9.3 Inline meter: turbidity: 1.037 NTU
- 10. Effluent Disposal: IN COMPLIANCE
 - 10.1 Observation: The reuse and reject storage ponds were well cut. The berms appeared in good condition.
 - 10.2 Observation: The ponds were fenced and locked.
 - 10.3 Observation: Reclaimed water advisory signs were properly posted in reuse areas.
- 11. Residuals/Sludge: IN COMPLIANCE
 - 11.1 Observation: Digester The level of the digester is very low. The digester is kept well aerated. No odors noted.
 - 11.2 Observation: Hauler Facility has a hauling contract with American Pipe and Tank. All hauling receipts are kept onsite. Facility hauls approximately once a month.

12. Groundwater Quality: NOT APPLICABLE



Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

June 16, 2010

Blake Vahlsing FDEP CD 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

RE: Reply to Compliance Evaluation Inspection Florida Central Commerce Park WWTF Facility ID No. FLA011078 Seminole County

Dear Mr. Vahlsing:

This letter is in response to your inspection of the facility referenced above on May 5, 2010.

- 1. Aqua has purchased a new thermometer for the sample holding refrigerator. The certification for this thermometer is enclosed for your review.
- 2. The RPZ was tested on June 10, 2010. A copy of this test is enclosed for your review.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at <u>PAFarris@aquaamerica.com</u>. Thank you.

Sincerely,

anio Taining

Patrick A. Farris Environmental Compliance Specialist Aqua Utilities Florida, Inc.

Enclosure: Thermometer Certification RPZ Test Record

cc: Will Fontaine, via e-mail Harry Householder, via e-mail Michael Pickel, via e-mail



Mediante este informe se confirma que el termómetro con el número de serie mencionado anteriormente se ha comparado con patrones trazables de acuerdo con el National institute ol Standardas and Technology (NIST) y el Deutscher Kalibrierdienst (DKD/PTB). La precisión de este termómetro se basa en divisiones de escala de ±1 entre -50 y 130°C y en divisiones de escala de ±2 para temperaturas inferiores a -50°C y superiores a 130°C.

El número de serie estándar se basa en el intervalo del termómetro. Los números de serie estándar calibrados por NIST y DKD/PTB son los siguientes:

Nº 7713700 (NIST) y 728 (DKD/PTB) para intervalos inferiores a -30°C N° 544016 (NIST) y 726 (DKD/PTB) para intervalos intervoles a 350 C N° 544016 (NIST) y 733 (DKD/PTB) para intervalos entre 30°C y 10°C N° 9810984 (NIST) y 733 (DKD/PTB) para intervalos entre 50°C y 50°C N° 905334 (NIST) y 735 (DKD/PTB) para intervalos entre 100°C y 10°C Nº 878735 (NIST) y 739 (DKD/PTB) para intervalos entre 150°C y 200°C

El laboratorio de H-B Instrument Company está arreditado por A2LA conforme la reconocida norma internacional ISO/IEC 17025:2005. El laboratorio de H-B también cumple con los requisitos de ANSI/NCSL 2540-1-1994.

Las incertidumbres expandidas de modición asociadas con nuestro sistema de calibración son ±0,075°C de -80 a -1°C, ±0,064°C en el punto de congelamiento en baño de hielo en fusión, ±0,066°C de 1 a 100°C, ±0,068°C de 10 a 200°C, ±0,068°C de 201 a 200°C, ±0,068°C de 10 a 200°C, ±0,068°C de 201 a 200°C, ±0,068°C de 10 a 200°C, ±0,068°C,068

Richard Jackson, Director de Producción **H-B Instrument Company**

Registro ISO 9001:2000

Instrucciones para volver a unir el líquido separado de los termómetros

Conserve los termómetros en posición vertical para evitar la separación de los líquidos. Póngase gafas y guantes protectores antes de empezar.

- Métado de enfriamiento 1. Prepare una solición de hielo triturado y sal o de CO 2 (lielo seco) y alcohol. 2. Introduza el bulbo del termómetro en la solución y mantenga el termómetro en posición vertical.
- vertical. 3. Deje que la columna de líquido baje hasta el bulbo. 4. Gire el termininetro (con el bulbo hacia abajo) formando un arco hasta conseguir que el gas atrapado suba por encima de la columna. 5. Deje que el termiómetro se caliente lentamente en posición vertical.

Método de calentamiento

- Enclored de l'altramismismico en posición ventical dentro de un liquido callente, con alte collente o sobre una llana no muy intensa.
 2. Deje que la columna de liquido sub hasta la que parte separada de la columna entre en
- 2. Deje que la comma de inquiso suos nasca la que parte separaso de la comma entre en la câmara de expansion en la parte superior del termómetro. NOTA: En caso de ilenar en exceso la câmara de expansión, el termómetro se romperá. 3. Dé unos ligeros golpes al termómetro en posición vertical para depar pasar el gar que sep ara la columna hasta subir por encima de la columna. 4. Deje que el termómetro se entínie leutaniente en posición vertical.

- Para termómetros para botellas de baja temperatura (da -90°C a 25°C)
 I. Mantenga el termómetro en posición vertical con el bullo hado abajo.
 E. en classo de los termómetros de mercuno, golpen ligeramenta el bullos sobre un tapón de caucho o cualquier otra superficie blenda hasta que el mercunio alcance la parte inferior de la cómara de expansión. Abdique el calor minimo (basta con el cabito hasta de la cámara de expansión, Abdique el calor minimo (basta con el cabito de la mano). Naga que el mercunio restante suba por la columna hasta alcanzar el líquido separado sin llenar la cámara de expansión, más de la mano). Haga que el mercunion de la cabito de una la lavas no al cabo de los termómetros que no son de inquelos llegues a la parte inferior de la cámara de expansión. Delse que el líquido restante de la cabito en una la cabitara la una indica de la cabito de liquido separado antes de que la cámara de expansión esté medio llena.
 Dete oue el termómetro se aoríte an posición vertical.



St desea obtener más información, llame al número (610) 489-5500 Fax (610) 489-9100 = info@hbinstrument.com • www.hbinstrument.com

English Statement of Accuracy Date of Report: Serial Number:

This is to confirm the thermometer bearing the serial number above was compared with standards traceable to the National Institute of Standards and Technology (NIST) and Deutscher Kalibrierdienst (DKD/PTB). Accuracy for this thermometer is ±1 scale division from -50 to +130°C and ±2 scale divisions for temperatures below -50°C and above +130°C.

The Standard Serial Number is based on the range of the thermometer. The Standard Serial Numbers calibrated by NIST and DKD/PTB are as follows:

#7713700 (NIST), #728 (DKD/PTB) for ranges below -30°C #844016 (NIST), #730 (DKD/PTB) for ranges from -30°C to 10°C #878708 (NIST), #733 (DKD/PTB) for ranges from 0°C to 50°C #9810984(NIST), #735 (DKD/PT8) for ranges from 50°C to 100°C #905354 (NIST), #736 (DKD/PTB) for ranges from 100°C to 150°C #878735 (NIST), #739 (DKD/PTB) for ranges from 150°C to 200°C

H-B Instrument Company's laboratory is accredited in accordance with the recognized International Islandard ISO/IEC 17025:2005 through A2LA. H-B's faboratory also meets the requirements of ANSI/NCSL 2540-1-1994.

The expanded measurement uncertainties associated with our calibration system are $\pm 0.075^{\circ}$ C from -80 to -1° C, $\pm 0.064^{\circ}$ C at the ice point in melting ice bath, $\pm 0.066^{\circ}$ C from 10 to 200° C, $\pm 0.068^{\circ}$ C from 201 to 300° C, and $\pm 0.064^{\circ}$ C from 301 to 400° C. These uncertainties have been calculated using our Work Instruction Wir19 to 22 that utilizes methods found in NIST Technical Note 1297. The reported uncertainty represents an expanded uncertainty expressed at approximately the 95% confidence level using a coverage factor of k=2.

Richard Jackson, Production Manager H-B Instrument Company

ISO 9001:2000 Registered

Instructions for reuniting separated fluid in thermometers Store thermometers in an upright position to prevent liquid separation

Handle instruments with care. Wear safety glasses and gloves before proceeding Coafing Method

- Prepare a solution of shaved ice and sait OR CO₂ (Dry Ice) and alcohol.
 Place the thermometer bulb in the solution, keeping the thermometer upright.
- 3. Allow the liquid column to retreat into the bulb.
- 4. Swing the thermometer (bub down) in an arc, forcing the entrapped gas to use above the column.
- 5. Allow the thermometer to warm slowly in an upright position.

Heating Method

- 1. Heat the thermometer bulb in an upright position in warm liquid, warm air or over a soft fiame. 2. Allow the liquid column to rise until the separated portion of the column enters the
- expansion champer at the top of the thermometer NOTE: over-filling the expansion chamber will break the thermometer.
- 3. Tap the thermometer gently in an upright position, allowing the gas separating the column to rise above the column.
- 4. Allow the thermometer to cool slowly in an upright position.

For Low Temperature Bottle Thermometers (-90°C to 25°C)

- Hold the thermometer update. Instantaneous (450 core 25 core)
 Hold the thermometer update. Instantaneous (450 core)
 For mercury thermometers, tap the bulb onto a nubber stopper or other soft surface until the mercury comes to the bottom of the expansion chamber. Apply minimal heat (the warmth of your hand should do). Force the remaining mercury column up to meet the separated liquid without (lifting the expansion chamber more than half way.
 For non-mercury thermometers, heat the bulb with a soft fitter or warm air until the liquid const to the bottom of the expansion chamber. Allow the remaining liquid (count liquid count)
- Contest of the source of the expansion of an expansion of an expansion chamber becomes half full.
 Allow thermometer to cool in an upright position.



Forth 0-602 Rev. 8

PAGE 02/03 CORRECT FLOW 4072652819 RE/14/2010 01:07 V11041 Member of the Better Business Bureau BF-13 MIRVICES Huckfirm Spayinist • Firm Test Testing - Facilities Maintenance Support P. O. Box 915081 * Longwood FL 32791 * Telephone 407-332-4497 or 321-689-4738 * Fax 407-265-2819 P. O. Box 901 * Edgewater Fl. 32132* Telephone 386-345-4027 or 321-689-4738 * Fax 386-345-4028 CUSTOMER NAME: Agan UTilities 6-10 70 TEST DATE: 57 STREET ADDRESS: 140 Hope 32750 MAILING ADDRESS: LONG WOORL F. Right Sted X LOCATION OF ASSEMBLY: 1. TIME 3:10 - SIZE: 2 1 1 P.S.J. 56 TYPE OF ASSEMBLY: MR P DC I / PVP MODEL: 009 M 1- 07 MANUFACTURE WATTS SERIAL NO: 34948 TYPE OF SERVICE (CHECK ONE): POTABLE I IRRIGATION FIRE LINE CHECK VALVE#1 RELIEF VALVE CHECK VALVE #2 PRES VACUUM BREAKER Opened At : | | Leakerl Air Inlet Opened at 20 Leaked PS1 Closed Tight PSI W Closed Tight Did Not Open Gage Pressure Across Check With Back Pressure Did Not Open Gage Pressure Across Check Check Valve: Valvo 8-0 Lenked | | PS1 Valve 1.4 PST Held At PSI Cleaned Only 11 Cleaned Only Cleaned Only [] Cleaned Only Replaced: Replaced: Replaced **Replaced:** Rubber Kit 51 Rubber Kit: Rubber Kit. Rubber Kil CV Assembly 11 R V Assembly CV Assembly 11 i 1 CV Assembly OrOr Or 11 Disc, CV Disc []Disc Disc 11 Disc, Air In **O-Rings** Diaphragm ĽŤ ()-Rings Spring, Air 11 Beat Scat Seat 11 Spring : 1 []Spring, CV Spring Spring 11 Stem/Guide 11 []1 Retainer Guide 11 Stem/Guide ! 1 Retainer **O-Rings** 14 1 Gnide Retainer 11 Lock Nuts [] Other 11 11 O-Ring Lock Nuts 1 Other Exercised 11 Other ľ I – Other Gauge Pressure Across Check Relief Valve Opened at Ginuga Pressure Across Check Air Inlet PSI Valve ____PSI Valve: - ESI Check Valve PS1 Shut Off Value # 2 Outlet [] Leaking **W**Holdtight Exercised ALL REPAIRS SHALL HE COMPLETED WITHIN TEN(ID) DAYS. Note: REMARKS o K 1.41.47 Lat. THEREBY CERTIFY THAT THE DATA IS ACCURATE AND REPLECTS THE PROPER OPERATION AND MAINTANCE OF THE ASSUMBLY: TESTER: RAY RODRIGUEZ (ROD). CERT NO: #12-09-2127 EXPER DATE: 12-31-6 CERT NO: (A12-09-3251) EXPIR DATE: (12-31-11 TEST EQUIP USED (MAKE & MODEL) : MID WEST 830 GAUGE SN#, JI2192 DATE LAST CALIBRATED: 2/08 9/0 11/08 10/08 35727 4 /0 A 30275 TESTER'S COMPANY NAME CORRECT PLOW, INC TESTER'S SIGNATURE 330665 METTER # 95 READING #



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

CERTIFIED NUMBER: 7004 0750 0003 3823 0134

August 12, 2004

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

SUBJECT: Consumptive Use Permit #8357

The District has received a copy of the Bill of Sale naming Aqua Utilities Florida as the owner of the parcel of property formerly owned by Florida Water Services.

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Hydrologist IV, 407-659-4848.

Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,

Gloria Lewis/Director Division of Permit Data Services

Enclosures:

- Permit Conditions of Issuance **Compliance Forms** Well Tags
- CC: **District Permit File** Lynn Minor, Data Management Supervis

-----GOVERNING BOARD------

REPORTS A SEALE

CHEANING.

R. Clay Abright, SECREMARY

004.4

Duane Ottenstreet, TREAL PER

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

- (1) Transfer of Permitted Facility. Within (30) days of any sale, conveyance, or other transfer of a facility, system, or well permitted by the District, the existing permittee must notify the District, in writing, of such transfer, giving the name and address of the transferee and providing a copy of the instrument effectuating the transfer.
- (2) Transfer of Interest in Real Property. Within (30) days of any transfer of ownership or control of the real property at which any permitted facility, system, consumptive use, or activity is located the permittee must notify the District, in writing, of the transfer, giving the name and address of the new owner or person in effectuating the transfer.
- (3) Transfer of Permit. To transfer a permit, the permittee must provide the information required in subsections (1) and (2), together with a written statement from the proposed transferee that it will bound by all terms and conditions of the permit. Additionally, where applicable, the transferee must demonstrate that it is capable of constructing, operating and maintaining the permitted facility, system, consumptive use, well or activity. Once the required information has been provided, the District may transfer the permit to the transferee.

PERMIT NO. 8357

ORIGINAL PERMIT ISSUED: January 18, 2000 TRANSFER PROCESS DATE: August 11, 2004

PROJECT NAME: Harmony Homes

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 8.47 million gallons per year of ground water from the Floridan aquifer for household type uses.

LOCATION:

Site: Harmony Homes Seminole County

7

Township(s):

20S

Range(s): 30E

ISSUED TO:

Section(s):

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

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

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

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

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated January 18, 2000

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

By:

Dwight Jenkins Division Director

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8357 AQUA UTILITIES FLORIDA DATED JANUARY 18, 2000

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

- 10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - (a) Irrigation using a micro-irrigation system is allowed anytime.

(b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

(c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.

(d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.

(e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

- 11. Well No.1 (GRS # 15638), as listed on the application, is equipped with individual, totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.
- 12. This permit will expire on January 18, 2020.
- 13. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.
- 14. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
- 15. All submittals made to demonstrate compliance with this permit must include the permit number 8357 plainly labeled.
- 16. Total withdrawal from Well No. 1 (GRS # 15638), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31.

- 17. The permittee must have the flow meters calibrated 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.
- 18. The permittee must maintain all meters. 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.
- Maximum annual withdrawal from the following sources; the Floridan Aquifer, for household type uses must not exceed: 8.470 million gallons for 2000 for 0.250 acres.

8.470 million gallons for 2001 for 0.250 acres. 8.470 million gallons for 2002 for 0.250 acres. 8.470 million gallons for 2003 for 0.250 acres. 8.470 million gallons for 2004 for 0.250 acres. 8.470 million gallons for 2005 for 0.250 acres. 8.470 million gallons for 2006 for 0.250 acres. 8.470 million gallons for 2007 for 0.250 acres. 8.470 million gallons for 2008 for 0.250 acres. 8.470 million gallons for 2009 for 0.250 acres. 8.470 million galions for 2010 for 0.250 acres. 8.470 million gallons for 2011 for 0.250 acres. 8,470 million gallons for 2012 for 0.250 acres. 8.470 million gallons for 2013 for 0.250 acres. 8.470 million gallons for 2014 for 0.250 acres. 8.470 million gallons for 2015 for 0.250 acres. 8.470 million gallons for 2016 for 0.250 acres. 8.470 million gallons for 2017 for 0.250 acres. 8.470 million gallons for 2018 for 0.250 acres. 8.470 million gallons for 2019 for 0.250 acres. 8.470 million gallons for 2020 for 0.250 acres.

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



See Pages 4 for Instructions.

I. General Information	i for the Month/Y	ear of: May, 2008				
A. Public Water System	n (PWS) Informati	ion				
PWS Name:	Harmony Homes				PWS Identification Number:	3590497
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Com	nunity	Consecutive	
Number of Service Connec	tions at End of Month;	61		To	tal Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Co	intact Person's Title: Area Manage	er
Contact Person's Mailing A	Address: P	O Box 490310		City_Leesburg	State Florida	Zip Code: 34749
Contact Person's Telephone	e Number: (.	352) 787-0980		Co	intact Person's Fax Number (352) 787-6	333
Contact Person's E-Mail A	ddress: t	beheath@aquaamerica.com				
B. Water Treatment Pl	ant Information					
Plant Name:	Harmony Homes				Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenue	-		City_Altamonte	Spr State: Florida	Zip Code: 32701
Type of Water Treatment b	y Plant:	Raw Ground Water 🖉 Purcha	ased Finished Water			
Permitted Maximum Day C	Operating Capacity of Pl	lant, gallons per day:	216.000			
Plant Category (per subsect	tion 62-699.310(4), F.A	C.): IV		Plan	nt Class (per subsection 62-699.310(4), F.A.C	:.): C
Licensed Operators	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Name	License Class	License Numb	Day(s) / Shift((s) Worked
Lead/Chief Operator:	William Trendel		С	6411	Days 1st Shift	
Other Operators:	Terry McCarthy		С	4617	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel

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PWSI	tentification	n Number:		3590497		Plant Name:	Harmony He	omes						
III. D	aily Data	for the M	lonth/Year o	of:		May, 2008							and the second secon	
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the	(Diaco	riours plant	Water	D. J. Cl	Before of at hirst	Point During	During Peak	Tempof	n cm.	Minimum CT	UV Dore	Required.	Remote Point in	Conditions; Repair or Maintenance Work that
Month	(11000	Operation	rioduciea,	Peak riow	Customer During	Peak Flow,	rlow, mg-	Water OC	pH of Water,	Required, mg	0 V ()030,		Distribution	Involves Taking Water System Components
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3		24.0			1.2		<u> </u>						1.0	W.T.D. off line / hydro tank rep.
4		24.0			1,1							-	1.0	W T.D. off line / hydro tank rep
5		24.0			12								11	W.T.P. off line / hydro lank rep.
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7		24.0			24							+	1.1	W T P off line / hydro tank tep
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10		24.0			0.9			<u> </u>				+	0.9	WTP offline / hydro tank rep
11		24.0											1	W.T.P. off line / hydro tank rep
12		24.0			1.0				********				0.8	W.T.P. off line / hydro tank rep.
13		24.0			0.8								0.7	W.T.P. off line / hydro tank rep.
14		24.0			0.6								0.6	W.T.P. off line / hydro tank rep.
15		24.0			1.1								0.9	W.T.P. off line / hydro tank rep.
16		24.0			1.0								0.9	W.T.P. off line / hydro tank rep.
17		24.0			1.0	1							0.9	W.T.P. off line / hydro tank rep.
18		24,0												W.T.P. off line / hydro tank rep.
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29		24.0			0.0								0.0	W.T.P. off line / hydro lank rep.
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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

* 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.

1. General Information	1 for the Month/	Year of: June	e, 2008							
A. Public Water System	ı (PWS) Informa	ition								
PWS Name:	Harmony Homes						PWS Identification Numbe	r:	3590497	Anna
PWS Type:	Community	Non-Transient Non-	Community	Transient Non-Com	munity		Consecutive			
Number of Service Connec	tions at End of Month	n: 65				Total P	Population Served at End of	Month:	228	
PWS Owner:	Aqua Utilities Floric	la						ananista nastrona anto anto anto anto a		
Contact Person:	Brian Heath					Contac	et Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesbur	g	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Contac	t Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ac	ddress:	beheath@aquaameri	ca.com							
B. Water Treatment Pla	ant Information									
Plant Name:	Harmony Homes						Plant Telephone Number:		407-339-543	24
Plant Address:	101 Plymouth Aven	ue			City: Altamor	ite Spr	State: Florida		Zip Code:	32701
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fi	nished Water						
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		216,000						
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.):	JV		p	lant Cla	ass (per subsection 62-699.)	310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Nu	nber	Day	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	William Trendel			С	6411		Days 1st Shift			
Other Operators:	Terry McCarthy			С	4617		Days 1st Shift			
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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 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number

Page

PWS I	dentificatio	n Number:		3590497		Plant Name:	Harmony He	omes						
111. D	aily Data	for the N	lonth/Year	of:		June 2008								
Means	of Achievi	na Four-Lo	Vinc Inorti	untion/Pamou	als IT Front	1.1			yernes (20)					
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1 01	traviolet R	adiation	1 Othe	er (Describe):										
Type (of Disinfe	ctant Resid	lual Maintair	ned in Distri	ibution System:	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
		100		(CT Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if /	pplicable*		Constant and	
		Carl Street				CT Calc	ulations				UVI	Dose		
				L. M. Contraction	Contraction of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ANC ALCONG	1.2017-8	MARTINE	ALC: Market Barks of the	
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	Staffed or		Net Quantitu	1. 19 Sec. 980	Lowest Residual	Contact Time	Belore or al	The second	ALC: NOR	Sec. A restar	AN ALL WAL	Minimum	Dicinfactant	
	Visited hv	S. Strate	of Rinished		Concentration (C)	Maccuramant	Customar				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Refore or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions: Renait or Maintenance Work th
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow	Flow mg.	Temp of	nH of Water.	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, ^O C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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3	Х	24.0			0.5								0.5	W.T.P. off line until hydro tank rep.
4	<u>X</u>	24.0			0.7								0.6	W.T.P. off line until hydro tank rep.
5	<u>X</u>	24.0			0.7				L				0.6	W.T.P. off line until hydro tank rep.
6	<u>X</u>	24.0			0.7								0.6	W.T.P. off line until hydro tank rep.
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14	Х	24.0			0.5								0.5	W.T.P. off line until hydro tank rep.
15		24.0												W.T.P. off line until hydro tank rep.
16	X	24.0			1.0								0.8	W.T.P. off line until hydro tank rep.
17	Х	24.0			0.9								0.8	W.T.P. off line until hydro tank rep.
18	X	24.0			0.9								0.8	W.T.P. off line until hydro tank rep.
19	Х	24.0			0.7								0.7	W.T.P. off line until hydro tank rep.
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22		24.0										L		W. I.P. off line until hydro tank rep.
20	X	24.0			0.9								0.8	W.T.P. off line until hydro tank rep.
24		24.0			1.1								1.0	W.T.P. off line until hydro tank rep.
26	X	24.0			0.9								0.9	W T P off line until bydro tank ten
27	X	24.0			0.8								0.7	W T P off line until hydro tank rep
28	X	24.0			0.8								0.7	W.T.P. off line until hydro tank rep.
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30	X	24.0			11								0.9	W.T.P. off line until hydro tank rep.
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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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

DEP For 55.900(3)Alternate

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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	fear of: July, 2008				
A. Public Water System	n (PWS) Informa	tion				
PWS Name:	Harmony Homes				PWS Identification Number:	3590497
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Month	: 61		Total	Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florid	a				Al an
Contact Person:	Brian Heath			Cont	act Person's Title: Area Manager	r
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	······································	Cont	act Person's Fax Number: (352) 787-633	33
Contact Person's E-Mail Ac	ddress:	beheath@aguaamerica.com				
B. Water Treatment Pla	ant Information					
Plant Name:	Harmony Homes				Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenu	10		City: Altamonte St	or State: Florida	Zip Code: 32701
Type of Water Treatment by	y Plant:	Raw Ground Water Purchased	Finished Water			
Permitted Maximum Day C	Dperating Capacity of I	Plant, gallons per day:	216,000		r.	
Plant Category (per subsect	tion 62-699.310(4), F.	A.C.): IV		Plant (Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators		Name	License Class	License Number	Day(s) / Shift(s	a) Worked
Lead/Chief Operator:	William Trendel		С	6411	Days 1st Shift	
Other Operators:	Terry McCarthy		С	4617	Days 1st Shift	
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ANNER - MARTENESSE CONTRACTOR		ere	and the second			

II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel

Printed or Typed Name

C-6411

License Number

Page

PWS I	dentificatio	n Number:		3590497		Plant Name:	Harmony Ho	omes						
Ш. Г	aily Data	for the M	lonth/Year	of:		July 2008								
Anna	of A shine	re French			• •	July, 2008			national and a state of the sta					
vieans	of Achievin	ng Four-Log	y virus Inactiv	vation/Remov	al: 🔽 Free C	hlorine T	Chlorine Di	oxide	☐ Ozone	☐ Comt	oined Chloria	ie (Chlorar	nines)	
I U	traviolet R	adiation	[Othe	er (Describe):										
Гуре	of Disinfee	ctant Resid	lual Maintai	ned in Distri	bution System:	Free Chlo	orine [Combin	ned Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
1990 - 194	Shicker	0.15-5-5.14980	Control Controls	Last de la r	T Caladadaa	THE DARK IN	Domastata	John Lag	Minus Inco	Uniting 1C		Sectory and a line	a standard state	SHOC REPORT OF STREET
115			San Star	er caromatoris, of 0 v 10se, o Denostate rour-Log with anactivation, it Applicable?									Active Actions	
1. 48	10-20-20	A	- Charles	CT Calculations UV Dose:										机能能非常的意义 。****
16.2	1.64.20			PARK STATE			Lowest CT		5-01 (Supple)			Station 3		and the second
	all and and		190	The state		Disinfectant	Provided	1.00		的法认为的记录		1.145 147	and the second	a second s
Y	Days Plant	Territor and	Contractions	意 子 是	Lowest Residual	Contact Time	Before or at	3.2.3				1. J. K.	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	a statistic		NY IA		Minimum	Disinfectant	
	Visited by		ofFinished	Starty Sa	Concentration (C)	Measurement	Customer	A. Same	a state		Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant	Water	A. S. Ach	Before of at First	Point During	During Peak	100 A20		Minimum CT	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,	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, ⁰ C	if Applicable	min/L	mW-sec/cm*	seciem	System, mg/L	Out of Operation
	X	24.0		L	0.8								0.8	on interrconnect, due to hydro tank rep.
2	<u>X</u>	24.0	Notation of the second second		0.8								0.7	on interrconnect, due to hydro tank rep.
3	X	24.0			0.7		ļ		ļ				0.7	on interrconnect, due to hydro tank rep.
4	X	24,0			0.9								0.8	on interreonnect, due to hydro tank rep.
6	× ×	24.0			0.9								0.8	on interrconnect, due to hydro tank rep.
7	÷	24.0												on interrconnect, due to hydro tank rep.
8	- A	24.0			1.1								1.0	on interrconnect, due to hydro tank rep.
0	÷	24.0			0.9								0.9	on interrconnect, due to hydro tank rep.
10	- A	24.0			0.9								0.8	on interroonheet, due to hydro tank rep.
11	- X	24.0	****		1.0								0.0	on interconnect, due to hydro tank rep.
12		24.0			0.9								0.0	on interreonnect, due to hydro tank rep.
13	$-\hat{\mathbf{x}}$	24.0			1.0								0.9	on interconnect, due to hydro tank rep.
14	X	24.0			1.2								0.7	on interregeneer, due to hydro tank rep.
15	X	24.0	-		0.0								0.7	on interreconnect, due to hydro tank rep.
16	X	24.0			0.8								0.9	on interreonnect, due to hydro tank rep.
17	x	24.0			0.7								0.6	on interregeneet, due to hydro tank rep.
18	X	24.0			0.5								0.5	on interconnect, due to hydro tank rep.
19	X	24.0			0.8								0.7	on interrconnect due to hydro tank rep.
20	X	24.0			0.0									on interrconnect, due to hydro tank rep.
21	X	24.0			1.0								0.7	on interrconnect, due to hydro tank rep. *
22	X	24.0			0.9								0.7	on interrconnect, due to hydro tank rep.
23	X	24.0			0.6								0.5	on interrconnect, due to hydro tank rep.
24	X	24.0			0.6				1		i.		0.5	on interrconnect, due to hydro tank rep.
25	X	24.0			0.5								0.5	on interrconnect, due to hydro tank rep.
26	X	24.0			0.5								0.5	on interrconnect, due to hydro tank rep.
27-	X	24.0			0.5								0.5	on interrconnect, due to hydro tank rep.
28	X	24.0			0.5								0.4	on interrconnect, due to hydro tank rep.
29	X	24.0			0.5								0.4	on interrconnect, due to hydro tank rep.
30	X	24.0			0,8								0.8	on interrconnect, due to hydro tank rep.
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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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


See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Harmony Homes					PWS Identification Numb	er: 35904	197
PWS Type:	Community	Non-Transient Non-C	Community 🗌 Ti	ransient Non-Comn	nunity 🗌	Consecutive		
Number of Service Connect	tions at End of Montl	h: 61			Tota	Population Served at End o	f Month: 158	
PWS Owner:	Aqua Utilities Florid	da						
Contact Person:	Brian Heath				Cont	act Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip C	ode: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad	ldress:	beheath@aquaameri	ca.com					
B. Water Treatment Pla	ant Information							
Plant Name:	Harmony Homes					Plant Telephone Number:	407-3	39-5424
Plant Address:	101 Plymouth Aven	ue			City: Altamonte Sj	pr State: Florida	Zip Ci	ode: 32701
Type of Water Treatment by	Plant:	✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		216,000				
Plant Category (per subsecti	ion 62-699.310(4), F	.A.C.):	1V		Plant	Class (per subsection 62-699	.310(4), F.A.C.):	С
Licensed Operators	and the second second	Name		License Class	License Numbe	r Da	iy(s) / Shift(s) Worl	xed /
Lead/Chief Operator:	William Trendel			С	6411	Days 1st Shift		
Other Operators:	Terry McCarthy			С	4617	Days 1st Shift		
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II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number

DEP For S2-555. 900(3)Alternate

Pag

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See rages 4 for Insti	ructions.				
I. General Information	n for the Month/Year of: September, 2008				·
A. Public Water System	n (PWS) Information				
PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	Community Non-Transient Non-Community	ransient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Month: 61		ł	Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				······································
Contact Person:	Brian Heath		[Contact Person's Title: Area Manag	jer
Contact Person's Mailing A	Address: PO Box 490310		City: Leesburg	g State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number: (352) 787-0980		1	Contact Person's Fax Number: (352) 787-6.	333
Contact Person's E-Mail A	ddress: beheath@aquaamerica.com				
B. Water Treatment Pl	ant Information				
Plant Name:	Harmony Homes			Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenue		City: Altamon	te Spr State: Florida	Zip Code: 32701
Type of Water Treatment b	y Plant: 🔄 Raw Ground Water 🗌 Purchased Fin	ished Water			Ex.
Permitted Maximum Day C	Operating Capacity of Plant, gallons per day:	216,000			
Plant Category (per subsect	tion 62-699.310(4), F.A.C.) IV		P	ant Class (per subsection 62-699.310(4), F.A.C	2.): C
Licensed Operators	Name	License Class	License Nur	nber Day(s) / Shift	(s) Worked
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	С	4617	Days 1st Shift	
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The second second second second					
Mr. Angel and and		1			
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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.

Page

Signature and Date

William Trendel

Printed or Typed Name

C-6411

License Number

Acans	of Achievir	ng Four-Log	Virus Inactio	UIN ation/Remove	alı C T rəco	September, 200	18					1946 A. 19		
	traviolet R	adiation	y irus mactiv	auon/Remov	al: JV Free C	hlorine	Chlorine Di	oxide		Comb	oined Chlori	ne (Chloran	nines)	
vne i	of Disinfee	tant Resid	hial Maintair	and in Distri	bution Custom	D Ena Chi	ning C	Combin	ed Chlorina	Chloromina		Chloring	Maulda	
Jpc .		Cum ACSIC	iuai maiman	icu in Distri	ioution System:	I♥ Free Chic	orine i	Combin	ed Chiorine	(Chioramine	(3)	Chiorine I	Joxide	
	and the second		Sec. Sugar	10 A	_1 Calculations, of	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if A	Applicable*	Provention of the second		Sector Sector Sector
			SER STATE			CT Calo	ulations				UVI	Jose		
	AND LOOK OF				and the second		Lowest CT		St. Star	· CARLON TH	1323			
	A. Standar	19 Ch			A DECEMBER OF THE	Disinfectant	Provided		S. Carlos State	1030.400	in source and the	6	AND A SUN	an A - 在 - A - A - A - A - A - A - A - A -
iste forde	Days Plant	a second second	and the second	Reg Charles	Lowest Residual	Contact Time	Before or at			2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1.20	6.1.1	Lowest Residual	
	Staffed or		Net Quantity	A. D. A.	Disinfectant	(T) at C	First	0.085	(* 1994 - 1989) 1995 - 1995	A CARE AND		Minimum	Disinfectant	
	Visited by		ofFinished	1 (et .) (et .)	Concentration (C)	Measurement	Customer		AND ADDRESS	1946 - Day 1. 18	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	Service and services	Before or at First	Point During	During Peak	和影响		Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work th
the	(Place	ំ រោ	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Componen
Aonth	(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	X	24.0			1.1		ļ						1.0	plant on interconnect
2		24.0			1.0								1.0	plant on interconnect
3	X	24.0			1.2								1.0	plant on interconnect
4		24.0			1,1								1.0	plant on interconnect
6	- Â	24.0			1.0		Service and service of						1.0	plant on interconnect
7	^	24.0			0.9								0.9	plant on interconnect
8	v	24.0			1.0						1			plant on interconnect
0	- Â	24.0			1.0								0.9	plant on interconnect
10	X	24.0			0.7								0.7	plant on interconnect
11	x	24.0			0.9								0.8	plant on interconnect
12	X	24.0			1.0								0.7	plant on interconnect
13	X	24.0			1.0								0.0	plant on interconnect
14		24.0			1.0								0.9	plant on interconnect
15	X	24.0			0.0								0.0	plant on interconnect
16	X	24.0			0.9								0.9	plant on interconnect
17	X	24.0			0.8								0.0	plant on interconnect
18	X	24.0			0.0								0.8	plant on interconnect
19	X	24.0			0.8								0.8	plant on interconnect
20	X	24.0			0.8								0.8	plant on interconnect
21		24.0											3,0	plant on interconnect
22	X	24.0			1.0								1.0	plant on interconnect
23	X	24.0	1		0.7								0.7	plant on interconnect
24	X	24.0			0.8								0.8	plant on interconnect
2.5	X	24.0	1		1.0								0.8	plant on interconnect
26	X	24.0			1.1								0.9	plant on interconnect
27	X	24.0	1		1.0								1.0	plant on interconnect
28		24.0											I	plant on interconnect
29	X	24.0			1.0								1.0	plant on interconnect
10	X	24.0	1		0.8								0.8	plant on interconnect
al	Constant	Sa 200 15. N	T											
10 C 10 C 10	CONTRACTOR OF STREET	C 10 12 10 18 10 19												

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

DEP Fol 55.900(3)Alternate



See Pages 4 for Instructions.

I. General Information	n for the Month/Y	car of: October, 2008				
A. Public Water System	n (PWS) Informa	tion				
PWS Name:	Harmony Homes		and the second		PWS Identification Number:	3590497
PWS Type:	Community	Non-Transient Non-Community	ransient Non-Comr	munity	Consecutive	
Number of Service Connec	tions at End of Month:	61		Total f	Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida	8				
Contact Person:	Edward Pellenz			Contac	et Person's Title: Manager of	f Operations
Contact Person's Mailing A	\ddress:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number:	(352) 787-0980		Contac	ct Person's Fax Number: (352) 787-6	6333
Contact Person's E-Mail A	ddress:	ejpellenz@aquaamerica.com				
3. Water Treatment Pl	ant Information				•	
Plant Name:	Harmony Homes				Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenu	e		City: Altamonte Spr	State: Florida	Zip Code: 32701
Type of Water Treatment b	y Plant:	Raw Ground Water Purchased Fin	ished Water			
Permitted Maximum Day C	Operating Capacity of I	Plant, gallons per day:	216,000	•••••		
Plant Category (per subsect	lion 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	Day(s) / Shif	t(s) Worked
Lead/Chief Operator:	William Trendel		С	6411	Days 1st Shift	
Other Operators:	Terry McCarthy		С	4617	Days 1st Shift	and a state of the
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II. Certification by Lead/Chief Operator

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

Signature and Date

EP

William Trendel

Printed or Typed Name

Par

C-6411 License Number

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PWSI	dentificatio	n Number		3590497		Plant Name:	Harmony H	omes						
III. I	Daily Data	for the M	lonth/Year	of:		October, 2008								
Means	of Achievi	ng Four-Log	Virus Inactiv	vation/Remov	al 🔽 Free C	hlorine r-	Chloring Di	ovide	- 070mg	E Com	ineit Ohleni		ninau	
ΓU	traviolet R	adiation	[] Othe	er (Describe)	. ,	1	Chief ing 12	UNICE	1 Ozune) Come	med Chion	ne (Critorai	innes i	
Type	of Disinfe	clant Resid	ual Maintai	ned in Distri	ibution System	E Ecen Chi	vina E	Combin	ed Chlorine	Chloramine		Chloring	Jinside	
	I		aut and the		Calculations of	LIV Data to	Damuetata	Court Lon	Minus Inno	tiugtion if	Innlinghlat	- chlorine i	1	LIF & THU
				A	T Calculations, of	UY Dose. 10	Demostate	rour-Log	virus mac	uvation, 117	1 ppicable	0	1.1.1	
£			1	ATTING AND		CICalc	lations .	10 1 1	102 2.25	1	0.0	Jose	1 42	
ι. ·	1 · · ·			1.11月1月	933 A		Lowest CT	122	的行行的					
			1.11	ar south		Disinfectant	Provided	4.97	Sector -				1. 1. 1. 1. 1.	
	Staffed or		Not Outentity		Lowest Residual	Contact Time	Before or al	1.000	1.34			Minimum	Lowest Residual	
	Visited by	1000	of Finished	b, market	Concentration (C)	Messurement	Customer	1. The		bijî v	Lowest	UV Dose	Concentration at	Emergency or Abuarinal Operation
Day of	Operator	Hours plant	Water	101 10 10 10 10 10 10 10 10 10 10 10 10	Before or at First	Point During	During Peak		4.3341	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-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, ing/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm2	sec/cm ²	Systein, ing/L	Out of Operation
	<u>X</u>	24.0			08								0.8	Plant off line / hydro-tank rep
3	- <u>x</u>	24.0			0.8								0.8	N 0
4	X	24.0	-		0.8								0.8	(2 V)
5		24 0			<u>v.</u> o								0,6	aj a
6	Х	24 0			1.0								0.9	() n
7	X	24.0			0.7								0.7	12 N
8	X	24.0			0.7								07	4f uj
9,	<u>X</u>	24.0			07								07	a 4
11	$\frac{1}{x}$	24.0											12	14 R
12		24.0			1.)								1,1	54 18
13	X	24.0			1.1								[]	вч
14	Х	24.0			0.9								0.8	41 76
15	X	24.0			0.8								08	0 9
16	X	24.0			0.8								0.7	4. P
18	× ×	24.0			0.9								0.8	77 15
19	A.	24.0			1.0								0	
20	Х	24.0			0.9								0.9	51 54
21	Х	24.0			1.0								0.8	а н
22	X	24.0			1,3								12	6 H
23	X	24.0			1.2								12	9 0
24	- X	24.0			12								12	
26		24.0												9 0
27	X	24.0			10								10	hydro-tank replaced
28.	X	24.0			1.2								1.1	hydro-tank replaced
29	X	24.0			1.0								10	hydro-tank chlorinated
30	X	24.0			1.2									flushed , ready to sample
JI	<u>× </u>	24.0			10								1.0	
vgerage	12740 200	A STATE												
aximun	100000000000000000000000000000000000000	84.202												

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

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

3.... DEP FO 55 900/31Alternate

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See Pages 4 for Instructions.

. General Information	n for the Month/Y	ear of: Nover	mber, 2008					
A. Public Water System	n (PWS) Informat	tion						
PWS Name:	Harmony Homes					PWS Identification Number	3590497	
PWS Type:	✓ Community	Non-Transient Non-Co	ommunity	Transient Non-Com	munity	Consecutive		
Number of Service Connec	ctions at End of Month-	61			T	otal Population Served at End of M	Month. 158	
PWS Owner:	Aqua Utilities Florida	1						
Contact Person:	Edward Pelienz				C	ontact Person's Title:	Manager of Operations	
Contact Person's Mailing /	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code.	34749
Contact Person's Telephon	e Number ((352) 787-0980			C	ontact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A	ddress.	ejpellenz@aquaameric	ca.com					
. Water Treatment Pl	ant Information							
Plant Name:	Harmony Homes					Plant Telephone Number:	407-339-54	24
Plant Address	101 Plymouth Avenue	0			City: Altamont	Spr State. Florida	Zip Code:	32701
Type of Water Treatment b	y Plant:	Raw Ground Water	D Purchas	ed Finished Water				
Permitted Maximum Day C	Operating Capacity of P	lant, gallons per day:		216.000				
Plant Category (per subsect	tion 62-699.310(4). F.A	N.C.).	IV		Pla	nt Class (per subsection 62-699.3	10(4), F.A.C.): C	
Licensed Operators -		Name	*	License Class	License Num	ber Day	(s) / Shift(s) Worked	<u>.</u>
Lead/Chief Operator:	William Trendel			C	6411	Days 1st Shift		
Other Operators:	Terry McCarthy			С	4617	Days 1st Shift		
					17			
		<u></u>						
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II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel

Printed or Typed Name

C-6411

License Number

114

PWS I	dentificatio	n Number:		3590497		Plant Name.	Harmony H	omes						
	Jaily Data	for the M	onth/Vear	of		November 200	18							
	Vany Data	i tur une m	Millio real			November. 200	/0							
Means	of Acmevi	ng Four-Log	Virus Inactiv	/ation/Remov	al: 🖌 Free C	hlorine	Chlorine Di	oxide	∫ Ozone	Comb	nined Chlorin	ne (Chlorai	nines)	
	Itraviolet R	Radiation	[Othe	er (Describe):)									
Type	of Disinfe	ctant Resid	lual Maintair	ned in Distri	ibution System:	Free Chk	orine T	Combin	ed Chlorine	(Chloramine	s) /	Chlorine I	Dioxide	
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る。世話	2月 24	1.10		and the store a	of calculations, o	CT Cal	Demostate .	UGI-LIVE	, inda mae		11VI	2050	清楚法心 57	
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1999 (A. 1997)	1. 2.						Lowest CT	37.1		1. 当一日				
- 54		10 24 3		3. 4		Disinfectant	Provided	- Alera	5 . Te.	「五日」、	10 M		1 Deput	
1.52	Days Plant		100 金倉	1 Standard	Lowest Residual	Contact Time	Before or at		4	1. 2. 24	4		Lowest Residual	
	Staffed or	A E A	Net Quantity	一方为理	Disinfectant	(T) at C	First		1.1.1	1.1.1.1	1.1	Minimum	Disinfectant	
16.20	Visited by		of Finished	-	Concentration (C)	Measurement	Customer	TA'RS	The share	1. Jack 1.	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	김성성목	Before or at First	Point During	During Peak	-	A Carl	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-	Leinp 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, "C	if Applicable	a min/L	mW-sec/cm*	sec/cm*	System, mg/L	Out of Operation
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. 4		24.0	<u>X</u>		1.1								1.1	Plant Off Line Due To Hydro Tank
		24.0	<u>x</u>										1.0	Plant Off Line Due To Hydro Tank
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Avgerag	6	211 Sec. 219												

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Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:

car of: December, 2008

A. Public Water System (PWS) Information

PWS Name	Harmony Homes					PWS Identification Number	er:	3590497	
PWS Type:	🗹 Community	Non-Transient Non-Comm	unity 🗌 T	ransient Non-Com	munity	Consecutive			
Number of Service Connect	ions at End of Month	h: 61				Fotal Population Served at End of	f Month:	158	
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Edward Pellenz				(Contact Person's Title	Manager of Op	crations	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State. Florida		Zip Code	34749
Contact Person's Telephone	Number:	(352) 787-0980				Confact Person's Fax Number	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	ejpellenz@aquaamerica.c	om						
3. Water Treatment Pla	ant Information								
Plant Name:	Harmony Homes					Plant Telephone Number:		407-339-54	24
Plant Address	101 Plymouth Aven	ue			City Altamon	te Spr State: Florida		Zip Code:	32701
Type of Water Treatment by	/ Plant:	Raw Ground Water	Purchased Fin	shed Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		216.000					
Plant Category (per subsection	ion 62-699.310(4). F.	.A.C.): IV			PI	ant Class (per subsection 62-699	310(4), F.A.C.)	С	
Licensed Operators	<u> </u>	Name		License Class	License Nun	nber Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	William Trendel			C	6411	Days 1st Shift			
Other Operators:	Terry McCarthy			С	4617	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 1 of this report. 1 certify that the information provided in this report is true and accurate to the best of my knowledge and belief. 1 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. 1 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, 1 agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number

December, 2008 Means of Achieving Four-Log Virus Inactivation/Removal. © Free Chlorine Cohorine Dioxide © Ozone © Combined Chlorine (Chloramines) © Ultraviolet Radiation © Other (Describe) © Free Chlorine © Combined Chlorine (Chloramines) © Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: © Free Chlorine © Combined Chlorine (Chloramines) © Chlorine Dioxide Days Plan: Nen Quanthy Disinfectant Concentration (C) Disinfectant Concentration (C) Obsyn Flan: Nen Quanthy Disinfectant Concentration (C) Disinfectant Concentration (C) Obsyn Flan: Nen Quanthy Describe (C) Disinfectant Concentration (C) Disinfectant Concentration (C) Ogoention gd1 Operating Rate, gpd Peak Flow, mgL Disinfectant Concentration (C) Disinfectant Concentration (C) Operating Rate, gpd Peak Flow, mgL Disinfectant Concentration (C) Disinfectant Concentration (C) Operating Rate, gpd Peak Flow, mgL Disinfectant Concentration (C) Disinfectant Concentration (C) Disinfectant Con
Means of Achieving Four-Log Virus Inactivation/Removal. IF ree Chlorine Chlorine Doxide Combined Chloranine(Chloramines) Type of Disinfectant Residual Maintained in Distribution System: IF ree Chlorine Combined Chloranine (Chloramines) Chlorine Dixide Combined Chloranine (Chloramines) Chlorine Civitation Combined Chloranines) Constate Four-Log Virus Inactivation, if Applicable* Cir Calculations UV Dose Circle Colspan="2">Circle Colspan= Combined Chloranines) Constate Four-Log Virus Inactivation, if Applicable Circle Colspan= Colspa
Data of reduction reductin reduction reductin
Days Plant CT Calculations. or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* Days Plant CT Calculations. or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* Days Plant Net Quantity Lowest Residual Days Operator Net Quantity Disinfectant Disinfectant Disinfectant Disinfectant Contentine Before or at Minimum Concentration (C) Before ar al First Disinfectant Contentine Days Operator Preducted, Peak Flow, m2. Contentine Month Yisted by af Firsthet Concentration (C) Before ar al First Before ar al First Peak Flow, m2. Immute Temp of pH of Ware, Regized, mark Net Quantity 1 24.0 11 Immute Immute Immute 2 24.0 13 Immute Immute Immute 3 24.0 13 Immute Immute Immute 4 24.0 14 Immute Immute Immute Immute 5 24.0 13 Immute Immute Immute Immute 6 24.0 14 Immute Immute Immute Immute 7 24.0 13 Im
Type of Disinfectant Residual Maintained in Distribution System: V Free Chlorine Combined Chlorine (Chlorannes) 1 Chlorine Divide Days Plant Staffed or Visited by Operation and the final concentration (C) Net Quantity of Finished Net Quantity of Finished Concentration (C) Lowest CT Provided UV Dose UV Dose Days Plant Staffed or (Place Net Quantity of Finished Net Quantity of Finished Disinfectant Concentration (C) Lowest CT Provided Disinfectant (Disinfectant) Lowest Residual (Disinfectant) Lowest Residual (Disinfectant) Days Plant Water Net Quantity of Finished Net Quantity of Finished Disinfectant Concentration (C) Construct Time Before or a Finished Lowest Residual (Disinfectant) Lowest Residual (Disinfectant) Lowest Residual (Disinfectant) 1 24.0 Rate, gpd. Peak Flow, mg/L Flow, mg/L Flow, mg/L minitum Involves Taking Water System Components 3 24.0 1.1 Concentration (C) Minitum Minitum System, mg/L Involves Taking Water System Components 4 24.0 1.500 1.3 Concentration Concentration Involves Taking Water System Components 5 24.0 1.500 1.3 Concentration Concentration Involves Taking Water System Components 6 24.0
Lowest Residual Days Plant Staffed or Visited by Month Net Quantity of Finished and Staffed or Visited by Operator Net Quantity of Finished Power Peak Flow, mg/L Lowest Residual Disinfectant Concentration (C) Disinfectant Concentration (C) Disinfectant Concentration (C) Paint Dorigner Maintername Net Quantity Lowest Residual Contract Time Disinfectant Contract Time Before or at Paint During Peak Flow, mg/L Image Name Producted, Paint Power Paint Disinfectant Concentration (C) Paint Power Paint Point During Peak Flow, mg/L Image Name Producted, Paint Power Paint Disinfectant Contract Time Paint Power Paint Disinfectant Contract Time Peak Flow, mg/L Image Name Producted, Peak Flow, mg/L Lowest Residual Disinfectant Contract Time Peak Flow, mg/L Lowest C Print Disinfectant Contract Time Paint Power Pint Power Paint Pa
Law Figure 1 Law Figure 1 Low est Residual Concentration 4 Low est Residual Disinfectant Concentration (C) Provided Before or at Figure 1 Low est Residual Concentration 4 Low est Residual Disinfectant Concentration (C) Peak Flow, ng/L Low est Residual Disinfectant Concentration 4 Low est Residual Disinfectant Concentration (C) Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Before or at First Provided Concentration at Produced, Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Peak Flow, ng/L Low est Residual Disinfectant Concentration at Provided Peak Flow, ng/L Disinfectant Provided Peak Flow, ng/L Disin
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Days Plant Net Quantity Net Quantity Net Quantity Lowest Residual Contact Time Disinfectant Before or at First Staffed or First Net Quantity Disinfectant (T) ar C First Minimum Lowest Residual Domanda Operating Day of Qerator Hours plant Water Concentration (C) Measure Contact Time Before or at First Minimum C1 Operating Required night Net Outcots Repair or Abnormal Operating Up of Qerator for produced, peak Flow, Customer During Peak Flow, Flow, mg- Temp of pH of Water, Required, mW mW- System, mg L Out of Operation Month "X") Operation gal Rate, gpd Peak Flow, mg/L minutes
Staffed or Visited by (prote) Net Quantity of Finished Disinfectant of Finished (T) at C of Finished First Concentration (C) Day of Peak Flow, mg/L First Concentration (C) Day of Peak Flow, mg/L First Concentration (C) Day of Peak Flow, mg/L Minimum Construction (C) Peak Flow, mg/L Disinfouton Peak Flow, mg/L Disinfouton Peak Flow, mg/L Disinfouton Peak Flow, mg/L Minimum Construction (C) Peak Flow, mg/L Disinfouton Peak Flow, mg/L Minimum Construction (C) Peak Flow, mg/L Disinfouton Peak Flow, mg/L Disinfouton Peak Flow, mg/L Disinfouton Peak Flow, mg/L Disinfouton Peak Flow,
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Month "X") Operation gal. Rate, gpd. Peak Flow, ing/L min/L Water, "C if Applicable min/L in W-sec/cm ² System, ing/L Gut of Operation 1 24.0 1 1 1 1 1 1 1 Plant OOS 2 24.0 1 1 1 1 1 1 Plant OOS 3 24.0 1 1 1 1 1 1 1 Plant OOS 4 24.0 1.50 13 1 1 1 1 1 Plant OOS 4 24.0 1.50 1.3 1 1 1 1 1 Plant OOS 5 24.0 1.50 1.3 1<
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6 24.0 2,700 14 14 12 Plant OOS 6 24.0 2,700 14 12 Plant OOS 7 24.0 10 10 Plant OOS 8 24.0 2,500 10 10 Plant OOS 9 24.0 2,500 1.2 10 10 Plant OOS 10 24.0 9,800 1.2 10 10 Plant OOS 11 24.0 9,100 12 10 10 10 Plant OOS 11 24.0 9,300 2.8 10 20 20 20 13 24.0 8,400 1.7 13 13 13 13
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22 240 8,750 1.9 15
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51 240 12,400
Avenerate 780
Maximum 22.800



See Pages 4 for Instructions.

. General Information for the Month/Year of:	January, 2009	a subset to state a subset of the second second
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A. Public Water System (PWS) Information

PWS Name:	Harmony Homes					PWS Identification Num	ber:	3590497	
PWS Type:	Community	Non-Transient Non-Com	munity [] 1	Fransient Non-Commu	nity	Consecutive			
Number of Service Conne	ctions at End of Mont	h: 61	hal and bas		T	otal Population Served at End	of Month:	158	9819946-1994
PWS Owner:	Aqua Utilities Flori	da	Add and the second second second	A CARACTER STATES					
Contact Person:	Edward Pellenz	THE AREA AND IN A DOCTOR			C	ontact Person's Title:	Manager of Ope	rations	ning of Kardina Manager State and State
Contact Person's Mailing	Address:	PO Box 490310		Ci	ty: Leesburg	State: Florida	and a strength of the	Zip Code:	34749
Contact Person's Telephor	e Number:	(352) 787-0980			C	ontact Person's Fax Number:	(352) 787-6333		an ana a
Contact Person's E-Mail A	ddress:	ejpellenz@aquaamerica.	.com						
. Water Treatment P	lant Information								
Plant Name:	Harmony Homes		a sa i manda di 19	Re carda de la		Plant Telephone Number	r:	407-339-54	24
Plant Address:	101 Plymouth Aven	ue		Ci	ty: Altamonte	Spr State: Florida	1	Zip Code:	32701
Type of Water Treatment I	by Plant:	Raw Ground Water	Purchased Fir	hished Water					
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		216,000	and States 1 43 1			All States	
Plant Category (per subsec	tion 62-699.310(4), F	.A.C.):	V		Pla	nt Class (per subsection 62-69	9.310(4), F.A.C.):	С	
Lifeensed Operators		Name		License Class	license Num	per	ay(s) Shift(s)	Worked	
Lead/Chief.Operator.	William Trendel			C	6411	Days 1st Shift			
Other Operators:	Terry McCarthy		April 18 August 18	C	4617	Days 1st Shift			
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		No. Alter Part Providence							
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IL Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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. 1 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 the pWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Trendel
Printed or Typed Name

C-6411 License Number 18

Form 62-555. 900(3)Alternate

PWS Identification Number: 3590497 Harmony Homes Plant Name: III. Daily Data for the Month/Year of: January, 2009 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide C Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide GI Calculations, or UV Dose to Demostate Four-Log Virus inactivation if Applicable N.S. CT Calculations **UNIDAXe*** 1 64.60 Lowest GT Disinfectant Provided Days Plan Contact Time Lowest Residual Before of at Staffed or Net Quantity Disinfectant (T) at C Pin atectant of Finished Water visited by Concentration (C) UV DASe entration a Measurement Required. Remnis Point In Conditions, Repair or N Operato Dayor loars pla Balore or at first. PointDuring the UV Dose, Distribution Involves Taking Watar System Rlace in Producted, Customer During Temp of BH of Water, Required, n Peak Plow Peak Flow low, mg Month Oberation Peak Flown mg/L C if Applicab "X") ** Rate, god minutes min/L System: mg/L 24.0 9,300 1.1 1.0 2 24.0 9,700 2.5 2.0 3 : 24.0 1.5 10,600 1.6 4 24.0 11,550 24.0 0.9 11,550 1.0 6 24.0 9,100 2.3 2.0 24.0 12 1.2 13,100 8 24.0 2.7 2.4 119 8,500 19 24.0 9,700 1.9 1.9 10 24.0 9,900 1.5 1.7 11 24.0 11,900 12 24.0 11,900 1.8 1.7 113 24.0 7,300 2.2 2.0 14 24.0 10,900 1.5 1.6 15 24.0 2.0 1.7 8,700 24.0 1.8 9,700 2.2 17 24.0 9,600 1.8 1.8 18 24.0 11,350 19 24.0 1.3 11,350 1.4 20. 24.0 15,100 10 1.1 121 24.0 1.1 1.0 plant taken off line temp / bad relay 22 24.0 0.9 plant taken off line temp / bad relay 1.0 24.0 10,400 2.0 1.7 24 24.0 2.0 9,400 23 25 24.0 12,750 126. 24.0 12,750 2.5 2.4 -03 24.0 1.4 11,200 1.5 .28 24.0 11,500 1.5 1.4 29 24.0 24 9.800 2.7 0.66 24.0 8,200 2.4 2.0 24.0 9,200 Total 306,000 Avgerage 9,871

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

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

15,100

Maximum



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Harmony Homes				PWS Identification Number:	3590497
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Con	nections at End of Month	61 , 1997 - 2007		a ke dan Talah sa sa	Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florid	8		A State of the second	and a second second second second	A A A A A A A A A A A A A A A A A A A
Contact Person:	Edward Pellenz		all and the		Contact Person's Title: Manager	of Operations
Contact Person's Mailin	g Address:	PO Box 490310	1991 - 1 99	City: Leesbu	rg State: Florida	Zip Code: 34749
Contact Person's Teleph	one Number:	(352) 787-0980		Capacity States	Contact Person's Fax Number: (352) 787	7-6333
Contact Person's E-Mail	Address:	ejpellenz@aquaamerica.com		Marke Land		
B. Water Treatment	Plant Information					
Plant Name:	Harmony Homes				Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenu	C		City: Altamo	nte Spr State: Florida	Zip Code: 32701
Type of Water Treatmen	it by Plant:	Raw Ground Water	d Finished Water			
Permitted Maximum Da	y Operating Capacity of I	Plant, gallons per day:	216,000			All and an and a second second
Plant Category (per subs	ection 62-699.310(4), F./	A.C.): IV		J	Plant Class (per subsection 62-699.310(4), F.A	A.C.): C
Licensed Operator	S MARINE AND	- Name	License Class	License Nu	mber Day(s) / Sh	ift(s) Worked
Lead/Chief Operato	William Trendel		C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy		C	4617	Days 1st Shift	
	14 14 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		un a sen se an			ALL AND A
and the second second				a state of the second		
A LANDAR SALA						
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	and the second second					
of a strength of the			All and the sale			and the second
12 Martin	國國建立委任任書					

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.

Page

x Querdel 3/4/09

Signature and Date

Printed or Typed Name

William Trendel

C-6411 License Number

PWS I	dentificatio	n Number:		3590497		Plant Name:	Harmony H	lomes							
	aily Data	for the M	onth/Vear	sf:		February 2009	1								
	- 6 4 - 1	r or i	And A start		1	10010119, 2007	•							and the second	
Means	of Achievi	ng Four-Log	VITUS Inactiv	ation/Remov	al: JV Free (hlorine	Chlorine D	ioxide	[Ozone	Com	bined Chlor	ine (Chlorar	nines)		
L	traviolet k	ladiation	Othe	r (Describe):											
Type of	of Disinfe	ctant Resid	ual Maintair	ned in Distri	bution System:	Free Chlo	orine Г	Combi	ned Chloring	e (Chloramine	:s) [Chlorine I	Dioxide		
				· · · · · (Tealculations o	UV Dose, to	Demostate	Four-Lo	e Viros Ina	stivation, if	Applicable	•			
12	Page 1	A ST SOL				T CT Cala	ulations		10.00		I UV	Dose			
	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		常的		allowed the letter		C. C. C.		1321.00			132.4			1 1 1 1 1
e a ta	Carlos .			Pri Landa		C. Harris	Enwest CT	Sec. S.		a starts				A CARLES	
State 1	De l'Ofres	01 - 20 I		S. ANT		Disinfectant	Provided			A STATE		15,1 12	Lonase Davidual	A state	
1000	Staffad of	100	New Durand	F-4	Thore Contract		Eleione or a		e en festeres	1 mail	同時間に	Minimum	a Da Infectant	Contract of the second	No States and
	Visited by	2000 B	of Binished		Concentration (C)	Mansurament	Customer	620-00			Lowest	UV Dose	Concentration at	Emergency of A	biomal Operating
Day of	Operator	Hours plant	Water	(金融)	Before or at First	Point During	During Peal	15.71		Minimum Cl	Operating	Required,	Remote Point in	Conditions, Repair of	Maintenance Work that
the	(Place	inter a	Producted	Peak Flow	Customer During	Peak Flow,	Flow, me-	Temp of	pH of Water	Required, m	UV Dose,	mW.	Distribution	Involves Taking Wa	ter System Components
Month	*X*)	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes -	min/L	Water, 0	CifApplicabl	e min/L	mW-sed/cm	sec/cm ²	System, mg/L .	Out of	Operation i is
00 L		24,0	10,200	297	al an									111	
- 2	X	24.0	10,200		1.4	3.1984 (1 C2 0	1.1		
.3	X	24.0	9,200		1.3			<u> </u>				<u></u>	1.1		
4	<u> </u>	24.0	9,600		1.4	NAME OF BRIDE	1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -			100 A			1.2		
3	X	24.0	13,700		0.9					-			0.9		
4 5		24.0	9,600	<u>1990</u>	2.0				-			-	1.0		
(1) (q)) (1)		24.0	11,550		4.4			dial i	-	- <u>18</u>		1.19.1944	4.0	2	
9	x	24.0	11,550	34	17		State Rin and	1				1	15	and the second se	
10.	X	24.0	11,200		22		e e quint		1 1 1 1 1 1 1	-			2.0		
11	X	24.0	8,600		23		8	-				· · · · · · · · · · · · · · · · · · ·	2.0		
12 1	x	24,0	8,600		2.5			1.12					2.2		and a start report
13	X	24.0	10,600		2.5			1					2.2		
14	<u> </u>	24.0	10,500		2.3								2.0		
15	Spart (*	24.0	12,300	100 March 100	1997, 31 adot (55.30)										
- 16	X	-24,0	12,300		2.5			1.1.1.20		-			2.2		
7	<u> </u>	24.0	10,700	A CONTRACTOR	2.3	a naise a sea		1.2.2					2.1		
18	<u> </u>	24.0	11,400	and the second second	1.8			<u> </u>		-	<u> </u>		1.7		
20	X	. 24.0	11,100	12 (1) 12 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	3.1							1	2.1	the second second	
216	<u> </u>	24.0	10,000		2.0	the state of the state of the			i di di di	1			2.0		The store of the s
22	<u>A</u>	24.0	10,900	20	4.1			-	198. 3				Contraction A.J		
23	x	24 (1)	10,900		26					1000 1 100		1	25		e est a la collàctica (
24	X	24.0	8 200		35	19		1.000		- Harrison - Harrison - H	100000	10 10 K	3.0	100 C	
25	X	24.0	10,000		2.0			1	-			1 1 2 2	2.0		
26	X	24.0	9,500		3.5					Inder and Alle		Lands - Lingun	3.0		State State Market
27	X	24.0	11,300	1921 - 1931 (MA)	26		Netter (No. 1		- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		41 Mar. P.		2.4		0.444.3.1.1
28	X	24.0	10,400		1.6		4 (1981) P 1 0	1				A STATE	1.5		
29		24.0		291 - 153 Mar			1. 8. 19 19 19 19 19 19 19 19 19 19 19 19 19					1.1.1.1.297			
30		24.0					19 - C. S. 199				14.48			16.44	
181		24.0							1992		all de		Contraction of the second s		18 84 B. T. T. T.
1 bial		1.12	293,100												
Avgerag	2	51 (H. 51)	10,438												

Maximum 13,700

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

DUVON	Manual II.		······································				2.604	0.107
PWS Name:	Harmony Homes					PWS Identification Numb	ber: 3590	1497.
PWS Type:		Non-Transient Non-Com	munity L T	ransient Non-Comr	nunity			
Number of Service Con	nections at End of Month:	61			(1	otal Population Served at End o	of Month: 158	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Edward Pellenz				0	Contact Person's Title:	Manager of Operatio	ons
Contact Person's Mailin	ng Address: P	O Box 490310			City: Leesburg	State: Florida	Zip	Code: 34749
Contact Person's Teleph	one Number: (.	352) 787-0980			10	Contact Person's Fax Number:	(352) 787-6333	And the second se
Contact Person's E-Mail	Address: 6	pellenz@aquaamerica.	com					
. Water Treatment	Plant Information							
Plant Name:	Harmony Homes					Plant Telephone Number:	407-	-339-5424
Plant Address:	101 Plymouth Avenue		· · · · · · · · · · · · · · · · · · ·	1	City: Altamont	e Spr State: Florida	Zip	Code: 32701
Type of Water Treatmen	nt by Plant:	Raw Ground Water	Purchased Fini	shed Water		<u></u>		and the second secon
Permitted Maximum Da	y Operating Capacity of Pl	lant, gallons per day:		216,000	·····	- 1	and the second	
Plant Category (per subs	section 62-699,310(4), F.A	C.): IV	1		Pla	ant Class (per subsection 62-699	.310(4), F.A.C.);	С
Licensed Operator	rs	Name,	to the second	License Class	License Num	ber	w(s)/Shift(s) Wo	rked
Lead/Chief Operato	ir: William Trendel			С	6411	Days 1st Shift	A she far the second part of the second	
Other Operators:	Terry McCarthy			С	4617	Days 1st Shift		
The second second								
								an a
And the states								-1
					illinger (and a second		46.45.8.25.465355	
			and the second se			······································	Service Street Street	
Association of the state								
Manual of Manual Annual States and Annual States	VICTOR NO.	and the second	and the second se	land in the second s			State of the second	and the state of the second

11. Certification by Lead/Chief Operator

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

Signature and Date

Printed or Typed Name

William Trendel

C-6411

License Number

62-555 900(3)Alternate

DE

PWS I	VS Identification Number: 3590497 Plant Name: Harmony Homes													
	aily Data	for the M	onth/Year	of:		March, 2009								
	any Dana	The state	Minus Locatio	ution /Demou	al: Erma C	hlorina r	011.0	1.14.	E 0	the Court	in d Chilari	. Chlorar	vinas)	
Means	of Achievi	ng rour-Log	y nus macuv	(Describe)	at. je l'ice c	mornie j	Chiorine Di	oxide	1 Ozone	I Com	meu Chiorn	ie (Chioran	intes)	
	traviolet R	adiation	I Otne	r (Describe):		genery.		• a 1:		(Ch. Langerting)		Chloring		
Type of	of Disinfe	ctant Resid	lual Maintaiı	ned in Distri	bution System:	I♥ Free Chic	orine I	Combi	ned Chiorine	(Cnioramine	3) 1	Chlorine L	JIOXIGE	
101.000			10	1000	T Calculations, or	UV Dose, to	Demostate.	-our-Lor	Virus Inac	tivation, if a	Applicable*	State State		
100			124.55			CT Calc	ulations		1910-00-00-0		UV	Dose		
	West and a						Louiset CT							
	2881	and the state	Start Bar	A Part Street	the second second second	Disinfectant	Provided			1.2			Letter State	
	Davs Plant	N. A. HARA		100	Lowest Residual	Contact Time	Before of at.	312			2450		Lowest Residual	A state of the second state of the second state
10 States	Stafted or	a destruction	Net Quantity	and the second	Disinfectant	(T) at C	Eust .	10		No. Con		Minimum	Disinfectant	
1017	Visited by	1.10	of Funished	10.000	Concentration (C)	Measurement	Customer	A set			Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant	Water	74.22.23.64.	Before or at First	Point During	During Peak	1. 1. 1. 1.		Minimum CT	Uperating	Required,	Remote Point in	Conditions; Repair of Maintenance Work that
the	(Place	1n /	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-a	1 emp of	pH of Water.	Required, mg	L V DOSD.	40.	Distribution	Involves Taking water system components.
Month	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	water;	паррисаріе	inin/Lass.	mw-sec/cm	secrem	C SARCHE WREE	Curve operation
14-19-1	X	24.0	10,800	<u></u>	20				+				1.8	
		24.0	10,800		2.0								1.8	
4	X	24.0	10,900		1.5				1				1.4	
5	X	24.0	11,900		1.7								1.5	
6	X	24.0	10,900	ti h	1.8	· · · ·							1.5	
7	X	24.0	13,200		1.5			-					1.4	
8.8	Х	24.0	13,500					ļ						
9	X	24.0	13,500		0.8						ļ		0.7	
10	X	24.0	11,600	$\frac{1}{2} = \frac{1}{2} $	1.6								1.3	
10		24.0	11,000	<u>n k 5, 64, 8</u>	1.3					<u> </u>			20	
12	× ×	24.0	12 500		16			<u> </u>					1.5	
14	x x	24.0	12,500		1.4								1.4	
15	x	24.0	12,700			an dan sa		1						
16	X	24.0	12,700		1.6								1.5	
17	Х	24.0	13,900		0.8								0.7	
18	X	24.0	11,350	L	1.1								1.0	1
19	X	24.0	11,350	-	3.5			<u> </u>					3.0	
.20	X	24.0	10,900		2.3		1		-				1.4	
21	X	24.0	12,500		1.3				+				1.4	
32		24.0	18,000		1.7		<u> </u>						1.6	
20	A X	24.0	9 300	- in the second s	23				1				2.0	
25	X	24.0	11,100		1.4			1	-				1.4	
. 26	X	24.0	12,200	1	1.7								1.6	
27	X	24.0	5,700		2.3								2.0	
2.8	X	24.0	11,300		2.0								1.7	
29	X	24.0	10,050											
, 30	Х	24.0	10,050		2.1								2.0	
31	X	24.0	11,500			<u> </u>	1	1		1		L	L	1
Total	18.35		352,300											
Avgera	e al anti-		11,365											

Maximum 18,000



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

			and the second	where the second s	A REAL PROPERTY AND A REAL					
PWS Name:	Harmony Homes					PWS	Identification Num	iber:	3590497	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity 🗌 T	ransient Non-Com	nunity	Conse	ecutive			
Number of Service Conr	nections at End of Month:	61				Total Popula	ation Served at End	of Month:	158	
PWS Owner:	Aqua Utilities Florida	l								
Contact Person:	Edward Pellenz					Contact Pers	son's Title:	Manager of O	perations	
Contact Person's Mailin	g Address: I	PO Box 490310			City: Leesbur	rg State	: Florida		Zip Code:	34749
Contact Person's Telepho	one Number: ((352) 787-0980				Contact Pers	son's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail	Address:	ejpellenz@aquaamerica.co	om							
Water Treatment	Plant Information									
Plant Name:	Harmony Homes					Plant	Telephone Number	r:	407-339-54	24
Plant Address:	101 Plymouth Avenue	e .			City: Altamo	nte Spr State	Florida		Zip Code:	32701
Type of Water Treatmen	nt by Plant:	Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Da	y Operating Capacity of P	Plant, gallons per day:	199 <u>4 - Andre Handeller, and State</u> r and State	216,000						
Plant Category (per subs	section 62-699.310(4), F.A	A.C.): IV			F	Plant Class (p	er subsection 62-69	9.310(4), F.A.C.)	: C	
Licensed Operator	rs	Name		License Class	License Nu	mber	C	bay(s) / Shift(s) Worked	
Lead/Chief Operato	or: William Trendel			С	6411	Days	1st Shift			
Other Operators:	Terry McCarthy			С	4617	Days	1st Shift			
			······································	1						
									and the second se	
NUMBER OF CONTRACTOR				1						
			······	1						
	-									
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141				-L	L					

II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel Printed or Typed Name C-6411 License Number 24

PWSI	WS Identification Number: 3590497 Plant Name: Harmony Homes													
	Daily Data	for the M	onth/Year	of:		Anril 2009								
Manne	of A phiavi	no Four Loo	Vinue Innetia	untion/Demou	al: ET Ence (Theorem T			F 0					an in 1982 and an in the Contest of Contest
TT II	Of Achieve	ng rour-Log		(Deceribe)	ai. j♥ rice C	morme 1	Chlorine Di	ioxide	J Ozone	[Com	bined Chlori	ne (Chlorai	nines)	
		cautación	1 Offic	r (Describe).		gane	. r		1011	1011				
Type	of Disinfe	ctant Resid	lual Maintair	ned in Distri	ibution System:	I∕ Free Chle	orine I	Combi	ned Chlorine	(Chloramine	es) I	Chlorine I	Dioxide	
100	101100		(1) (1)		CT Calculations, of	UV Dose, to	Démostate	Four-Log	g Virus Inac	tivation, if /	Applicable*			10000000000000000000000000000000000000
100						CT Cal	culations		and the second		UV	Dose		
	101 15 15 15 15 15 15 15 15 15 15 15 15 15			1. 23. 14	A CONTRACTOR OF	1 3/34	I mund CT	1		•	112/2 21		A STATE OF	
A Sector			A State	Starting.	B-72.5	Disinfectant	Provided	1.11				1835	12	
Del 201	Days Plan	STATES IN	1	1997 - 1997 - P	Lowest Residual	Contact Time	Before or at	States -	A Strain Strain	all south and the	Non State		Lowest Residual	
100	Staffed or	Ster Street	Net Quantity	100 11 1	Disinfectant	(T) at C	First	C. Carlotte	Sec. 4	134.0.8		Minimum	Disinfectant	A CONTRACTOR OF A CONTRACT OF
	Visited by	Sector de	of Finished		Concentration (C);	Measurement	Customer	and the second	ALC: No.		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before of at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	010	Producted,	Peak Flow	Customer During	Peak Flow,	Flow mg.	remp or	pH of Water,	Required, mg	UV Dose,	mw.	Distribution	Involves Taking Water System Components
Month	XI	Operation	- gal.	Kate, gpd	Peak flow, mg/L	minutes	min/L	water, c	All Applicable	min/L	mW-sec/cm?	sec/cm	System, mg/L.	Out of Operation
2	A X	24.0	8,600		26								1./	1
3.	x	24.0	10 500		2.0				1				1.8	1
4.	X	24.0	11,900		1.4		1						1.4	
5	X	24.0	11,800											
6	Х	24.0	11,800	1	1.8		1		1				1.7	
- 7	Х	24.0	10,700		1.9								1.7	
- 8	Х	24.0	10,000		1.8								1.7	
9.	X	24,0	10,600		2.4								2.2	
-10	X	24.0	9,100		1.7	-		ļ					1.7	
7.11	<u> </u>	24,0	13,300		1.4								1.4	
12	X	24.0	13,900	ļ										
14	X X	24.0	10,100		2.0								1.3	
15		24.0	10,100		15								1.0	
16	X	24.0	11,500		20		+						17	1
17	X	24.0	10,500		2.2		1						2.0	· · · · · · · · · · · · · · · · · · ·
18	X	24.0	13,100		1.0								1.0	
19	Х	24.0	10,000				1		1					1
20	X	24,0	10,000		2.0								1.9	
21	X	24.0	20,400		2.1								1.8	
22	X	24.0	14,100		0.8				L				0.8	
23		24.0	13,400		2,5							ļ	2.0	
105		24.0	14,200		1.5	Although and a state of the sta							1.4	
26		24.0	13,000		1,2								1.2	
27	Ŷ	24.0	12,000		0.9								0.0	
28	X	24.0	7.300		0.5								0.5	plant taken off line / pump bad
29	X	24.0			0.9								0.7	plant taken off line / pump bad
30.	X	24.0	4,800		0.9		1						0.7	plant taken off line / pump bad
.31	X	24.0												1
Total,	Sec. 1		340,800					**************************************						
Avgera	(ð	1.4.4	10,994											
Maxim	im series.	NAME AND A	20,400]										



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

									and the second se				
	PWS Name:	Harmony Homes							PWS 1de	entification Num	iber:	3590497	
1	PWS Type:	 Community 	Non-	Fransient Non-Co	mmunity	Transient Non-Cor	nmunity		Consecu	tive			and the second
	Number of Service Connec	ctions at End of Mon	th:	61				Total	Population	n Served at End	of Month:	158	
l	PWS Owner:	Aqua Utilities Flor	ida		*****								
	Contact Person:	Edward Pellenz						Cont	act Person'	s Title:	Manager of C	perations	
1	Contact Person's Mailing A	Address:	PO Box 4903	310			City:	Leesburg	State:	Florida		Zip Code:	34749
	Contact Person's Telephon	e Number:	(352) 787-09	80				Cont	act Person'	s Fax Number:	(352) 787-63.	33	
L	Contact Person's E-Mail A	ddress:	ejpellenz(aquaameric	a.com								
В.	Water Treatment Pl	ant Information	1				Maadooddoddoddoddoddoddoddoddoddoddoddodd						
1	Plant Name:	Harmony Homes							Plant Te	lephone Number	r.	407-339-54	24
1	Plant Address:	101 Plymouth Aver	nue				City:	Altamonte Sp	pr State:	Florida		Zip Code:	32701
Ľ	Type of Water Treatment b	y Plant:	Raw G	iround Water	Purchas	ed Finished Water							
1	Permitted Maximum Day (Operating Capacity o	f Plant, gallons	per day:		216,000							
1	Plant Category (per subsect	tion 62-699.310(4), I	F.A.C.):		IV		Τ	Plant (Class (per s	subsection 62-69	9.310(4), F.A.C.): C	
	Licensed Operators			Name	1. 1. 1. 1. 1. 1.	License Clas	Licen	se Numbe	r 🚽 👾	1	ay(s) / Shift(s	s) Worked	
	lead/Chief Operator:	William Trendel				C		6411	Days 1s	t Shift			
1	Other Operators:	Terry McCarthy				C		4617	Days 1s	t Shift			
		- 0	-							1			
			10 N										
								-					
			· · · · · · · · · · · · · · · · · · ·										
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		the second s		the second se			A CONTRACT OF A	COLUMN TWO IS NOT THE OWNER.		A REAL PROPERTY AND A REAL	the second s		

IL Certification by Lead/Chief Operator

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

Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number

DEP Form 62-555, 900(3)Alternate

PWS	/S Identification Number: 3590497 Plant Name: Harmony Homes													
111.	Daily Data	a for the M	lonth/Year	of:		May, 2009								
Means	of Achieve	ing Four Lor	- Virua Inantii	unting /Domos	alı 🗖 Fara (The size			,					
- II	It rouis lot I	Dodiation				norme	Chlorine I	Jioxide	1 Ozone	I Com	bined Chlori	me (Chlorar	nines)	
F. O	ITTAVIOIEL I	Kadiation) Othe	er (Describe)										
Туре	of Disinfe	ectant Resid	lual Maintai	ned in Distr	ibution System:	Free (Chlorine	Combi	ned Chloring	e (Chloramin	es)	Chlorine I	Dioxide	
Sele Tes					T Calculations, or	r UV Dose.	to Demostat	e Four-Lo	g Virus Ina	otivation, if .	Applicable'			and the state of the state of the state
	141		Sec. Parts	1 10 200	the state of the	CT	Calculations		a and a set	Station 2	UV IV	Dose		and the second second second
SALE AND				Course Stra	Sales and the second second		d Island			and see and	26. ACT 89.	A. State of the	6 . M.	
1.0	in they t	St Courses	2-19 x 3-14	The start of a		TENC-	Lowest C		3	Section 1		Logical de		
5.00	Date Dies	1.19	18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	L Harland		- L'hsintecta	nf Provided	8- 12 Mar	a state		and the second	Carrier Parts	Towart Randual	and the stand of the second second
44	Staffed or	an contain	Not Ostanitini	100.00	Lowest Kestidual	+ Contact 11	me Belore or		a starf i ha	1.11	11100	Minimum	Disinfectant	计可能存在 网络马克拉马克马克
1-2012	Visited by	Providence -	of Sinished	St 151 151	Correction (C)	Meagureth	ent Custome	1.00		and a second second	Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant	Water	11 17 1	Before or at First	Point Duri	ng During Pa	k		Minimum CI	Operating	Required,	Remote Point in	Conditions, Repair of Maintenance Work that
the	(Place)	t. in:	Producted.	Peak Flow	Customer During	Peak Floy	v. Flow, mg	Temp of	bit of Water	Required, mp	UV Dose,	mW.	Distribution	Involves Taking Waler System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L-	minutes	i min/L	Water,	C if Applicabl	min/L	mW-sec/cm	sec/cm2	System, ing/L	Out of Operation
. 1	X	24.0			0.7								0.6	Plant off line
2 2	X	24.0	28,100		0.7								0.5	Plant off line
3	X	24.0	1,150									ļ	<u> </u>	Plant off line/ well clear. Bact
4	X	24.0	1,150		8.0							<u> </u>	0.7	Plant off line/ well clear. Bact
	X	24.0	15,800		0.6						ļ		0.6	Plant off line
, 0		24.0	1,600		0.7	·····					<u> </u>		0.0	Plant off line / fluch well
8 8	$\frac{\Lambda}{\chi}$	24.0	40,400	<u>}</u>	1.0						+		0.6	Plant off line / flush well
9	X	24.0	12 500		0.0								0.0	Plant off line
10	X	24.0	17,200		0.3				-		+			Plant off line
11	Х	24.0	17,200		0.5				1				0.4	Plant off line
12	Х	24.0	8,600		0.8								0.6	Plant off line
13	X	24.0	7,300		. 1.1								0.9	Plant off line
A HA	<u>X</u>	24.0	8,700		1.4					J		ļ	1.2	Plant off line
15	X	24.0	9,500		1.4								1.2	Plant off line
10	<u>X</u>	24.0	14,150							<u> </u>	<u> </u>	<u> </u>		Plant back on line
18	X	24.0	14,150		2.0					ļ	ļ		1.8	
19.	<u> </u>	24.0	13,700		1,1							<u> </u>	1.0	
26/20 44	X	24.0	11,500		1.8				+				1.6	
21-21	X	24.0	9 500	·	2.7								2.3	
22	Х	24.0	10,100		2.1			-	1	1			1.8	
- 28	X	24.0	11,300		1.3				1	1	T		1.2	
24	Х	24.0	10,500											
2.5	X	24.0	10,500		1.2								1.2	
26	X	24.0	14,700	and the second second second	1.7								1.5	
27.	X	24.0	11,200		1.5			-					1.4	
28	<u>X</u>	24.0	10,100		2.2							ļ	1.8	
29	X	24.0	9,600		2.1								1.8	
31	X V	24.0	10,500		1.0								1.0	
Total		24.0	23,500						<u></u>	1	L	<u> </u>	J	1
Avgerage		1	12 277											
1 Participante			12,277											

Maximum 40,400

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

June, 2009



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Harmony Homes					PWS Identification NumI	ber:	3590497	
PWS Type:	- Community	Non-Transient Non-Commu	inity 🗌 Tr	ansient Non-Comr	nunity	Consecutive			
Number of Service Connec	ctions at End of Mont	th: 61				Fotal Population Served at End of	of Month:	158	
PWS Owner:	Aqua Utilities Flori	ida							
Contact Person:	Edward Pellenz					Contact Person's Title:	Manager of Op	erations	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	g State: Florida		Zip Code:	34749
Contact Person's Telephon	e Number:	(352) 787-0980				Contact Person's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail A	.ddress:	ejpellenz@aquaamerica.co	om						
Water Treatment Pl	lant Information	1							
Plant Name:	Harmony Homes					Plant Telephone Number	:	407-339-54	24
Plant Address:	101 Plymouth Aver	nue			City: Altamon	te Spr State: Florida		Zip Code:	32701
Type of Water Treatment t	ov Plant:	Raw Ground Water	Purchased Finis	shed Water					
Permitted Maximum Day	Operating Capacity o	f Plant, gallons per day:	1997	216,000					
Plant Category (per subsec	tion 62-699.310(4). 1	F.A.C.): IV			p	ant Class (per subsection 62-69	9.310(4), F.A.C.):	C	
Licensed Operators		Name	Contractor Sec. 21	Dicense Class	License Nur	nbér D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator	William Trendel			С	6411	Days 1st Shift			
Other Operators:	Terry McCarthy			C	4617	Days 1st Shift			
Contraction of the	[]								

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and the state of the	š								
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### 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.

AMO CHIN Signature and Date

William Trendel Printed or Typed Name C-6411 License Number -

28

PWS I	WS Identification Number: 3590497 Plant Name: Harmony Homes													
<u>III. E</u>	aily Data	for the M	onth/Year o	of:		June, 2009								
Means	of Achievin	ng Four-Log	Virus Inactiv	ation/Remova	il: 🔽 Free C	hlorine 🔽	Chlorine Di	oxide	C Ozone	Comb	ined Chlori	ne (Chloran	nines)	
Γυ	traviolet R	adiation	C Othe	r (Describe):					*	1				
Type	of Disinfer	tant Resid	ual Maintair	ned in Distri	hution System:	Free Chlo	rine Γ	Combin	ed Chlorine	(Chloramine	s) Г	Chlorine [	Dioxide	
Type		Main Resid	a vianitan	ica in Distri	T Coloulations of	IIV Dova to	Demostate	Cours I no	Virus Inad	lyation If /	nnlicable*			
				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	T Calculations, or	CT Calc	ulations	Our-LOE	virus inide	iranon, n z	IIV	Dose		and the second second second second second
1	1	and the second second				. Ci Cai	lianons	10 10 10 10 10 10 10 10 10 10 10 10 10 1						
-2014	AT TO SHOT	( etc.) kok	Service and			Logical a	Lowest CT	12.58	1000			21 24		
Sec. 1	540 A					Disinfectant	Provided.	A had	A BACKER		11 10 10 10		Louiset Desidual	
	Days Plant		Nat Ouantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	· 医中的合适的消化于这些动物。
	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	101	1. 6	Minintum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	- I <b>n</b>	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, "C	if Applicable	min/L	mW-sec/cm*	sec/cm	System, mg/L	Out of Operation
1	X	24.0	11,500		1.0								0.6	
	X	24.0	12 500		1.4								1.2	
4	x	24.0	9,400		2.4								2.0	
5	X	24.0	5,200		0.7								0.6	
6	Х	24.0	22,200		1.5								1.3	
79	X	24.0	11,700											
8	X	24.0	11,700		1.3								1.0	
. 9	X	24.0	24,400		1.7								1.3	
11		24.0	13,400		1.5								1.6	
12	x	24.0	15,700		1.4								1.4	
13	X	24.0	17,600		1.1								1.0	
14	X	24.0	16,350											
15	Х	24.0	16,350		1.0								0.9	
16	X	24.0	9,700		1.3								1.1	
10		24.0	11,300		21								1.5	-
19	X	24.0	11,700		1.8	and the second							1.7	
20.5	X	24.0	13,000		2.1								1.8	
21	X	24.0	13,200											
22	X	24.0	13,200		2.0		e anna a suga					ļ	1.6	
- 23	X	24.0	9,800	L	1.7								1.5	
24	X	24.0	9,800		21								1.7	
25	X	24.0	11,600		1.4								1.4	
27	X	24.0	9,800		2.1								1.7	
28	X	24.0	10,000		2.2								1.6	
29	X	24.0	14,200		2.0								1.6	
30	X	24.0	9,800		1.2								1.2	
3	<u>X</u>	24.0	285 200		I	L	L	L	L	L	L		1	L
Avgera	18		12 426	-										
Maxim	Im		24,400	1										

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

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See Pages 4 for Instructions.

General	In	formati	ion f	or t	he N	lont	h/	Year of	i: an anns a	July, 2009
 and the second se		the second s	and the second							A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER

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

			and the second se			And a state of the	and a second s	and the second se		and the second se	the second s
PWS Name:	Harmony Homes		8.2	$m_{\rm e}^2 \sim 10^{-3}$			PWS Ide	ntification Num	per:	3590497	
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-Co	mmunity	L	Consecut	ive			
Number of Service Co	nnections at End of Month	a: 61	e tradición de la		ke-,	Tota	al Population	Served at End o	of Month:	158	
PWS Owner:	Aqua Utilities Florid	la									
Contact Person:	Edward Pellenz				an a	Con	tact Person's	Title:	Manager of (	Operations	an a
Contact Person's Mail	ng Address:	PO Box 490310		Carl Carl	City:	Leesburg	State:	Florida		Zip Code:	34749
Contact Person's Telep	hone Number:	(352) 787-0980	e di Carrierat	e e e e e e e e e e e e e e e e e e e	1). 1).	Con	itact Person's	Fax Number:	(352) 787-63	33	
Contact Person's E-Ma	il Address:	ejpellenz@aquaamerica	.com	in the second							
. Water Treatmen	t Plant Information										
Plant Name:	Harmony Homes			and a second			Plant Tel	ephone Number		407-339-54	24
Plant Address:	101 Plymouth Avenu	ı¢			City:	Altamonte S	opr State:	Florida		Zip Code:	32701
Type of Water Treatme	ent by Plant:	Raw Ground Water	Purchase	ed Finished Water							
Permitted Maximum E	ay Operating Capacity of	Plant, gallons per day:		216,000	an san san san san san san san san san s	and the second	the stand and		and the second second		
Plant Category (per sui	bsection 62-699.310(4), F.	A.C.):	V			Plant	Class (per s	ubsection 62-699	9.310(4), F.A.C	.): C	
al astratistical Operation	DISt 目标的网络常常体	Rane.		A Millicense Clas	si Ilice	ike Nanita		Design D	iv(s)//Shift(	s) Worked	
Lind Chief Opinia	OF William Trendel		121923	C		6411	Days 1st	Shift			
Gillier One alters	Terry McCarthy		an a	C		4617	Days 1st	Shift			
			TT Start			i a	1.1.1.1.1				
			The field of some			29-14-14					
			and the second								
		a secondaria e a									
	44							( San	a sector and the first		
				343	2 200				al th		
and the second state			adda a ta ta	알려는 것 같은 것 않는	14.20	x.					
							12000			2*********	94. (N. 1997) 1941 - N. 1977

### II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number

30

#### PWS Identification Number: 3590497 Plant Name: Harmony Homes III. Daily Data for the Month/Year of: July, 2009 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CH Calculations, or UV Dase, to Domosizite Found on Vinus Interiveding ht Applicable? Cir Criteathilois iunyaş (Cit Disinfedente Provided Dirs Ikhi LONGS RESIDER Conta mas ISI-ING OF TH Selen Ibarres Minnethir NEWOMANT Disnication MARC Mismie and 121051 ACAY MANSE Vinella O DINKA Concentration (C) Nexman Bunganay or Abus null Opening Clistoner Concentration of Quantitor Win Are (to) Statts Diant Wag LEGITE OF COME! Point Daning din ho Pai Septimed. Conditions. Schenkoolsennander Verek in: Kanine Bolh in ALTITUDINE CON Provingical Casimir Dinging UN DOS 1 Maria . m 🖓 Red Sidow Hanniel Dato Willer Confictions Mann. Part Tor Deficiention Javares Bergar Wene System Companies DON'S MICO seent DR. W. Sec. Oper Mon S. ORL Perk Boy, most. infinies. minist. in Applicable i. minus Queor Distant t na SPRIMIT, MOVE X 24:0 10,200 1.7 1.5 . 8 X 24.0 10.000 1,8 1.5 X 24.0 11,300 1.5 1.3 X 24.0 10,200 1.7 14 X 12,550 e (c) X 24.0 12,550 1.3 1.0 temp. power outage / on interconnect 1 1 ... X 24.0 300 1.3 1.0 interconnect back off 1.5 X 24:0 12,200 2.1 17 37.19 X 24.0 9,900 2.7 2.2 6110 Х 24:0 10,900 2.2 1.8 1.2112 X 24.0 11,300 1.7 15 100 X 14.950 X 24.0 14.950 1.3 1.3 Х 24.0 11,700 1.2 1.0 SALSE: X 24.0 11,200 1.2 1.0 136 X 24.0 12,100 1.7 1.4 X 24.0 10,500 1.3 1.2 12,000 1.4.8 X 24.0 1.5 -1.2 2412 X 24.0 13.300 1.2 1.0 20. X 24.0 9,200 1.8 1.5 $\langle \langle \cdot \rangle \rangle$ X 24.0 9,200 2.0 1.7 1.22 X 24.0 10,300 1.7 1.5 X 24.0 11,900 0.9 0.9 X 24.0 12,700 2000 1.6 1.3 2.5 X 24.0 10,100 1.4 1.2 260 X 24.0 13,400 1.4 1.2 1.2.91 X 5,750 X 24.0 5,750 1.7 -21.5 X 24.0 9,200 1.8 1.5 X 24.0 10,700 1.3 1.2 X 24.0 10,200 1.8 1.5 nd - Carlo States 330,500 A Reneric Contraction of the second 10,661 Riodonim 14,950

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



#### See Pages 4 for Instructions.

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

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

PWS Name:	Harmony Homes		AND CONTRACTOR	A Cartalana and A	he stabil		PWS Identification Num	iber: 3590497	
PWS Type:	<ul> <li>Community</li> </ul>	Non-Transient Non-Co	mmunity	Transient Non-	Community		Consecutive		
Number of Service Co	onnections at End of Month:	61	and defined	A Martine Co		Total I	Population Served at End	of Month: 158	
PWS Owner:	Aqua Utilities Florida		Start (						A Local Service
Contact Person:	Edward Pellenz			States and the		Contac	et Person's Title:	Manager of Operations	
Contact Person's Mail	ing Address: F	PO Box 490310			City: I	eesburg	State: Florida	Zip Code:	34749
Contact Person's Tele	phone Number: (	352) 787-0980	A 460 - 1, 14		Ye Class	Contac	t Person's Fax Number:	(352) 787-6333	
Contact Person's E-M	ail Address:	ejpellenz@aquaameric	a.com						
. Water Treatmen	t Plant Information								
Plant Name:	Harmony Homes			ul support for			Plant Telephone Number	r: 407-339+5	424
Plant Address:	101 Plymouth Avenue				City: /	Altamonte Spr	State: Florida	Zip Code:	32701
Type of Water Treatm	ent by Plant:	Raw Ground Water	Purcha	sed Finished Water					
Permitted Maximum I	Day Operating Capacity of P	lant, gallons per day:		216,000	Set est			A CONTRACTOR	
Plant Category (per su	bsection 62-699.310(4), F.A	.C.):	ſŸ			Plant Cl	ass (per subsection 62-69	9.310(4), F.A.C.):	141
Electronic Operation	OIS.	Name		C - Friedrich C	kss llitean	a Ntember	li in the second se	ay(s)/Shift(s) Wodhad	
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Office: Obenations:	Terry McCarthy			C		4617	Days 1st Shift		
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	- Protection and the		2020-0710-0429	LAAR MERSING					1976 - S. 1982 - S. 1
				Maria Maria Maria					
						C. Contraction			

### II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel Printed or Typed Name C-6411 License Number

32

DEP Form 62-555, 900(3)Alternate

PWS I	dentification	Number:		3590497		Plant Name:	Harmony He	omes						
	Daily Data	for the M	onth/Year	of:		August, 2009						-		
Manna	of A objection	a Four Log	Vinie Inactiv	ation/Removal	Eree C	bloring	Chloring Di	ovida	C Ozone	C Camb	ined Chlori	na (Chloran	nines)	
Means	of Achievin	g roui-Log	Vilus machi	r (Describe):	1 mac		Chiorine Di	UXIUC	1 020110	1 Come	nned Chion	ne (Chioran	inics)	
	Itraviolet Ra	idiation				FT F OU	·	Combin	ad Chloring	Chloromina		Chloring	Viovida	
Type	of Disinfec	tant Resid	ual Maintair	ned in Distribution	i System:	IV: Free Chio	orine I	Comoun	eu Chiorine	Chiorannic	5) 1	Chlorine L	Noxide	
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an'	X	24.0	10,200		1.0		NR33 10		1 Parase	in the states	The second second		1.0	
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A. 9. (12)	Constant in	1.41.2.23	8,826	1										
NA SU	une Casta		13,800	1										



**#VALUE!** 

See Pages 4 for Instructions.

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

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

PWS Name:	Harmony Homes	"我们的这一家都是最新的自己的	$<  \psi_{1,2} _{V^{1,2}}$	的行为的法律系统			PWS Identification Nun	nber: 3590497	
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-Co	mmunity		Consecutive		
Number of Service C	onnections at End of Mont	h: 61				Total	Population Served at End	of Month 158	
PWS Owner:	Aqua Utilities Flori	da							
Contact Person:	Will Fontain					Conta	et Person's Title:	Manager of Operations	
Contact Person's Mai	ling Address:	PO Box 490310			City:	Leesburg	State: Florida	Zip Code:	34749
Contact Person's Tele	phone Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-M	ail Address:					영상 중 전		1997年1月1日日的	
8. Water Treatmer	nt Plant Information								
Plant Name:	Harmony Homes						Plant Telephone Numbe	r: 407-339-5	424
Plant Address:	101 Plymouth Aver	iue		医外面的 医血管神经炎 日	City:	Altamonte Sp	r State: Florida	Zip Code:	32701
Type of Water Treatm	nent by Plant:	Raw Ground Water	Purchas	ed Finished Water					
Permitted Maximum	Day Operating Capacity of	Plant, gallons per day:		216,000			den av de la secta a	A STATE OF STATE	
Plant Category (per su	ubsection 62-699.310(4), F	.A.C.):	le state			Plant C	lass (per subsection 62-69	99.310(4), F.A.C.):	
Licensed Optim	me la presenta	Name P.		Ucenne Chre	s ILicen	se Kumba		Regi(s))/ Shittics) Wordced	
fland (Chireft Oppose	William Trendel		a=632.4635-73	C		6411	Days 1st Shift		
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#### **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 copieş of this report, at a convenient location for at least ten years.

Hondol) 10/4/0 Signature and Date

William Trendel Printed or Typed Name

C-6411 License Number

34

PWS I	lentification	n Number:		3590497	1	Plant Name:	Harmony F	Homes					-			
Ш. р	aily Data	for the M	onth/Year	of:		Sept. 2009										
Means	of A chievin	ng Four-Log	Virus Inactiv	vation/Remov	al Free C	hlorine <b>F</b>	Chlorine D	Viovide	C Ozone	Com!	hingd Chlori	na (Chloran	ainec)			
T III	traviolet R	adiation	C Othe	r (Describe)		niorine 1	CHIOTHE L	TOXIC	J	I Com	omed Chion	ne (Chioran	inics)			
			I Maintai	a (Describe).	hution Custome	E Erro Chi	orina [	Combin	ed Chlorine	(Chloramin)	ec)	Chlorine [	Viovide			
Type	of Disinfec	clant Resid	ual Maintai	ned in Distr	Ibution System:	Pree Chi	orme i	Comon	ica chiorine	(Chiorannia		Chiorate L	NO XIGE			
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i die .	Aller.		Firming (Gel.	Regime	SOMMONG DUMPS	TREAK TOTALS	12087.005	179009	DE QUERT	Selfiner int	1. (Fax, 1508-5		DING	Involve Briene	With Natal 0	anisanene. ¹
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Mexim	inter a start		11,900													



**#VALUE!** 

See Pages 4 for Instructions.

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

### A Public Water System (PWS) Information

PWS Name:	Harmony Homes	Second States	84 (1 <u>17</u> -	and the second	and the s		PWS Id	dentification Nur	nber:	3590497		46524
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-C	ommunity	1	Consec	utive				
Number of Service Co	onnections at End of Month:	61				To	tal Populati	on Served at End	of Month:	158		
PWS Owner:	Aqua Utilities Florida	1		. The state of the		ing and set				estat unit	n ar heider de	an a
Contact Person:	Edward Pellenz					Co	ntact Person	n's Title:	Manager of	f Operations		
Contact Person's Mail	ing Address:	PO Box 490310		Contraction State	City:	Leesburg	State	Florida		Zip Code:	34749	Maria
Contact Person's Telep	phone Number:	(352) 787-0980	的复数分词 建合			Co	intact Person	n's Fax Number:	(352) 787-6	6333		
Contact Person's E-Ma	ail Address:	ejpellenz@aquaamerica	.com									
Water Treatmen	t Plant Information											
Plant Name:	Harmony Homes		a la complete com				Plant T	elephone Numbe	r:	407-339-54	24	
Plant Address:	101 Plymouth Avenu	e	and and so		City:	Altamonte	Spr State:	Florida		Zip Code:	32701	
Type of Water Treatme	ent by Plant:	Raw Ground Water	Purch	ased Finished Water								
Permitted Maximum [	Day Operating Capacity of F	Plant, gallons per day:		216,000								
Plant Category (per su	ibsection 62-699.310(4), F.A	A.C.):	1. Salaro			Plan	t Class (per	subsection 62-69	99.310(4), F.A.	с): С		
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### 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 can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Printed or Typed Name

William Trendel

C-6411 License Number

DEP Form 62-555. 900(3)Alternate

WS Identificatio	n Number:		3590497		Plant Name:	Harmony H	omes							
L. Daily Data	for the N	Ionth/Year o	f:		Oct. 2009									
eans of Achievi	na Four-Lo	a Virus Inactiv	ation/Remov		'hlorine	China Di		<b>—</b> 0			(0).			
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Ultraviolet R	adiation	1 Other	(Describe):		<b>F</b>		1		1011	. m				
pe of Disinfe	ctant Resid	dual Maintain	ed in Distr	ibution System:	M Free Chl	lorine I	j Combin	ed Chlorine	(Chloramin	es) L	Chlorine I	Dioxide		n a - 114 - Analogo Companya Antonio Companya (Maria
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amin	1. 45-22	20,600												

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

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#### See Pages 4 for Instructions.

#### A Public Water System (PWS) Information

PWS Name:	Harmony Homes	1					PWS Identification Num	ber: 3590497	
PWS Type:	✓ Community	Non-Transient Non-Com	munity	Transient Non-C	ommunity	. [	Consecutive		
Number of Service Co	onnections at End of Mont	th: 61				Tot	al Population Served at End	of Month: 158	
PWS Owner:	Aqua Utilities Flori	da	all the second						
Contact Person:	Edward Pellenz	A CONTRACTOR OF	And a start			Cor	stact Person's Title:	Manager of Operations	
Contact Person's Mail	ling Address:	PO Box 490310			City;	Leesburg	State: Florida	Zip Code:	34749
Contact Person's Tele	phone Number:	(352) 787-0980		al Transferance		Cor	ntact Person's Fax Number:	(352) 787-6333	
Contact Person's E-M	ail Address:	ejpellenz@aquaamerica	<u>com</u>		Provide State				
3. Water Treatmen	at Plant Information	,							
Plant Name:	Harmony Homes						Plant Telephone Number	407-339-5	424
Plant Address:	101 Plymouth Aver	nue			City:	Altamonte	Spr State: Florida	Zip Code:	32701
Type of Water Treatm	nent by Plant:	Raw Ground Water	Purchas	ed Finished Water					
Permitted Maximum I	Day Operating Capacity o	f Plant, gallons per day:		216,000				Street State Practice	
Plant Category (per su	ubsection 62-699.310(4), 1	F.A.C.):				Plan	Class (per subsection 62-69	9.310(4), F.A.C.): ,C	
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### II. Certification by Lead/Chief Operator

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

Signature and Date

William Trendel Printed or Typed Name

C-6411 License Number

WEP Form 62-555, 900(3)Alternate

PWS Id	entification	n Number:	359	90497	Plant Name:	Harmony H	omes			-				
III, D	nilv Data	for the M	onth/Year of:		November, 2	009								
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Type o	Disinfec	clant Resid	ual Maintained	In Distribution System:	IV Free Ch		J Comor	neu Chiorn	ie (Cnioranni			Jioxide		*****
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* Refer to the instructions for this report to determine which plants must provide this information.

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Polymer Page 3 Due in December

December, 2009

I. General Information for the Month/Year of:

#### A Public Water System (PWS) Information

PWS Name:	Harmony Homes		a strange and a strange and a strange	PWS Identification Number:	3590497
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community	Consecutive	
lumber of Service Co	nnections at End of Month	61	$\label{eq:constraint} \mathcal{F} = \mathcal{F}_{\mathcal{F}} \left[ \mathcal{F}_{\mathcal{F}} \right] =$	Total Population Served at End of Month	1: 158
WS Owner:	Aqua Utilities Florida	a sector de la construction de la c			and a start of the second
Contact Person:	Edward Pellenz		and the second	Contact Person's Title: Mana	ger of Operations
Contact Person's Mail	ing Address:	PO Box 490310	City: Leesbur	rg State: Florida	Zip Code: 34749
ontact Person's Telep	hone Number:	(352) 787-0980		Contact Person's Fax Number: (352).	787-6333
Intact Person's E-Ma	ail Address:	ejpellenz@aquaamerica.com			and the second second second second second
Water Treatmen	t Plant Information				

Plant Name:	Harmony Homes					Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenu	ue	Maraha ya sa 1971 at 19		City: Altamonte Sp	State: Florida	Zip Code: 32701
Type of Water Treatment h	by Plant:	Raw Ground Water	Durchased Fini	ished Water		the state factor and the second	
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		216,000	and the second second		- Alter and the second second second
Plant Category (per subsec	tion 62-699.310(4), F.	A.C.):	New York		Plant C	lass (per subsection 62-699.31	0(4), F.A.C.):
1 turnstation () presentations		Name	Sec. 1. Sec. A.	Ligense Class.	Literise Number	Day(	s)//Shiti((s)) Worked
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#### II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, an 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 can retain them, together with copies of this report, at a convenient location for at least ten years.

17/10 Signature and Date

-

William Trendel Printed or Typed Name C-6411 License Number 40

DEP Form 62-555. 900(3)Alternate

PWS Identificat	tion Number:		3590497		Plant Name:	Harmony H	omes						
III. Daily Da	ta for the N	lonth/Year	of:		December, 200	19	-						
Means of Achie	ving Four-Lo	vinus Inacti	vation/Remov	al Free C	hlorine	Chloring D	iovida	C Orona		L. LOU			
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8,494 (vé. dimán) 11,950

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

DEP Form 62-555.900(3)Alternate

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#VALUE!

See Pages 4 for Instructions.

1. General Information for the Month/Year of: Jan. 2010

A. Public Water System (PWS) Information PWS Identification Number 3590497 PWS Name Harmony Homes PWS Type. Community Non-Transient Non-Community Translent Non-Community Consecutive Total Population Served at End of Month 158 Number of Service Connections at End of Month 61 PWS Owner Aqua Utilities Florida Edward Pellenz Contact Person's Title Manager of Operations Contact Person State: Florida 34749 PO Box 490310 Leesburg Zip Code Contact Person's Mailing Address City (352) 787-0980 Contact Person's Fax Number. (352) 787-6333 Contact Person's Telephone Number eipellenz@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number 407-339-5424 Harmony Homes Plant Name Florida Zip Code 32701 Altamonte Spr State Plant Address 101 Plymouth Avenue City - Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant 216,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.) IV Plant Class (per subsection 62-699.310(4), F.A.C.) C S. ..... Days 1st Shift 6411 William Trendel 4617 Days Ist Shift Terry McCariby

#### H. Cerufication by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, an 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.

Page 1

am (undel) Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number

DEP Form 62 555 900(3)Alternate

PWS Iden	WS Identification Number 3590497			0497 Plant Name Harmony Homes										
111. Daily Data for the Month/Vear of: Jan. 2010														
Means of	Achieving	Four-Log V	irus Inactivation	Removal Free C	hlorine	Chlorin	e Dioxide	C ()700	c E Comb	ined Chlori	ne (Chlorer			
Ultraviolet Radiation [ Other (Describe):														
Type of I	Disinfect	ant Residue	Maintained i	n Dietribution System	Free	Chlorine	Comb	ined Chlorin	e (Chloramine	0 <b>Г</b>	Chlorine I	Dioxide		
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	X	24.0	13,400	0.7								0.6		
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	<u>x</u>	24.0	11,100	1.6								1.4		
100 Mar-	×++	24.0	10,700	1.0								1.4		
	-	24.0	10,600					+			+	2.0		
	x	24.0	10,600	1.6								1.5		
	x	24.0	9,000	1.8							1	1.5		
	X	24.0	8,100	2.3								2.0		
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	X	24.0	6,100	2.0								1.7		
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			14 700											



See Pages 4 for Instructions. I. General Information for the Month/Year of: February, 2010 A. Public Water System (PWS) Information PWS Name Harmony Homes PWS Identification Number 3590497 PWS Type: - Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month 61 Total Population Served at End of Month 158 PWS Owner Aqua Utilities Florida Edward Pellenz Contact Person's Title Contact Person Manager of Operations Contact Person's Mailing Address PO Box 490310 State Florida Cny Leesburg 34749 Zip Code. (352) 787-0980 Contact Person's Fax Number: Contact Person's Telephone Number (352) 787-6333 eipellenz@aquaamerica.com Contact Person's E-Mail Address B. Water Treatment Plant Information Plant Name Harmony Homes Plant Telephone Number 407-339-5424 Zip Code 32701 Plant Address 101 Plymouth Avenue Altamonte Spr State Florida City: Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant Permitted Maximum Day Operating Capacity of Plant, gallons per day 216,000 Plant Category (per subsection 62-699.310(4), F A.C.) IV Plant Class (per subsection 62-699,310(4), FAC ); C in the second Section. William Trendel Days Ist Shift 6411 Terry McCarthy 4617 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 1 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. 1 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. Eurthermore, 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.

Page 1

3/7/10 Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number 144

DEP F 1m 62-555 900(3)Alternate
### MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Ide	muficatio	n Number.		3590497	Plant Name	Plant Name Harmony Homes								
HI. Da	ily Data	for the M	onth/Year	of:	February, 2	2010								
Means o	f Achievi	ng Four-Log	Virus Inactiv	ation/Removal: Free (	Chlorine	Chlorine C	ioxide F	Ozone r	Combined (	harine (Chloramina)				
[ Utte	aviolet R	adiation	[ Othe	r (Describe):		C Guideline D	10/444	o come j	comoneu c	morne (Craoramaes)				
Type of	Disinfe	ctant Resid	ual Maintair	ned in Distribution System:	Free (	Chlorine 1	Combine	Chlorine (Ch	loramines)	Chlorine Dioxid	c			
10.05010		24.0	18 400				1	1			1.1			
	X	24.0	5,300	1.3			++				1.1			
	X	24.0	8,300	1.5			++				1.4			
	X	24.0	8,500	1.5							1.3			
	X	24.0	8,800	1.4							1.3			
	<u> </u>	24.0	7,400	1.0			+				1.0			
	X	24.0	10,450	07			++							
-	x	24.0	7 500	0.7			++				12			
	X	24.0	8,500	0.8		-	++				0.7			
	X	24.0	9,100	1.4		1					1.2			
	X	24.0	9,600	1.2							1.2			
	<u>X</u>	24.0	7,000	1.3	<u> </u>						1.2			
1	X	24.0	8,900	0.0	<u> </u>		++				07			
	X	24.0	6,400	10			++				0.7			
	X	24.0	7,500	19			++				1.7			
	X	24.0	7,300	1.4							1.3			
	X	24.0	9,800	0.8							0,7			
	<u>x</u>	24.0	7,800	1.4			++				1.2			
	X	24.0	9,950		<u> </u>		++				0.0			
	X	24.0	5,400	1.5			++				12			
	X	24.0	7,800	1.8			++				1.6			
	X	24.0	6,600	1.8							1.6			
	X	24.0	8,400	0.8							0.8			
÷ • -	X	24.0	11,900	0.5	<u> </u>	<del></del>	++				0.5			
	X	24.0	7,450				++				·····			
	x	24.0					++							
	X	24.0												
			243,350			n Martin Connell Internation and States 28								
÷			8,691											
the ministre		manin and	18,400											

* 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 Informat	tion for the Month	a/Year of:	March, 2010					
A. Public Water Sys	tem (PWS) Inform	nation						
PWS Name	Harmony Homes					PWS Identification Number	3590497	1
PWS Type.	2 Community	Non-Transient	Non-Community	Transient Non-C	Community	Consecutive		
Number of Service Con	nnections at End of Mor	កវ៉ោៈ	61			Total Population Served at End of	Month 158	
PWS Owner:	Aqua Utilities Flor	rida	and a second					
Contact Person:	Edward Pellenz				······································	Contact Person's Title:	Manager of Operations	
Contact Person's Mailin	ng Address:	PO Box 490310			City: Leesbu	rg State: Florida	Zip Code:	34749
Contact Person's Telepi	hone Number	(352) 787-0980				Contact Person's Fax Number	(352) 787-6333	
Contact Person's E-Ma	il Address:	ejpellenz@aquaa	america.com					
B. Water Treatment	Plant Informatio	n			a a fair an	· · · · · · · · · · · · · · · · · · ·		
Plant Name.	Harmony Homes					Plant Telephone Number	407-339-542	4
Plant Address	101 Plymouth Ave	епие			City Altamo	nte Spr State: Florida	Zip Code.	32701
Type of Water Treatme	ent by Plant:	Raw Ground Wa	ater 🗌 Purch	hased Finished Water				
Permitted Maximum D	ay Operating Capacity of	of Plant, gallons per day:		216,000			*********	
Plant Category (per sub	osection 62-699.310(4),	F.A.C.):	IV		I	lant Class (per subsection 62-699.3	10(4), F.A.C.): C	***************************************
and the second second		. unite		the second	Rolling Street St.	er al j	Charles Valley	
	William Trendel			C	6411	Days 1st Shift		
	Terry McCarthy			С	4617	Days 1st Shift		
		·····						
		-						
					-			
제 방어와 상품 것 것, "건강방법, "								

#### 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.

414/10 Signature and Date

William Trendel

Printed or Typed Name

C-6411 License Number

S Identifica	tion Number.	3590497		Plant Name	Harmony Homes					
Daily Da	ata for the Mo	nth/Year of:		March, 2010					·····	
ns of Achie	eving Four-Log	Virus Inactivation/Ren	moval Free (	hlorine T	Chilorine Diaxide	C Ozone	Combine	d Chlorine (Chloran	lines)	
Ultraviole	t Radiation	C Other (Descri	be):							
e of Disin	fectant Residu	al Maintained in D	istribution System:	Free Chior	rinc Com	oined Chlorine	(Chloramines)	Chlorine D	lioxide	
					Collections designed publication		Collector and second actions		Variation and the second of the se	
X	24.0	14,940						and the second	0.3	
A	24.0	0,000	1.0						1.3	
Ŷ	24.0	11,200	12						1,3	
×	24.0	4 600	16						1,0	
· · ·	24.0	9,000	1.0						1.2	
Ŷ	24.0	9,050							1.0	
Ŷ	24.0	9,050	15						17	
Ŷ	24.0	7 800	11						16	
X	24.0	8.300	18						16	
X	24.0	7,200	19						1.6	
X	24.0	7,900	1.0						1.0	
X	24.0	4,400	0.7						0.6	Plant off line on interconnect
X	24.0				2			and a start of the		pressure switch bad
X	24.0		1.0			and the state of the	and the second second	1. OF 19	0.7	19. F
X	24.0		0,4		and the second states	1 - 2 - 5 - 5 - 1		Service - March	0.7	
X	24.0		0.9						0.7	fiant back on line
X	24.0	6,300	2.0					in a start star	1.1.1	
X	24.0	8,000	2.0					N	1.7	
X	24.0	8,100	1.9	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		1 Barris		and the second of	1.7	
X	24.0	10,650			Karala (					
X	24.0	10,650	1.1						1.0	
X	24.0	6,700	1.6						1.5	
X	24.0	6,700	1.6			-			K	
X	24.0	7,400	[,9			-			1.7	
X	24.0	7,990	1.7						1.6	
X	24.0	8,300	1.5						1.5	
X	24.0	9,850				-				
X	24,0	9,830	1.4				h		1.4	
X	24.0	0,100	1.0						1.4	
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		11000								

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

* 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



Π

See Pages 4 for Instructions.

	and the second se
General Information for the Month/Year of:	April. 2010

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

Harmony Homes				·	T	PWS Identification Numb	ber 359049	7
Community	/   Non-Transient Non-C	Community	Transient Non-Co	ommunity		onsecut ve		
nections at End of Mo	onth 61				Total P	pulation Served at End o	of Month 158	
Aqua Utilities Fk	orida					· · · · · · · · · · · · · · · · · · ·		······
Edward Pellenz					Contact	Person's Title	Manager of Operations	
ig Address	PO Box 490310			City Leest	ourg	State Florida	Zip Cod	c 34749
ione Number	(352) 787-0980				Contact	Person's Fax Number.	(352) 787-6333	
I Address:	ejpellenz@aquaamer	ica.com				and the second of the substance of the		
Plant Informatio	р <b>л</b>							
Harmony Homes					T	Plant Telephone Number	407-339	-5424
101 Plymouth Av	venue			City Altan	nonte Spr	State Florida	Zip Cod	le 32701
nt by Plant:	- Raw Ground Water	Purchased	Finished Water					
ay Operating Capacity	of Plant, gallons per day:		216,000					
section 62-699 310(4).	), F.A.C.)	IV			Plant Cla	ss (per subsection 62-699	0.310(4), FA.C.) C	
rsy is the first of	Namelin	一种是两个社会	12 Dicense, Cla	ss. License N	lumber	Lita Da	ay(s) //Shift(s)=Worke	dare en siza
William Trendel	÷.		C	641	1	Days 1st Shift		
Terry McCarthy			C	461	7	Days 1st Shift		
					1	······································		
	2					,		
						······		
			1		1			
							and the second	
			1					**************************************
								······································
	Harmony Homes [2] Community nections at End of Me Aqua Utilities FI Edward Pellenz g Address One Number I Address Plant Informatie Harmony Homes 101 Plymouth Av nt by Plant: ny Operating Capacity section 62-699 310(4 Testy States) William Trendel Terry McCarthy	Harmony Homes          L2] Community       Non-Transient Non-Ornections at End of Month         Aqua Utilities Florida       Edward Pellenz         g Address       PO Box 490310         ione Number       (352) 787-0980         I Address       ejpellenz@aquaamer         Plant Information         Harmony Homes         I01 Plymouth Avenue         itby Plant:       [2] Raw Ground Water         iy Operating Capacity of Plant, gallons per day:         section 62-699 310(4), F.A.C.)         Section 62-699 310(4), F.A.C.)         Harmony McCarthy	Harmony Homes          L2 Community       INon-Transient Non-Community         nections at End of Month       61         Aqua Utilities Florida       61         Edward Pellenz       g         g Address       PO Box 490310         ione Number       (352) 787-0980         I Address       ejpellenz@aquaamerica.com         Plant Information       Harmony Homes         I01 Plymouth Avenue       IV         it by Plant:       I Raw Ground Water         iy Operating Capacity of Plant, gallons per day.         section 62-699 310(4), F.A.C.)       IV         Section 62-699 310(4), F.A.C.)       IV         Section 62-699 310(4), F.A.C.)       IV	Harmony Homes          Image:	Harmony Homes	Harmony Homes       Image: Community interview	Harmony Homes       [PWS Identification Numit]         []] Community       [] Non-Transient Non-Community       [] Consecutive         nections at End of Month       61       Total Population Served at End of Aqua Utilities Florida         Edward Pellenz       [Centact Person's Title]         g Address       PO Box 490310       [City Leesburg]       State       Florida         ione Number       (352) 787-0980       [Contact Person's Title]         Plant Information       [Plant Telephone Number]       [1 Address]       [Plant Telephone Number]         Harmony Homes       [Plant Telephone Number]       [2 City Altanonic Spr] State       Florida         nt by Plant.       [2] Raw Ground Water       [] Purchased Finished Water       Number]       Plant Class (per subsection 62-699         to Specify of Plant, gallons per day.       216,000       [] Plant Class (per subsection 62-697         to Specify of plant, gallons per day.       216,000       [] Plant Class (per subsection 62-697         to Specify of plant, gallons per day.       216,000       [] Plant Class (per subsection 62-697         to Specify of plant, gallons per day.       216,000       [] Plant Class (per subsection 62-697         to Specify of plant, gallons per day.       216,000       [] Plant Class (per subsection 62-697         to Specify of plant, gallons per day.	Harmony Homes       [PWS Identification Number: 359049         [] Community       [] Non-Transient Non-Community       [] Transient Non-Community       [] Consecutive         incettions at End of Month       61       [] Total Population Served at End of Month       158         Aqua Utilities Florida       [] Consecutive       [] Consecutive       [] Consecutive         g Address       PO Box 490310       [] Centact Person's Litle       Manager of Operations         g Address       PO Box 490310       [] Centact Person's Litle       Manager of Operations         g Address       PO Box 490310       [] Centact Person's Litle       Manager of Operations         g Address       PO Box 490310       [] Centact Person's Litle       Manager of Operations         g Address       P.O Box 490310       [] Centact Person's Litle       Manager of Operations         g Address       P.O Box 490310       [] Centact Person's Litle       Manager of Operations         g Address       e] jpellenz@aquaamerica.com       [] Centact Person's Fax Number       (] 352, 787-6333         I Address       e] jpellenz@aquaamerica.com       [] Plant Telephone Number       407-335         I Address       e] jpellenz@aquaamerica.com       [] Purchased Finshed Water       ypecating Plant         yp Operating Capacity of Plant, galions per day       21

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

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

Signature and Date

William Trendel

Printed or Typed Name

C-6411

License Number

DEP Form 62-555, 900(3)Alternate

Page 1

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

PWSI	dentification	Number	3591	1497	Plant Name Harmon	Mone					an a	
111. 1	Daily Data	for the M	onth Year of:		April 2010							
Mante	of Achievin	a i'our l pe	Virus Inscrivation	Removal E Free (	histor F Chlura	11		<b>F</b>				
E II	Itravulet Rs	distion	(uber (I))	scribe)	Геники ј Слики си	11/1/11/2	1 Ozore	L'oublined Ch	forme (Chiora	nunes)		
Y.	CIN C				TT.	FOR	and Change (C)		F	12 1		
Type	of thsinled	tant Residu	al Maintainco	in Distribution System:	Proce Canadance	1 Comb	nea c nionne (r.	(HOTBERHACS)	I Chkirine	DKROC		
	1			C. C. DIFTC	ALC: NO.	C. States	- Better Starthe	Royal South	112			
	Sec. 19	( 		· ····································	and the states in the second							
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	i. dahal			the states of the	والمعاصر المناسبين المراقبو مان							
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12			10.17 FILL 11 - 12	ೆ ಗಳು ಭಟನೆಗಳಲ್ಲಿ ಕಾರ್ಯಕರ ಜ. ಕಿ. ಸೆ. ಮಾಡಲ್ ಆಗಿದ್ದ ಕಾರ್	and the second	1. 1.1	the second state			1.1.1		
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	X	24 0	11,650	08						0.6		w ⁻¹
C	X	24 0	6,300	1.2						14		
	X	24 ()	10,500	15						14		-
	X	24.0	11,500	0.7						05		
	X	24.0	8,800	18						15		
· · · ·		24.0	10,100	1.0			+			1.5		
-		24 0	9,200	17			+			15		
1.	X	24 0	8.200	1.8			++-			15		
	X	24 0	8,800	1.8						16		
	X	24.0	9,800	1.6				1		15		
	X	34.0	8,800	1.8						16		
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	X	24.0	8,300	12						12		
7	X	24.0	9,900	11			1			10		
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5 2.	X	24 0	11,350	1.4						11		
	X	24.0	6,100	17						15		
to- de	X	24.0	8,900	13						1.4		
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1			280,800									
	the tests stall		and the second se									

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

DEP Form 62-555 900x33Anomate

Page 2



Date issued: June 16, 2009

*To:* Will Fontaine Aqua Utilities Florida, Inc. 140 Hope Street Longwood, FL 327505141

Client:Aqua Utilities Florida, Inc.Workorder ID:Harmony Homes TriannualReceived:5/26/09 12:33

[2134838]

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.

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

Printed: 6/16/09



## HBEL, Inc.

2000	U.,, I N	ionui, Font P	ierce, ru	. 34340
Phone	: (772)	465-8584	Fax:	(772) 467-1584

### Quality Control Summary

[2134838]

# Client:Aqua Utilities Florida, Inc.Workorder ID:Harmony Homes TriannualReceived:5/26/09 12:33

MB=Metho	d Blank LCS=Laboratory Control Sample	LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate
HBEL Samp	le	Method Narratives (If Applicable)
<u>Number</u>	Sample ID Analytical	Method Description
. <u></u>		Quality Control Summary
Method	HBEL Batch Analyte	Analytical Issue
<u>EPA 505</u>		
	PEST5347	
21348380	01 Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
<u>EPA 515.1</u>		
	PEST5355	
21348380	01 2,4,5-TP	Accuracy - Outside acceptance limits in the MS.
21348380	01 2,4,5-TP	Precision - Outside acceptance limits between the MS and MSD.
21348380	01 2,4-Dichlorophenylacetic acid	Surrogate - Outside acceptance Limits.
21348380	01 Dalapon	Accuracy - Outside acceptance limits in the MS.
21348380	01 Dalapon	Accuracy - Outside acceptance limits in the MSD.
21348380	01 Dinoseb	Accuracy - Outside acceptance limits in the MS.
21348380	01 Picloram	Precision - Outside acceptance limits between the MS and MSD.
The above d	ue to matrix effects. Accuracy/Pred	sision demonstrated with other QC samples.

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



### HBEL, Inc. 5600 U.S. I North, Fort Pierce, FL 34946

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

### CERTIFICATE OF ANALYSIS

### [2134838]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes Triannual

Parameter	Qualifie	r Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:	213483800	1		- 	Sampled: 05/26/09	9 8:00	Received	: 05/26/09	12:33	
Sample ID:	Point of En	ntry Grab			Matrix: Water	Results	reported on	Wet Weight B	Basis	
pH	Q	7.77	SU	0.200	EPA 150.1	WCGE31106		05/30/09 12:55	GS GS	E96080
Aluminum		0.0030 U	ma/L	0.0030	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Barium		0.0048	mg/L	0.0018	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Beryllium		0.00010 U	ma/L	0.00010	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Cadmium		0.00070 U	mq/L	0.00070	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9404		06/5/09 21:43	DM	F96080
Copper		0.027	mg/L	0.0014	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Iron		0.54	ma/L	0.025	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Manganese		0.011	mg/L	0.0037	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Sodium		19	mg/L	0.50	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Zinc		0.014	mg/L	0.010	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Antimony		0.0013	mg/L	0.00082	EPA 200.9	META9390		06/1/09 19:31	DM	E96080
Arsenic		0.0012	mg/L	0.0010	EPA 200.9	META9393		06/2/09 16:15	DM	E96080
Lead		0.00070 U	mg/L	0.00070	EPA 200.9	META9403		06/5/09 20:35	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9396		06/3/09 12:23	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9395		06/2/09 19:05	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9398	06/2/09 10:10	06/3/09 12:38	DM	E96080
Chloride		31	mg/L	5.0	EPA 300.0	IC8076		06/1/09 14:37	SP	E96080
Fluoride		0.16	mg/L	0.011	EPA 300.0	IC8071		05/27/09 12:58	JL	E96080
Nitrate as N		0.11	mg/L	0.0030	EPA 300.0	IC8071		05/27/09 12:58	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8071		05/27/09 12:58	JL	E96080
Sulfate		14	mg/L	1.4	EPA 300.0	IC8076		06/1/09 14:37	SP	E96080
1,2-Dibromo-3- chloropropane		0.0035 U	ug/L	0.0035	EPA 504.1	PEST5350	06/1/09 15:00	06/2/09 1:23	JL	E96080
1,2-Dibromoethane		0.0046 U	ug/L	0.0046	EPA 504.1	PEST5350	06/1/09 15:00	06/2/09 1:23	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
gamma-BHC (Linda	ane)	0.020 U	ug/L	0.020	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL.	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Pentachiorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080

3600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

Printed: 6/16/09

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



Page 3 of 6



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

### CERTIFICATE OF ANALYSIS

### [2134838]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes 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	VOC3097		06/2/09 22:41	WR	F96080
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Ethylbenzene	1.5	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Total Xylenes	2.9	ug/L	0.46	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
`trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Trichloroethene	0,36 U	ug/L	0.36	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Alachlor	0.60 U	ug/L	0.60	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Atrazine	0.48 U	ug/L	0.48	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Benzo(a)pyrene	0.069 U	ug/L	0.069	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
bis(2-ethylhexyl)phthalate	0.84 U	ug/L	0.84	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Di(2-ethylhexyl)adipate	0.67 U	ug/L	0.67	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Hexachlorobenzene	0.30 U	ug/L	0.30	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Hexachlorocyclopentadien	ie 0.23 U	ug/L	0.23	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Simazine	0.62 U	ug/L	0.62	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Carbofuran	0.41 U	ug/L	0.41	EPA 531.1	HPLC2602		05/29/09 16:53	JJM	E96080
Oxamyl	0.13 U	ug/L	0.13	EPA 531.1	HPLC2602		05/29/09 16:53	JJM	E96080
Glyphosate	13 U	ug/L	13	EPA 547	HPLC2604		06/1/09 12:00	IJМ	E96080
Endothall	2.8 U	ug/L	2.8	EPA 548.1	SVOC2779	06/1/09 14:00	06/2/09 23:24	WR	E96080
Diquat	1.9 U	ug/L	1.9	EPA 549.2	HPLC2605	06/2/09 9:30	06/4/09 12:30	JJM	E96080
Gross Alpha	2.0 U +/- 1.8	pCi/L		EPA 900.0	SAL1134		06/15/09 10:36	SAL	E84129
Radium 226	0.6 +/- 0.2	pCi/L		EPA 903.1	SAL1134		06/9/09 17:58	SAL	E84129
Radium 228	0.4 U +/- 0.2	pCi/L		EPA Alter.	SAL1134		06/11/09 16:24	SAL	E84129
Color	3.0	CU	1.8	SM2120 B	WCGE31087		05/27/09 16:00	TCL	E96080
Odor - Dechlorinated	1.0 U	T.O.N.	1.0	SM2150 B	WCDE19090		05/27/09 7:33	PA	E83509
Total Dissolved Solids	300	mg/L	16	SM2540 C	WCGE31096		05/29/09 12:25	SP	E96080
Cyanide	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE31110	05/27/09 14:00	05/28/09 11:33	GG	E96080
Surfactants as LAS, Mol.wt.340	0.022 U	mg/L	0.022	SM5540 C	WCGE31108	05/27/09 15:15	05/29/09 17:41	GG	E96080

j600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



Printed: 6/16/09

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

### CERTIFICATE OF ANALYSIS

### [2134838]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes Triannual

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep A Date/Time [	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2134838002 Trip Blank	?			Sampled: 05 Matrix: Wate	5/26/09 0:00 Pr Results	Received: reported on W	05/26/09 et Weight E	12:33 Basis	
1,1,1-Trichloroethar	e	0.21 U	ug/L	0.21	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
1,1,2-Trichloroethar	e	0.44 U	ug/L	0.44	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
1,2,4-Trichlorobenze	ene	0.41 U	ug/L	0.41	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
1,2-Dichlorobenzen	e	0.21 U	ug/L	0.21	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
1,2-Dichloropropane	<del>)</del>	0.40 U	ug/L	0.40	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
1,4-Dichlorobenzen	e	0.23 U	ug/L	0.23	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Carbon tetrachloride	;	0.24 U	ug/L	0.24	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
cis-1,2-Dichloroethe	ne	0.21 U	ug/L	0.21	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
oluene		0.22 U	ug/L	0.22	EPA 524.2	VOC3097	0	6/2/09 23:15	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC3097	06	6/2/09 23:15	WR	E96080
trans-1,2-Dichloroet	hene	0.35 U	ug/L	0.35	EPA 524.2	VOC3097	Of	6/2/09 23:15	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC3097	06	6/2/09 23:15	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC3097	00	6/2/09 23:15	WR	E96080

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

Q Sample held beyond the accepted holding time.

Printed: 6/16/09



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

PUBLIC WATER SYSTEM INFORMATION (to	be completed by sampler - Please type or print legibly)
System Name:	PWS I.D. #:
System Type (check one)	Nontransient Noncommunity
Address:	
City:	State: ZIP Code:
Phone #:	Fax #:
E-Mail Address:	
SAMPLE INFORMATION (to be completed by san	npler)
Sample Number:	Location Code (if known):
Sample Date: 05/26/09	Sample Time: 8:00 AM
Sample Location (be specific): Point of Entry	Grah
Disinfectant Desidual (D	
Disinfectant Residual (Required when reporting resi	ults for trinalomethanes and haloacetic acids): mg/L held ph
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550)
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**
Raw (at well or intake)	Clearance (permitting)
Max Residence Time	]Other:
Ave Residence Time Sa	ampling Procedure Used or Other Comments:
Near First Customer	
*See 62-550.500(6) for requirements and r Note: See 62-550.512(3) for additional re for Nitrate or Nitrite MCL exceedenc	estrictions. ** See 62-550.550(4) for requirements and quirements attach a results page for each site. es.
Sampler's Name:	
Sampler's Phone #:	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by sampler)	
l.	
Print Name	Print Title
do HEREBY CERTIFY that the above public w	rater system and sample collection information is
Simpleted and correct.	Date:
Bonortion Cormet 69 550 79/	Effective January 1005 Revised January 2004

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

LABORATORY CERTIFICATION INFORMATION (to b	e completed by lab - Please type or print leg	gibly)					
ATTACH A CURRENT DOH ANALYTE SHEET							
Lab Name:HBEL, Inc.	Florida Certification #: E96080						
Address: 5600 US 1 North	Certification Expiration Date	e: <u>06/30/2009</u>					
Fort Pierce, FL 34946	Phone #:(772)	465-8584					
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received::	5/26/09					
PWS ID (From Page 1):	Sample Number (From Page 1):						
Lab Assigned Report Number or Job ID:	2134838001						
Group(s) Analyzed and Results attached for compliance	e with Chapter 62-550, F.A.C. (Che	ck all that apply):					
Inorganics Synthetic Organics	Volatile Organics	Disinfection Byproducts					
All 17 All 30	All 21	Trihalomethanes					
Partial	Partial	Haloacetic Acids					
Nitrate Partial		Bromate					
Nitrite Dioxin Only	Radionuclides	Chlorite					
Asbestos Only	🖌 Single Sample	Secondaries					
	Qtrly Composite**						
Were any analyses subcontracted? X Yes	No	K_ All 14					
If you placed provide DOH partification numbers:	F84129	[_]raniai					
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED	D LAB						
CERTI	IFICATION						
I, Eric Charest	Laboratory M	lanager					
(Print Name)	(Print Tit	le)					
do HEREBY CERTIFY that all attached analytical data National Environmental Laboratory Accreditation Confe	are correct and unless noted meet a erence (NELAC).	all requirements of the					
Signature	Date: 16-Jun-0	09					
* Failure to provide a valid and current Florida DOH lab certificatio in rejection of the report, possible enforcement against the public v Bureau of Laboratory Services.	n number and a current Analyte Sheet for the water system for failure to sample, and may	ne attached analysis results will result result in notification of the DOH					
** Please provide radiological sample dates locations for each qu	arter.						
COMPLIANCE DETERMINATION (to be completed by DE	P or DOH)						
Sample Collection Info Satisfactory: Yes	Sample Analysis Info Sa	atisfactory: Yes No					
Replacement Sample(s) Requested (circle or highlight gives a second seco	roup(s) above) []Revised Report Requ	Iested (circle or highlight group(s) above)					
Additional Monitoring Required (circle or highlight group(s)	) above)						
Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s)	Detection(s)	Analysis Unsatisfactory					
Person Notified:	Date Notified:						
Comments:							
Date Reviewed: DEP/	DOH Reviewing Official:						
Reporting Format 62-550.730	Effective January 1995, Revised January 2004						



### INORGANIC CONTAMINANTS 62 - 550.310 (1)

Client [.]	Aqua Etilities Elorida Inc.

Workorder:

Harmony Homes Triannual

- Sample Location: Point of Entry Grab
- Sample Number: 2134838001
- Sampling Date: 5/26/09 8:00
- Date Received: 5/26/09 12:33

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	0.11		EPA 300.0	0.0030	5/27/09 12:58	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	5/27/09 12:58	E96080
1005	Arsenic	[0.01]	mg/L	0.0012	I	EPA 200.9	0.0010	6/02/09 16:15	E84129
1010	Barium	[2]	mg/L	0.0048	I.	EPA 200.7	0.0018	6/05/09 21:43	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	υ	EPA 200.7	0.00070	6/05/09 21:43	E96080
20	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	6/05/09 21:43	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	5/28/09 11:33	E96080
1025	Fluoride	[4]	mg/L	0.16		EPA 300.0	0.011	5/27/09 12:58	E96080
1030	Lead	[0.015]	mg/L	0.00070	U	EPA 200.9	0.00070	6/05/09 20:35	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	6/03/09 12:38	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	6/05/09 21:43	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	6/03/09 12:23	E96080
1052	Sodium	[160]	mg/L	19		EPA 200.7	0.50	6/05/09 21:43	E96080
1074	Antimony	[0.006]	mg/L	0.0013	I	EPA 200.9	0.00082	6/01/09 19:31	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	6/05/09 21:43	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	6/02/09 19:05	E96080

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

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

5550 US 1 North Fort Pierce, FL 34946 FDOH # E96080

Printed: 6/16/09





### SECONDARY CONTAMINANTS 62 - 550.320

Client:	Aqua Utilities Florida, Inc.	Workorder:	Harmony Homes Triannual
Sample Location:	Point of Entry Grab		
Sample Number:	2134838001		
Sampling Date:	5/26/09 8:00		
Date Received:	5/26/09 12:33		

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual [*]	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.0030	ป	EPA 200.7	0.0030	6/05/09 21:43	E96080
1017	Chloride	[250]	mg/L	31		EPA 300.0	5.0	6/01/09 14:37	E96080
1022	Соррег	[1]	mg/L	0.027		EPA 200.7	0.0014	6/05/09 21:43	E96080
1025	Fluoride	[2]	mg/L	0.1 <del>6</del>		EPA 300.0	0.011	5/27/095/27/09	E96080
<u>~~</u> 28	Iron	[0.3]	mg/L	0.54		EPA 200.7	0.025	6/05/09 21:43	E96080
32	Manganese	[0.05]	mg/L	0.011	1	EPA 200.7	0.0037	6/05/09 21:43	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	6/05/09 21:43	E96080
1055	Sulfate	[250]	mg/L	14		EPA 300.0	1.4	6/01/09 14:37	E96080
1095	Zinc	[5]	mg/L	0.014	1	EPA 200.7	0.010	6/05/09 21:43	E96080
1905	Color	[15]	CU	3.0	1	SM2120 B	1.8	5/27/09 16:00	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	SM2150 B	1.0	5/27/09 7:33	E83509
1925	рH	[6.5-8.5]	SU	7.77	Q	EPA 150.1	0.200	5/30/09 12:55	E96080
1930	Total Dissolved Solids	[500]	mg/L	300		SM2540 C	16	5/29/09 12:25	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	5/29/09 17:41	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 are a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri



### SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client:	Aqua Utilities Florida, Inc.	Workorder: H	larmon	y Homes Triannual
Sample Location:	Point of Entry Grab	Sample Number	:	2134838001
Sampling Date:	5/26/09 8:00	PWS ID (From F	⁵ age 1)	:
Date Received:	5/26/09 12:33			

Contar ID	n Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	5/27/09	5/27/09 23:21	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.02	5/27/09	5/27/09 23:21	E96080
2015	Methoxychlor	[40]	ug/L	0.043	U	EPA 505	0.043	0.1	5/27/0 <del>9</del>	5/27/09 23:21	E96080
2020	Toxaphene	[3]	ug/L	0.60	U	EPA 505	0.60	1	5/27/09	5/27/09 23:21	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	1	6/02/09	6/05/09 1:46	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	0.4	6/02/09	6/04/09 12:30	E96080
2033	Endothall	[100 <b>]</b>	ug/L	2.8	U	EPA 548.1	2.8	9	6/01/09	6/02/09 23:24	E96080
2034	Glyphosate	[700]	ug/L	13	U	EPA 547	13	6		6/01/09 12:00	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.67	U	EPA 525.2	0.67	0.6	6/01/09	6/05/09 0:22	E96080
2036	Oxamyl	[200]	ug/L	0.13	U	EPA 531.1	0.13	2		5/29/09 16:53	E96080
2037	Simazine	[4]	ug/L	0.62	U	EPA 525.2	0.62	0.07	6/01/09	6/05/09 0:22	E96080
<u>9</u>	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	0.6	6/01/09	6/05/09 0:22	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	6/02/09	6/05/09 1:46	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.2	6/02/09	6/05/09 1:46	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.23	U	EPA 525.2	0.23	0.1	6/01/09	6/05/09 0:22	E96080
2046	Carbofuran	[40]	ug/L	0.41	U	EPA 531.1	0.41	0.9		5/29/09 16:53	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	0.1	6/01/09	6/05/09 0:22	E96080
2051	Alachlor	[2]	ug/L	0.60	Ű	EPA 525.2	0.60	0.2	6/01/09	6/05/09 0:22	E96080
2065	Heptachlor	[0.4]	ug/L	0.036	U	EPA 505	0.036	0.04	5/27/09	5/27/09 23:21	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.027	U	EPA 505	0.027	0.02	5/27/09	5/27/09 23:21	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.1	6/02/09	6/05/09 1:46	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.2	6/02/09	6/05/09 1:46	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	0.1	6/01/09	6/05/09 0:22	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.069	υ	EPA 525.2	0.069	0.02	6/01/09	6/05/09 0:22	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	0.04	6/02/09	6/05/09 1:46	E96080
2383	РСВ	[.5 <b>]</b>	ug/L	0.14	U	EPA 505	0.14	0.1	5/27/09	5/27/09 23:21	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0035	U	EPA 504.1	0.0035	0.02	6/01/09	6/02/09 1:23	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0046	U	EPA 504.1	0.0046	0.01	6/01/09	6/02/09 1:23	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.2	5/27/09	5/27/09 23:21	E96080
Reporting	Format 62-550.730	N	OTE: Res	ults indicating	non-dete	ction with a repor	ted lab MDI	_ >50% of (	the MCL will not	be accepted for	

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

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

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

Effective January 1995, Revised January 2007

Printed: 6/16/09





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

Client:	Aqua Utilities Florida, Inc.	Workorder:	Harmo	ony Homes Triannual
Sample Location:	Point of Entry Grab	Sample Number	:	2134838001
Sampling Date:	5/26/09 8:00	PWS ID (From F	Page 1)	):
Date Received:	5/26/09 12:33			

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	6/02/09 22:41	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2955	Total Xylenes	[10000]	ug/L	2.9		EPA 524.2	0.46	0.5	6/02/09 22:41	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 22:41	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 22:41	E96080
$\frown_6$	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	6/02/09 22:41	E96080
′z977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 22:41	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	6/02/09 22:41	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	6/02/09 22:41	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	6/02/09 22:41	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	6/02/09 22:41	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	6/02/09 22:41	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	6/02/09 22:41	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	6/02/09 22:41	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	6/02/09 22:41	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	6/02/09 22:41	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	6/02/09 22:41	E96080
2992	Ethylbenzene	[700]	ug/L	1.5		EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	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, F, 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.

US 1 North Fort Pierce, FL 34946 FDOH # E96080

Printed: 6/16/09



### SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

June 16, 2009 Project No: 92357

### Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134838

Sample Number 92357.01 Sample Description
2134838-001

Date & Time Collected 05/26/09 08:00 
 Date & Time Received

 05/29/09
 09:15

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 fex 813-855-2218

June 16, 2009 Sample No.: 92357.01 PWS ID:

Analysis

Time

10:36

17:58

16:24

DOH Lab

Certification

#

E84129

E84129

E84129

Harbor Branch Environmental Laboratory 2134838

Sample ID: 2134838-001

Contaminant

Name

 $\epsilon_i^{/}$ 

Gross Alpha (Incl. Uranium)

Radium-226

Radium-228

* Combined Limit

MCL

***

5*

5*

Units

pCi/L

pCi/L

pCi/L

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

Radionuclides 62-550.310(6)

Result Qualifier

U1

U1

Analysis

2.0

0.6

0.4

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

Analytical

Method

EPA 900.0

EPA 903.1

EPA RA-05

RDL

**

Lab MDL

2.0 3

0.03 1

> 0.4 1

Analysis

1.8

0.2

0.2

Error Analysis Date

06/15/09

06/09/09

06/11/09

#### * Qualifiers:

Contaminant

iD

4002

4020

4030

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

Page 2 of 3

92357

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

FEREX_____ to arrive on 5/29/09_. TAT: _____

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

SAL Receiving Laboratory: __

The samples are to be shipped by ____

HARBOR BRANG	HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED						COLLECTION	REMARKS	
PROJECT NAME:	PROJECT NAME: 21 71838											PRESERVATIVE				
SAMPLE TYPE: Composite = C, Grab = G,Preservative: HCl = H, HNO3 = N, Na2S2O3 = ST, H2SO4 = S, NaOH = SH, Unpreserved = U									, MH	726	J. 2.2					
MATRIX: Drinking Wate S, Waste = W, Oil =0	r <del>-</del> DW	, Groundw	ater = GW	, Surface	e Water = SW, Wa	stewater = WW, t	Soil or s	olids =	Sel	all	A.					
Client Code, M.	IATRIX	COLLE DATE	CTION TIME	TYPE	PE MBELSAMPLE ID # Bonles			S	L	Ý			ļ —	SAMPLE CON	AMENTS	
<i>I</i>	W	6/24/09	0800	6-	219	183800,	/	3	_/_	Ζ	7					
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RELIN	QUISHED	BY:	/		DATE	TIME			LABOR	ATORY NA	ME AND R	eceived by	1		DATE	TIME

Page 3 of 3

0

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

System Name:	PWS I.D. #:
System Type (check one)	Nontransient Noncommunity
Addrose:	
Addic55	
City:	State: ZIP Code:
Phone #:	Fax #:
E-Mail Address:	
SAMPLE INFORMATION (to be completed by sa	impler)
Sample Number:	Location Code (if known):
Sample Date: 05/26/09	Sample Time: 12:00 AM
Sample Location (be specific): Trip Blank	
Disinfectant Residual (Required when reporting re-	sults for trihalomethanes and haloacetic acids); mg/L Field pH;
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	Confirmation of MCL Exceedence [*]
Plant I ap not for compliance with 62-550)	
Raw (at well or intake)	Clearance (permitting)
Max Residence Time	_Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	
*See 62-550.500(6) for requirements and Note: See 62-550.512(3) for additional re for Nitrate or Nitrite MCL exceeden	restrictions. See 62-550.550(4) for requirements and equirements attach a results page for each site. ces.
Sampler's Name:	
Sampler's Phone #:	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by sampler)	
4,	,
Print Name	Print Title
do HEREBY CERTIFY that the above public v	water system and sample collection information is
completed and correct.	Deter
Signature:	

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

LABORATORY CERTIFICATION INFORMATION (to	be completed by lab - Please type or print legibly)						
ATTACH A CURRENT DOH ANALYTE SHEET							
Lab Name: HBEL, Inc.	Florida Certification #: E96080						
Address: 5600 US 1 North	Certification Expiration Date: 06/30/2009						
Fort Pierce, FL 34946	Phone #: (772) 465-8584						
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:: 5/26/09						
PWS ID (From Page 1):	Sample Number (From Page 1):						
Lab Assigned Report Number or Job ID: 2134838002							
Group(s) Analyzed and Results attached for complian	nce with Chapter 62-550, F.A.C. (Check all that apply):						
Inorganics Synthetic Organics	Volatile Organics Disinfection Byproducts						
All 17 All 30	All 21 Trihalomethanes						
Partial All Except Dioxin	Partial Haloacetic Acids						
Nitrate Partial	Bromate						
Nitrite Dioxin Only	Radionuclides Chlorite						
Asbestos Only	Secondaries						
	Qtrly Composite**						
Were any analyses subcontracted? X Yes	No						
If ves, please provide DOH certification numbers:	E84129						
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACT	ED LAB						
CER	TIFICATION						
I, Eric Charest	Laboratory Manager						
(Print Name)	(Print Title)						
National Environmental Laboratory Accreditation Con	iference (NELAC).						
Signature	Date: 16-Jun-09						
• Failure to provide a valid and current Florida DOH lab certificat	tion number and a current Analyte Sheet for the attached analysis results will result						
in rejection of the report, possible enforcement against the public Bureau of Laboratory Services	c water system for failure to sample, and may result in notification of the DOH						
** Please provide radiological sample dates locations for each q	juarter.						
COMPLIANCE DETERMINATION (to be completed by D	EP or DOH)						
Sample Collection Info Satisfactory: Yes	No Sample Analysis Info Satisfactory: Yes No						
Replacement Sample(s) Requested (circle or highlight	group(s) above) Revised Report Requested (circle or highlight group(s) above)						
Additional Monitoring Required (circle or highlight group	(s) above)						
Reason(s): MCL(s) Exceeded	Detection(s)						
Missing Analyte Sheet(s)	Location Unsatisfactory     Analysis Unsatisfactory						
Person Notified:	Data Natified:						
Commente:							
Date Reviewed:	P/DOH Reviewing Official						
Reporting Format 62-550 7	30 Effective January 1995 Revised January 2004						
reporting i on her de-dour	166						



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

Client:	Aqua Utilities Florida, Inc.	Workorder:	Harmony Homes Triannual
Sample Location:	Trip Blank	Sample Number	2134838002
Sampling Date:	5/26/09 0:00	PWS ID (From P	age 1):
Date Received:	5/26/09 12:33		

Contar	n			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	υ	EPA 524.2	0.41	0.5	6/02/09 23:15	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	0.5	6/02/09 23:15	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 23:15	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 23:15	E96080
6~^_	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	6/02/09 23:15	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 23:15	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	6/02/09 23:15	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	6/02/09 23:15	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	6/02/09 23:15	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	6/02/09 23:15	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	6/02/09 23:15	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	υ	EPA 524.2	0.44	0.5	6/02/09 23:15	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	υ	EPA 524.2	0.24	0.5	6/02/09 23:15	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	6/02/09 23:15	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	6/02/09 23:15	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	6/02/09 23:15	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	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.

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



DRINKING WATER BACTERIOLOGICAL S AND LABORATORY REPORTIN	SAMPLE C	OLLEC T	TION				3 <b>E</b>	L. Ir	nc.
5600 US 1 North 4155 S	Local t. Johns Parkw	ay					onmenta	i Testing S	ervices
Fort Pierce, FL 34946 Sanfe FDOH # E96080 Sanfe	Fort Pierce, FL 34946 Suite 1300 FDOH # E96080 Sanford, FL 32771						2) 465-85 	<b>84</b> Fax (772)	467-1584
HREL Report Number: 713/ 0.0.1		rootlah	n.		Lab	Receipt Date and Th	$\frac{1}{2}$	ALE T	
Analysis Method Requested:	Sub-Com	ract Lab			Rece	eived for Laboratory	By: _(	THE IS	
Coliert Membrane Filtration PWS	I.D. 3	- 9	04	7	Z	ysis Date and Time:	<u>0470</u> 	1/10	37V
System Name: HARMONY HOM	es +	# 321	6		Samp	e Preservation	On loe	Not On ice	3.6°C
System Address: 102 PLYM	OUTH				Disin	ectant Check	ANot Deter	cted :	×0.1 mg/L
City: ALT. SPGS.	Syste	m or Owr	ner's Phone	#: <u>40</u>	<u>7-33</u>	9-5424 Fax	#:		. <u></u>
Collector: T. MCCARTHY					Col	lector's Phone #:	5A/	ME	
Relinquished By: Jung Ma Couthy	_ Received B	у:				_Relinquished By: _	. <u></u>		
Date/Time: 4/6/10 1403	_ Date/Time	e:				Date/Time:			
(check only one)	Noncomn Swimming	nunity Wat g Pool	er System	Nor Bot	ntransient-N tiled Water	ioncommunity Water \$	System	Limited Use	e System
Reason for Sampling: (check only one)	Compliance	Repe	eat (	Repla	cement	Main Clearance	W	eli Survey	Other
Sample Collection Date(s): 4/6/10					LAB Total Coli	Form Analysis Method	MF) SM	TE OF AN	ALYSIS
TO BE COMPLETED BY COLLECTOR	OF SAMPLE		· · · · · · · · · · · · · · · · · · ·	]	E. coli An	alysis Method	(MF) EC+	MUG (Colilert)	SM9223B
Sample SAMPLE POINT	Collection	Sample	Disinfect	рН	Non	Total Coliform E Coli	Data	Lab Si Nurr	ample ther
Number (Location of Specific Address)	1 me	Type P		69	COMUTE	A		70107	
$1  W \in \mathcal{U} \neq 1$	0200	<u> </u>		7.7		Λ	<u> -</u>	(15640	<u> </u>
2 111 DE 50TO	0815	<u>D</u>	1.5	1.2		<u>n</u>		<u> </u>	007_
3 121 FORD	0825	D	1.7	7,2	i    · ··	<u>A</u>		2136924	1 003
	<u> </u>								
	+	·		+				·	
				ļ					
	+	1						:	
Average of disinfectant residuals for routine and repeat s	samples. (Com	plete for			Key: P - I	Present A - Absent C -	Confluent	Growth	12
community and nontransient noncommunity systems ser and including 4,900. Do not include raw or plant sample	rving population is in the averag	e.)	1.6		L.C.A. Al	o Namerous to Count in		Analyst:	40
Disinfectant Residual Analysis Method:	lorimetric	Other		R 	eport auth	orized by:	1211 Technical D	Director or Design	
A certified operator (# <u>C - 461 7</u> )	[_]En ) [En	ployed by	a certified la DEP or DO	ab D H m	ate: <u>6</u>	19/10 In this report meet all ap	_Uniess off	nerwise noted, all thod. Laboratory	test results and NELAC
Name and Mailing Address of Person/Firm to Re	ceive Report			, 20 gu Si	uidelines. Qi ignatory at th	restions regarding this re e phone number above.	port should	I be directed to th	e report
AQUA UTIL. FL.		e.		ic.	Satisfacto	лу	Re	peat Samples Re	equired
140 HOPE St.			146191		Incomple Date Revie	te Collection Information wed by DEP/DOH:	}Re	placement Samp	les Required
LONGWOOD, FL. 3275	50	Page	of	4_	DEP/DOH	Reviewing Official:			
1 DEP Sample Types: D=Distribution (Routine Compliance); C=Repea	tor Check; R=Ra	v; N=Entry to Mid	Distribution; Pa	=Plant Tap; ATORY	S=Special (cl	earance, etc.) 2 De	ined in Florid	a Administrative Co Pink Form -	de Rule 62-160 - CLIENT

Middle Form - LABORATORY Top Form - ORIGINAL



### Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

VIA EMAIL JMLIHVARCIK@AQUAAMERICA.COM

October 31, 2008

Mr. Jack Lihvarcik Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 OCD-PW-SS-08-1351

Seminole County – PW Harmony Homes PWS ID Number 3590497

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water system on October 29, 2008 by Chris Rossing to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than** <u>December 19, 2008</u>. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Chris Rossing by e-mail at Chris.Rossing@dep.state.fl.us or by phone at (407)893-3318, extension 2294.

Sincerely,

Reggie Phillips, Environmental Supervisor II Drinking Water Compliance and Enforcement

RFP/cr Enclosures

cc: Edward J. Pellenz, P.E., Operations Manager [EJPELLENZ@AQUAAMERICA.COM] Patrick Farris, Aqua Utilities Florida, Inc. [PAFARRIS@AQUAAMERICA.COM] Chris Rossing, DEP Drinking Water Compliance and Enforcement

### State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name HARMONY HOMES	Co	unty	Seminole	_ PWS ID # _	3590497
Plant Location 196 Magnolia Street, Altamonte Springs, FL 32	2 <u>701</u>			Phone	407/339-5424
Owner Name Aqua Utilities Florida, Inc., Attn: Jack Lihvarcil	k			Phone	352/435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 32748					
Contact Person Patrick Farris Tit	tle	Env. Co	mpliance Spec	<u></u> Phone	352/435-4029
This Survey Date 10/29/08Last Survey Date 9/21/05		Last	Compliance I	nspection Dat	te <u>7/9/98</u>
PWS TYPE: Community	RA	W WAT		:	
	$\boxtimes$	GROU	ND; Number	of Wells	1
		PURCI	HASED from	PWS ID #	<u> </u>
MAX-DAY DESIGN CAPACITY: 216,000 gpd	$\boxtimes$	Emerg	ency Water S	OURCE City of A	<u>Altamonte Springs</u>
PWS STATUS: Approved		Emerge	ency water c	apacity <u>2_ina</u>	iuai interconnect
	ST	ANDBY	POWER SO	URCE: <u>Not R</u>	equired
	Sol	irce			
Disinfection iron sequestration - Aquadene	Cap	pacity o	f Standby (kV	V)	
Distinction, non sequestiation - Aquadene	Swi	itchover	r: 📋 Automa	tic 🔝 Manu	al
	Hrs	Operat	ted Under Loa	ad	
SERVICE AREA CHARACTERISTICS	Wh	at equi	oment does it	operate?	
Subdivision		_ vveii T Liak	Pumps		
Food Service: 🔲 Yes 🗌 No 🖾 N/A	F	] High	Service Puri tment Equipre	ps	<u></u>
Number of Deriver Connections (7	L Sat	j nea istv avo	unent Equipit u dailv demar	nd? TYes T	
Number of Service Connections67		tio_visu	al alarm?	/es 🗌 No	
Population Served <u>234</u> Basis <u>Operator</u>	Cor	nments			
OPERATION & MAINTENANCE					
O&M Log: X Yes No Location Plant					
	PL	ANS A	ND MAPS	_	
CERTIFIED OPERATOR: Yes	Col	iform S	ampling Plan	🛛 Yes	
Operator(s) & Certification Class-Number:	D/C	BP Mo	nitoring Plan		
William Trendel C-6411	Lea	id and (	Copper Plan		
	Dis	tributio	n System Map		
Hrs/day: Required Visit* Actual Visit*	Em	iergeno	y Response	Plan res	
Days/wk: Required 3 Actual 3	CO	mments	š		
Non-consecutive Days? 🛛 🛛 Yes 🗌 No 🛄 N/A					
Comments <u>*Visits must add up to a cumulative total of</u>	PR		IVE MAINTI	ENANCE/08	M
at least 0.3 hr/week.	Op	eration	& Maintenand	ce Manual 🖂	Yes No
	Pre	ventive	Maintenance	Program	Yes 🗌 No
		Flushir	ng Program	Ŭ ∏ Ye	s 🛛 No 🗌 N/A
MORE submitted regularly? $\square$ Ves $\square$ No $\square$ N/A			Records	🗍 Ye	s 🔟 No 🔲 N/A
Data missing from MORs? $\square$ No $\square$ Yes $\square$ N/A		Isolatio	on Valve Exer	rcise 🔲 Ye	s 🔀 No 🔲 N/A
Average Day (from MORs) 6 959 md			Records	🛄 Ye	s 🔯 No 🛄 N/A
Maximum Day (from MORs) 50 600 gpd 10/07	Col	mments	s	<u></u>	
Comments					
	СP	088.0	ONNECTION	CONTROL	
	# R	FPAs		# Tested	Yes
	ŴV		$\frac{1}{N_0}$	Date Tes	ted N/A
Flow Measuring Device Flow Meter	Wri	itten Pla	an No	Date Unk	nown
Meter Size & Type <u>3" McCrometer</u>	Co	mments	6		
Date Last Calibrated _7/27/06				···-	

PWS ID # _____3590497 Date ______10/29/08

### **GROUND WATER SOURCE**

Well Number (Florid	Ja Unique Well ID #)	1 (AAH2586)	
Year Drilled		1965	
Depth Drilled		Unknown	
Drilling Method		Unknown	
Type of Grout		Unknown	
Static Water Level		Unknown	
Pumping Water Le	vel	Unknown	
Design Well Yield		Unknown	
Test Yield		Unknown	
Actual Yield (if differe	ent than rated capacity)	Unknown	
Strainer		Unknown	
Length (outside ca	sing)	Unknown	
Diameter (outside	casing)	8"	
Material (outside c	asing)	Steel	
Well Contamination	n History	None	
Is inundation of we	Il possible?	No	
6' X 6' X 4" Concre	ete Pad	Yes	
	Septic Tank	>100'	
SET	Reuse Water	N/A	
BACKS	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
	Туре	Submersible	
	Manufacturer Name	Sta-Rite	
PUMP	Model Number	Unknown	
	Rated Capacity (gpm)	300	
	Motor Horsepower	10	
Well casing 12" ab	ove grade?	No*	
Well Casing Sanita	ary Seal	ОК	
Raw Water Sampli	ing Tap	Yes	
Above Ground Che	eck Valve	Yes	
Security		Yes	
Well Vent Protectic	วท	Yes	

**COMMENTS** <u>*The Department will continue to accept the well casing height as it currently exists unless the well is shown to be chemically or microbially contaminated.</u>

PWS ID #	3590497
Date	10/29/08

CHLORINATION (Disinfection)							
Type: 🔲 Gas 🖾 Hypo							
Make <u>Stenner</u>	(	Capacit	y <u>85 gpd</u>				
Chlorine Feed Rate							
Avg. Amount of Cl ₂ g	as used		<u>N/A</u>				
Chlorine Residuals:	Plant 1	<u>.11*</u> _	Remote <u>1.28*</u>				
	<u>107 M</u>	ercury S	street				
	n-site Dhe		t Used Daily				
Injection Points							
Booster Pump Info h	J/A						
Comments Plant con	nponents	not in c	peration due to				
new tank installation.	*Residi	uals take	en are from the				
<u>City of Altamonte Sp</u>	rings Wa	ater Dep	artment due to				
system being on mer	connect	at time (	of inspection.				
Chlorine Gas Use	YES	NO	Comments				
Requirements							
Dual System							
Auto-switchover							
Alarms:							
Loss of Cl ₂ oapability							
Loss of Cl ₂ residual		Ц					
Scale		<u> </u>					
Chained Cylinders							
Reserve Supply	$\mathbf{\nabla}$						
Adequate Air-pak	D.						
Sign of Leaks		$\Box$					
Fresh Ammonia		Ď					
Ventilation							
Room Lighting							
Warning Signs							
Repair Kits							
Fitted Wrench							
Housing/Protection			$\backslash$				

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Visible Algae Growth
Protective Screen Condition
Frequency of Cleaning
Date Last Inspected/Cleaned
Comments

### STORAGE FACILITIES

(G) Ground (C) Clearwell	(E) Elevated
(B) Bladder (H) Hydropne	eumatic / flow-through
Tank Type/Number	Н
Capacity (gal)	2,937
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or	Yes
Level Indicator	
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	50/70
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap	On tank
Location	
Date of Inspection	*
Date of Cleaning	*

Comments: <u>*New tank installed 10/28/08.</u>

### HIGH SERVICE PUMPS

Pump Number		
Туре	· · · · · · · · · · · · · · · · · · ·	
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		
Comments		
		 $\overline{}$

PWS ID #	3590497
Date	10/29/08

### **DEFICIENCIES:**

#### 1. Failure to provide a written valve exercise program.

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]

#### 2. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

#### 3. Failure to provide a written flushing program.

Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received. [Rule 62-555.350(2), F.A.C.]

#### 4. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

#### 5. Failure to provide a disinfectant/disinfection byproducts rule monitoring plan.

The monitoring plans required under 40 CFR 141.132(f) shall be prepared in a format containing all the information in 62-550.821(11), F.A.C. and shall be available for review during sanitary surveys conducted by the Department. [62-550.321(10) and (11), F.A.C.]

An example monitoring plan format can be downloaded from the following website: http://www.dep.state.fl.us/water/drinkingwater/forms.htm

Submit a copy of the monitoring plan to the Department for review.

#### 6. Failure to provide a lead and copper tap sampling plan on site.

All community and non-transient non-community public water systems must have a lead and copper sampling plan. This form shall be completed and submitted by community water systems (CWS's) and by non-transient non-community water systems (NTNCWS's). Complete all parts of this form, attach any maps and written narrative describing the sampling plan, and submit the completed form and any attachments to the appropriate Department of Environmental Protection (DEP) District Office 30 DAYS PRIOR TO THE BEGINNING OF A SIX-MONTH MONITORING PERIOD FOR LEAD AND COPPER IN DRINKING WATER. All information provided on this form shall be typed or printed in ink. The DEP District Office will notify a system of approval of a Sampling Plan in writing, which will provide the system notice to proceed. Submit a revised Sampling Plan using this form if any changes in the selection of sampling sites must be made. When no changes have been made, no resubmission is necessary prior to sampling during the next six-month sampling period. [Rule 62-555.900 (12), F.A.C.]

An example monitoring plan format can be downloaded from the following website: <u>http://www.dep.state.fl.us/water/drinkingwater/forms/pdf/555fm12.pdf</u>

### **DEFICIENCIES** (continued):

- 7. Failure to establish and implement a cross-connection control program. The written cross-connection program shall include procedures for:
  - i. Written legal authority.
  - ii. Written schedule and written procedure for surveying and retrofitting existing facilities.
  - iii. Written procedures for plan review and inspection of all new construction.
  - iv. Written schedule and written procedures for at least annual testing of backflow prevention assemblies and for repair when necessary.
  - v. Written procedures for approving competent backflow preventer testers and insuring that required premisesisolating backflow preventers are tested only by approved, competent backflow preventer testers.
  - vi. Written procedures for keeping installation, testing, and repair records for each required premises-isolating backflow preventer (to be kept for not less than ten years).
  - vii. Written procedures for educating premise owners about (a), the need to have registered professional engineers or certified fire-protection system contractors check the hydraulics of existing fire-protection systems when premises-isolating backflow preventers are added at existing service connections to which existing fire-protection systems are in turn connected and (b), the need to install thermal expansion devices and/or pressure relief valves within closed loop plumbing systems created by the installation of premises-isolating backflow preventers.
  - viii. Written procedures for handling backflow complaints and emergencies.
  - ix. A program manual containing all of the above mentioned written material.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

The Florida Rural Water Association's website, <u>www.frwa.net</u> has a cross-connection control manual for your reference.

PWS ID # 3590497

Date 10/29/08

### COMMENTS/REMINDERS:

• Lead and copper tap sampling must be conducted during the January through December 2011 monitoring period. For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

• Submit a copy of the last risk assessment of the existing premises. This assessment is a requirement of all crossconnection control programs and ensures that all hazards are identified and properly protected. Provide this information in writing to Manuel F. Cardona in the potable water section at 3319 Maguire Blvd., Orlando, FL 32803 or via email at <u>Manuel.Cardonal@dep.state.fl.us</u>. [Section 2.7, AWWA Manual M14, 2nd Edition as incorporated into Rule 62-555.330, F.A.C.]

Inspector

Title Env. Specialist I Date 10/31/08

Approved by

 Title
 Env. Supervisor II
 Date
 11/6/08

#### **RESPONSE**

### Please provide any changes to the following:

PWS ID Number: <u>3590497</u>	7 Business Name:			
PWS Name: <u>Harmony Ho</u>	omes Owner(s) Name:			
Mailing Address:				
	Mailing Address:			
Date:	Phone Number(s):	Phone Number(s):		
	Fax #:			
	E-Mail Address:			
Drinking Water Compli 3319 Maguire Boulevar Orlando, Florida 32803 Attention: Chris Rossing, E In response to the Departm	ance/Enforcement Program rd, Suite 232 Environmental Specialist nent's Sanitary Survey Report for the subject public water system	dated October 29, 2008, the		
following actions were done	e to correct the listed deficiencies:			
Deficiency <u>Item No</u> .	y Corrective Action Done			
·····				

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature:

Name of PWS Owner/Representative:

(Please Type or Print)

~

### CROSS – CONNECTION CONTROL TEMPLATE FOR PRIVATE UTILITIES SERVING PRIVATE PREMISES NOT UNDER THE CONTROL OF THE WATER PURVEYOR

Note to the User:

This cross-connection control template has been created in order to assist small drinking water utilities create a compliant cross-connection control program manual. The template is considered compliant with Chapter 62-555.360, Florida Administrative Code and the American Water Works Association's M-14 manual, "*Recommended Practice for Backflow Prevention and Cross-Connection Control*".

Your use of the attached template is at your discretion. It is not required that you use it. Also, the template may be modified to suit your particular situation. However, be aware that much of the material in the template pertains to items that are required to be addressed by rule. Therefore, if you propose to make any changes to what is indicated in the template, please review your proposed changes with the person from either the Florida DEP district office or approved county health department who will be reviewing your cross- connection control plan. He or she will ensure that your proposed changes are compliant.

You should read the template carefully and have an understanding of the policies and procedures within it prior to submitting it for review and adopting it. You should note that the template includes a number of action items, several of which you may not have been previously performing as required. A partial list of these action items includes:

- 1. You will need to ensure that you have a cross-connection control contract with the customer at each service connection serving premises that are not under your legal control. The cross-connection control contract will establish the cross-connection control responsibilities of the customer and will also provide enforcement remedies if customers do not meet their responsibilities. The cross-connection control contract language can be incorporated into your existing water service contract or it can be created separately as an addendum to your water service contract.
- 2. You will need to perform initial and recurring hazard assessments at premises served by your water system and have any required backflow prevention assemblies installed as necessary, consistent with the policy that you have established. New service connections will need to be correspondingly addressed prior to activation of water service.
- 3. You will need to have a program that ensures that required backflow assemblies are field tested on an annual basis by certified testers and repaired as necessary.
- 4. You will need to have a public education program.
- 5. You will need to maintain an up-to-date spreadsheet inventory of all required backflow assemblies and also maintain all records associated with your cross-connection control program. (Such records must be retained at least ten years.) Examples include copies of hazard assessment reports, copies of backflow prevention assembly field test reports, copies of enforcement or correspondence documents and copies of public education materials (including dates performed).

You may contact the Florida Rural Water Association for additional assistance with your cross-connection control program, including cross-connection control related forms. You may also contact your local Florida DEP water program district office or approved county health department for additional assistance.

### NAME OF WATER SYSTEM

### POLICY ON CONTROL OF BACKFLOWAND CROSS-CONNECTIONS

#### 1. CROSS-CONNECTION CONTROL – GENERAL POLICY

- 1.1. **Purpose**. The purpose of this Policy (the term "Policy", herein used, shall mean the "*Name of Water System* Policy on Control of Backflow and Cross-Connections") is:
  - 1.1.1. To protect the public potable water supply of *Name of Water System* from the possibility of contamination or pollution by isolating within the customer's internal distribution system(s) or the customer's private water system(s) such contaminants or pollutants which could backflow into the public water system; and,
  - 1.1.2. To promote the elimination or control of existing cross-connections, actual or potential, between its customers' water system(s) and non-potable water system(s), plumbing fixtures and piping systems; and,
  - 1.1.3. To provide for the maintenance of a continuing program of cross-connection control, which will systematically and effectively prevent the contamination or pollution of all potable water systems.

#### 1.2. Responsibility.

1.2.1. The *Name of Water System* shall be responsible for the protection of the public potable water distribution system from contamination or pollution due to the backflow of contaminants or pollutants through the water service connection. If, in the judgment of said *Name of Water System* an approved backflow-prevention assembly is required (at the customer's water service connection; or, within the customer's private water system) for the safety of the water system, the *Name of Water System* or a designated agent shall give notice in writing to said customer to install such an approved backflow-prevention assembly(s) at specific location(s) on his/her premises. The customer shall immediately install such approved assembly(s) at his/her own expense; and, failure, refusal, or inability on the part of the customer to install, have tested, and maintain said assembly(s) shall constitute grounds for discontinuing water service to the premises until such requirements have been satisfactorily met.

#### 2. **DEFINITIONS**

#### 2.1. Approved.

- 2.1.1. The term "approved" as herein used in reference to a water supply shall mean a public water supply that has been approved by the Florida Department of Environmental Protection or the delegated county health department in which the water supply is located.
- 2.1.2. The term "approved" as herein used in reference to an air gap, a double check valve assembly, a reduced pressure principle backflow prevention assembly or other backflow prevention assemblies or methods shall mean approved per Chapter 62-555.360, Florida Administrative Code.
- 2.2. Auxiliary Water Supply. Any water supply on or available to the premises other than the water purveyor's approved public water supply. These auxiliary waters may include water from another purveyor's public potable water supply or any natural source(s) such as a well, spring, river, stream, harbor, and so forth; used waters; or industrial fluids. These waters may be contaminated or polluted, or they may be objectionable and constitute an unacceptable water source over which the water purveyor does not have sanitary control.
- 2.3. **Backflow.** The undesirable reversal of flow in a potable water distribution system as a result of a cross-connection.

- 2.4. **Backpressure.** A pressure, higher than the supply pressure, caused by a pump, elevated tank, boiler, or any other means that may cause backflow.
- 2.5. Backsiphonage. Backflow caused by negative or reduced pressure in the supply piping.
- 2.6. Backflow Preventer. An assembly or means designed to prevent backflow.
  - 2.6.1. Air gap. The unobstructed vertical distance through the free atmosphere between the lowest opening of any pipe or faucet conveying water or waste to a tank, plumbing fixture, receptor, or other assembly and the flood level rim of the receptacle. These vertical, physical separations must be at least twice the diameter of the water supply outlet, never less than 1 in. (25 mm)
  - 2.6.2. **Reduced Pressure Principle Backflow Prevention Assembly.** The approved reduced pressure-pressure principle backflow-prevention assembly consists of two independent acting approved check valves together with a hydraulically operating, mechanically independent pressure differential relief valve located between the check valves and below the first check valve. These units are located between two tightly closing resilient-seated shutoff valves as an assembly and equipped with properly located resilient-seated test cocks.
  - 2.6.3. **Double Check Valve Backflow Prevention Assembly.** The approved double check valve assembly consists of two internally loaded check valves, either spring-loaded or internally weighted, installed as a unit between two tightly closing resilient-seated shutoff valves and fittings with properly located resilient-seated test cocks. The assembly shall only be used to protect against a pollutant (that is, a non-health hazard).
- 2.7. **Contamination.** An impairment of a potable water supply by the introduction or admission of any foreign substance that degrades the quality and creates a health hazard.
- **2.8.** Cross-Connection. A connection or potential connection between any part of a potable water system and any other environment containing other substances in a manner that, under any circumstances would allow such substances to enter the potable water system. Other substances may be gases, liquids or solids, such as chemicals, waste products, steam, water from other sources (*potable or nonpotable*), or any matter that may change the color or add odor to the water.
- **2.9.** Cross-Connections Controlled. A connection between a potable water system and a non-potable water system with an approved backflow prevention assembly properly installed and maintained so that it will continuously afford the protection commensurate with the degree of hazard.
- **2.10. Cross-Connection Control by Containment.** The installation of an approved backflow-prevention assembly at the water service connection to any customer's premises, where it is physically and economically unfeasible to find and permanently eliminate or control all actual or potential cross-connections within the customer's water system; or it shall mean the installation of an approved backflow-prevention assembly on the service line leading to and supplying a portion of a customer's water system where there are actual or potential cross-connections that cannot be effectively eliminated or controlled at the point of the cross-connection.
- **2.11. Hazard, Degree of**. The term is derived from an evaluation of the potential risk to public health and the adverse effect of the hazard upon the potable water system.

2.11.1. **Hazard - Health.** A cross-connection or potential cross-connection involving any substance that could, if introduced into the potable water supply, cause death or illness, spread disease, or have a high probability of causing such effects.

2.11.2. Hazard - Plumbing. A plumbing type cross-connection in a consumer's potable water system that has not been properly protected by an approved air gap or an approved backflow-prevention assembly.

2.11.3. **Hazard** – **Pollution.** A cross-connection or potential cross-connection involving any substance that generally would not be a health hazard but would constitute a nuisance or be aesthetically objectionable, if introduced into the potable water supply.

2.11.4. **Hazard - System.** A an actual or potential threat of severe danger to the physical properties of the public water system or the consumer's potable water system or of a pollution or contamination that would have a protracted effect on the quality of the potable water in the system.

2.11.5. **Industrial-Fluids System.** Any system containing a fluid or solution that may be chemically, biologically or otherwise contaminated or polluted in a form or concentration that would constitute a health, system, pollution or plumbing hazard if introduced into an approved water supply. This may include, but is not be limited to, polluted or contaminated waters; all types of process waters and used waters originating from the public potable water system that may have deteriorated in sanitary quality; chemicals in fluid form; plating acids and alkalies; circulating cooling waters connected to an open cooling tower; and/or cooling waters that are chemically or biologically treated or stabilized with toxic substances; contaminated natural waters such as from wells, springs, streams, rivers, bays, harbors, seas, irrigation canals or systems, and so forth; oils, gases, glycerin, paraffins, caustic and acid solutions and other liquid and gaseous fluids used in industrial or other purposes for fire fighting purposes.

- 2.12. **Pollution.** The presence of any foreign substance in water that tends to degrade its quality so as to constitute a non-health hazard or impair the usefulness of the water.
- 2.13. **Water Potable.** Water that is safe for human consumption as described by the public health authority having jurisdiction.
- 2.14. Water Non-potable. Water that is not safe for human consumption or that is of questionable quality.
- 2.15. Water Service Connection. The terminal end of a service connection from the public potable water system, that is, where the water purveyor loses jurisdiction and sanitary control of the water at its point of delivery to the customer's water system. If a water meter is installed at the end of the service connection, then the service connection shall mean the downstream end of the water meter. There should be no unprotected takeoffs from the service line ahead of any water meter or backflow-prevention assembly located at the point of delivery to the customer's water system. Service connection shall also include water service connection from a fire hydrant and all other temporary or emergency water service connections from the public water system.
- 2.16. Water Service Contract. A written contract, signed by the water customer, outlining the terms and conditions by which the customer shall receive water from the water purveyor. A water service contract must include a written cross-connection control component that explicitly establishes the following: 1) Customer's are required to take reasonable precautions not to allow any unapproved connection or cross-connection with the water purveyor's water system, 2) Customer's are to allow the water purveyor to perform cross-connection control inspections or hazard assessments upon their premises at reasonable times, 3) Customer's are to install, test at least annually and maintain, at their own expense, any required backflow prevention assembly, 4) Water service shall be discontinued to any water customer or consumer who fails to abide by the terms of the service contract or causes a violation of this policy.
- 2.17. **Water Used.** Any water supplied by a water purveyor from a public potable water system to a consumer's water system after it has passed through the point of delivery and is no longer under the sanitary control of the water purveyor.

#### 3. **REQUIREMENTS**

#### 3.1. Water System

- 3.1.1. The water system shall be considered as made up of two parts: the utility system and the customer's system.
- 3.1.2. The utility system shall consist of the source facilities and the distribution system and shall include all those facilities of the water system under the complete control of the utility, up to the point where the customer's system begins.
- 3.1.3. The source shall include all components of the faculties utilized in the production, treatment, storage and delivery of water to the distribution system.
- 3.1.4. The distribution system shall include the network of conduits used for the delivery of water from the source to the customer's system.
- 3.1.5. The customer's system shall include those parts of the facilities beyond the termination of the utility distribution system that are utilized in conveying utility-delivered domestic water to the points of use.

#### 3.2. Policy

- 3.2.1. **Conditions for Service -** No water service connection to any premise shall be installed or maintained by the water purveyor unless the following conditions have been met:
  - 3.2.1.1. The customer responsible for the water service has provided a signed copy of the water purveyor's water service contract.
  - 3.2.1.2. The water purveyor has completed a cross-connection control survey of the premise or if a prior existing single family residence premise and otherwise deemed acceptable to the water purveyor the customer has submitted a properly completed and signed cross-connection control questionnaire.
  - 3.2.1.3. The water supply is protected as required by this policy and applicable laws and regulations.
- 3.2.2. **Right of Inspection** The customer's system should be open for inspection at all reasonable times to authorized representatives of the water purveyor to determine whether unprotected cross-connections or other structural or sanitary hazards, including violations of these regulations, exist. When such a condition becomes known, the water purveyor shall deny or immediately discontinue service to the premises by providing for a physical break in the service line until the customer has corrected the condition(s) in conformance with the local and state regulations relating to plumbing and water supplies and the regulations adopted pursuant thereto.
- 3.2.3. **Premises Requiring Protection** An approved backflow prevention assembly shall be installed on each service line to the customer's water system at or near the property line and before the first branch line leading off the service line wherever the following conditions exist:
  - 3.2.3.1. In the case of premises having an auxiliary water supply which is not or may not be of safe bacteriological or chemical quality and which is not acceptable as an additional water source by the Florida Department of Environmental Protection or delegated county health department, the public water system shall be protected against backflow from the premises by installing in the service line an approved backflow prevention assembly commensurate with the degree of hazard, and in conformance with the most current edition of the American Water Works Associations manual, M-14, *"Recommended Practice for Backflow Prevention and Cross-Connection Control"*.
  - 3.2.3.2 In the case of premises on which any industrial fluids or any other objectionable substance is handled in such a fashion as to create an actual or potential hazard to the public water system, the public system shall be protected against backflow from the premises by installing an approved backflow prevention assembly in the service line, commensurate with the degree of hazard. This shall include the handling of process waters and waters originating from the water purveyor's system which have been subject to deterioration in quality.
  - 3.2.3.3. In the case of premises having (1) internal cross-connections that cannot be permanently corrected or protected against, or (2) intricate plumbing, and piping arrangements or where entry to all portions of the premises is not readily accessible for inspection purposes, making it impracticable or impossible to ascertain whether or not dangerous cross-connections exist, the public water system shall be protected against backflow from the premises by installing an approved backflow prevention assembly in the service line.

- 3.2.4. **Type of Protection Required -** The type of protective assembly required under subsections 3.2.3.1, 3.2.3.2, and 3.2.3.3 above shall depend upon the degree of hazard which exists as follows:
  - 3.2.4.1. In the case of any premise where there is an auxiliary water supply as stated in subsection 3.2.3.1 of this section and it is not subject to any of the following rules, the public water system shall be protected by an approved air gap or an approved reduced pressure principle backflow prevention assembly.
  - 3.2.4.2. In the case of any premise where there is water or a substance that would be objectionable but not hazardous to health, if introduced into the public water system, the public water system shall be protected by, at minimum, an approved double check valve backflow prevention assembly.
  - 3.2.4.3. In the case of any premise where there is any material dangerous to health that is handled in such a fashion as to create an actual or potential hazard to the public water system, the public water system shall be protected by an approved air gap or an approved reduced pressure principle backflow prevention assembly. Examples of premises where these conditions will exist include sewage treatment plants, sewage pumping stations, chemical manufacturing plants, hospitals, mortuaries and plating plants.
  - 3.2.4.4. In the case of any premise where there are "uncontrolled" cross-connections, either actual or potential, the public water system shall be protected by an approved air gap or an approved reduced pressure principle backflow prevention assembly at the service connection.
  - 3.2.4.5. In the case of any premise where, because of security requirements or other prohibitions or restrictions, it is impossible or impractical to make a complete in-plant cross-connection survey, the public water system shall be protected against backflow from the premises by either an approved air gap or an approve reduced pressure principle backflow prevention assembly on each service to the premise.
  - 3.2.4.6. In the case of any premises where, in the opinion of the Florida Department of Environmental Protection or delegated county health department, an undue health threat is posed because of the presence of extremely toxic substances, the Florida Department of Environmental Protection or delegated county health department may require an air gap at the service connection to protect the public water system. This requirement will be at the discretion of the Florida Department of Environmental Protection or delegated county health department and is dependent upon the degree of hazard.
- 3.2.5. Assembly Standards and Specifications Any backflow prevention assembly required herein shall be of a make, model and size approved by the *Name of Water System*. The term "Approved Backflow Prevention Assembly" shall mean an assembly that has been manufactured in full conformance with the standards established by the American Water Works Association titled:

AWWA/ANSI C510-07 Standard for Double Check Valve Backflow Prevention Assembly; AWWA/ANSI C511-07 Standard for Reduced Pressure Principle Backflow Prevention Assembly; and, have met completely the laboratory and field performance specifications of the Foundation for Cross-Connection Control and Hydraulic Research (FCCHR) of the University of Southern California established by: "Specifications of Backflow Prevention Assemblies" - Section 10 of the most current edition of the Manual of Cross-Connection Control.

Said AWWA and USC FCCCHR standards and specifications have been adopted by the water purveyor. Final approval shall be evidenced by a "Certificate of Compliance" for the said AWWA standards or a "Certificate of Approval" for the said USC FCCCHR Specifications, issued by an approved testing laboratory.

The following testing laboratory has been qualified by the AWWA to test and approve backflow prevention assemblies and said qualification is adopted by the water purveyor:

14 182 Foundation for Cross-Connection Control and Hydraulic Research University of Southern California KAP-200 University Park MC-2531 Los Angeles, California 90089-2531

Testing laboratories other than the laboratory listed above will be added to an approved list as they are qualified by the AWWA.

Backflow preventers that may be subjected to backpressure or backsiphonage that have been fully tested and have been granted a Certificate of Approval by said qualified laboratory, and are listed on the laboratory's current list of approved backflow prevention assemblies, may be used without further testing or qualification.

3.2.6. **Testing and Maintenance Requirements** - It shall be the duty of the customer at any premise where required backflow prevention assemblies are installed to have certified inspections and field tests made upon installation and at least once per year thereafter. In those instances where the water purveyor deems the hazard to be great enough, certified inspections or tests at more frequent intervals may be required. It shall be the duty of the water purveyor to see that these tests are made in a timely manner.

These inspections and tests shall be at the expense of the water customer and shall be performed by a certified tester, as verified and approved by the water purveyor. The customer shall notify the water purveyor in advance when the tests are to be undertaken so that an official representative may witness the field tests if so desired. Backflow prevention assemblies shall be repaired, overhauled or replaced at the expense of the customer whenever said assemblies are found to be defective. The customer shall retain records of tests or repairs and forward a copy of such to the water purveyor within ten days of completion.

Backflow assembly test reports will provide, at a minimum, the customer's name, customer's street address; type of assembly and location of the assembly on the property; manufacturer, model and serial number of the assembly; tester's gauge manufacturer, test gauge serial number and date the gauge was last calibrated; detailed results of the test and clear indication of whether the assembly passed or failed; name and certification number of the tester and the date and time of the test. The water purveyor may also require that the tester include with the test report an endorsed statement to the effect that the test was performed according to required procedures and that the assembly was not exercised prior to testing.

3.2.7. **Policy Adoption and Existing Customers -** All customers who have not entered into a water service contract with the water purveyor at the time of adoption of this policy, or who have previously entered into a water service contract lacking a sufficient cross-connection control component shall, within 30 days of being notified, either sign an updated water service contract or sign a separate written contract that properly registers the customer's acceptance of assigned cross-connection control responsibilities, as defined by this policy.

All presently installed backflow prevention assemblies which do not meet the requirements of this section but were approved devices for the purposes described herein at the time of installation and which have been properly maintained, shall, except for the testing and maintenance requirements under subsection 3.2.6, be excluded from the requirements of these rules so long as the water purveyor is assured that they will satisfactorily protect the water purveyor's system. Whenever the existing assembly is moved from the present location or requires more than minimum maintenance or when the water purveyor finds that the maintenance thereof constitutes a hazard to health, the unit shall be replaced by an approved backflow prevention assembly meeting the requirements of this section.

3.2.8. **Enforcement** - Service of water to any premise may be discontinued if a customer timely refuses to provide a properly signed water service contract, fails to allow a cross-connection control survey or inspection of the customer's premises, or fails to install, test or maintain a backflow prevention assembly required by this policy. If it is found that a backflow prevention assembly has been removed, bypassed, or if an unprotected cross-connection exists on the customer's premises, service shall likewise be discontinued.

Service to a customer may be discontinued immediately and without written notice if, in the opinion of the water purveyor, such action is necessary to protect public health or the public water supply. Service will not be restored until all circumstances, conditions or defects causing discontinuance of service are fully corrected.

- 3.2.9. New Construction Plan Review The water purveyor shall not provide water service to a newly constructed facility without first performing a cross-connection control hazard assessment of the premises and ensuring that the purveyor's water system is protected according to this policy. In lieu of such a hazard assessment by the water purveyor, receipt of a documented cross-connection control hazard assessment by a plumbing inspector of the governmental entity requiring a building permit may be utilized. The conditions for service established by this policy must also be satisfied. (See Section 3.2.1. of this policy.)
- 3.2.10. Surveying and Retrofitting Existing Facilities The water purveyor shall survey and retrofit existing facilities as follows, in the order described:

Premises known to pose a high degree of cross-connection hazard or premises having facilities commonly associated with a high degree of cross-connection control hazard will be ranked from highest to lowest according to the relative degree of hazard. Higher ranked premises shall be prioritized for a cross-connection control survey and any corrective actions necessary to ensure compliance with this policy. All premises known to have high hazard facilities shall be brought into compliance as soon as possible but no later than ______ month(s) after adoption of this policy.

Multi-family residences or commercial premises having no prior indication of posing a high degree of backflow hazard will receive a cross-connection control survey and brought into compliance with this policy as soon as possible but no later than ______ year(s) after adoption of this policy.

All remaining premises, including single family residences for which the degree of cross-connection control hazard is not known, will receive a cross-connection control survey and brought into compliance with this policy as soon as possible but no later than <u>year(s)</u> after adoption of this policy. In lieu of a cross-connection control survey, the water purveyor may, for single family residences having no known cross-connection hazards, rely upon a cross-connection control questionnaire, as properly completed and signed by the customer.

Owners of facilities having existing fire-protection systems will be advised to have a registered professional engineer or certified fire-protection contractor check the hydraulics of the existing fire-protection system(s) to ensure that any installed backflow prevention assembly is compatible with the proper performance of the fire-protection system.

The initiative to survey and retrofit existing facilities will continue until all premises served by the water purveyor have been inventoried and each premise has either received a cross-connection control survey or has, if a single family residence with no known cross-connection hazards, submitted a completed and signed cross-connection control questionnaire.

- 3.2.10.1. **Recurring Surveys and Inspections** All premises categorized as posing a high degree of crossconnection hazard will be re-surveyed at least once every _____ year(s). Multi-family and commercial premises not previously categorized as posing a high hazard shall be re-surveyed at least once every _____ year(s). Premises having only a single family residence, and not previously found to pose any type of cross-connection hazard, shall be re-surveyed at least once every _____ year(s). In lieu of a cross-connection control survey the water purveyor may, for single family residence premises having no known cross-connection hazards, rely upon a cross-connection control questionnaire, as properly completed and signed by the customer.
- 3.2.11. **Training** The water purveyor shall ensure that persons directly responsible for implementation of this policy have had, at a minimum, training in basic cross-connection concepts and cross-connection control practices. The University of Florida Center for Training, Research & Education for Environmental Occupations (UF/TREEO Center) is an example of a facility that may be utilized for this type of training.

Training offered by comparable training institutions may be substituted.

3.2.12. **Public Education** - The water purveyor shall provide customers with educational information concerning cross-connection control and the water purveyor's cross-connection control program. New customers shall be provided written educational information upon initial connection. Existing customers shall receive educational information at least once every year(s). At a minimum, the following information will be included in public education initiatives:

The nature of the public health risk posed by actual or potential cross-connection hazards

- The fact that the water purveyor is responsible for protecting the public water system from contamination and has policies relating to cross-connection control
- The fact that the customer is responsible for preventing a contaminant from entering their plumbing system and thereafter entering the public water system
- The fact that customer's need to be aware that the installation of a backflow prevention device or assembly on their premise causes their plumbing system to be a closed system and closed systems are at greater risk for damage or harm due to thermal expansion that may be caused by water heaters or boilers. Notice that it is important that such customers perform routine testing of temperature and pressure valves on water heaters or boilers and that they may wish to contact a plumber for an evaluation of their water system in relation to thermal expansion, as well as any other plumbing considerations unique to the customer's property
- 3.2.13. Backflow Incident Reports The water purveyor shall investigate backflow incidents specifically as such and shall maintain investigatory and corrective action records in a file separate from customer complaint investigations or other investigations determined to not be related to a backflow incident.
- 3.2.14. Backflow Incident Response Plan The water purveyor shall, upon becoming aware of an actual or suspected backflow incident, perform the following actions:
  - Locate the source of the contamination
  - Isolate that source to protect the water distribution system from further contamination
  - Determine the extent of the spread of contamination through the distribution system and provide timely, appropriate notification to the public and to regulatory agencies
  - Take corrective action to clean the contamination from the distribution system
  - Restore service to the customers
- 3.2.15. **Record Keeping -** Cross-connection control related records shall be retained for a minimum of ten years and shall be available for review by regulatory agencies when requested. At a minimum, the following records shall be maintained:
  - 3.2.15.1. **Cross-Connection Survey Reports and Customer Questionnaires** Cross-connection survey reports or hazard assessments and customer questionnaires shall be created and maintained on approved forms. Such forms shall make clear the type and degree of hazard present upon the premises, and minimum type of backflow assembly required.
  - 3.2.15.2. **Inventory** The water purveyor shall maintain, in a spreadsheet format, written inventory of all required backflow prevention assemblies present in the water system. Such information will include a description of the hazard isolated at each applicable premise, the location of each backflow assembly or air gap, the type of backflow prevention assembly and, if not an air gap, information describing the size, make, model and serial number of installed backflow assemblies. The most recent test date or cross-connection control survey or received questionnaire (if applicable) of each required assembly will be noted recorded.
  - 3.2.15.3. **Test Reports and Certified Testers** Backflow assembly test, maintenance and repair reports shall be retained. Documentation supporting the credentials of certified testers will be retained.

- 3.2.15.4. Public Education and Training- Copies of materials used to convey to consumers information about cross-connection control and their responsibilities shall be maintained. The dates such information is disseminated shall be recorded. Documentation supporting the credentials and training of the water purveyor's cross-connection control program personnel, including any sub-contracted personnel, shall be retained.
- 3.2.15.5. Other Documentation – Copies of all other cross-connection program documentation will be retained, including service contracts, notifications to customers, enforcement actions, backflow incident reports and other related activity.
- 3.2.16. Budgeting The water purveyor shall ensure that all the actions necessary to implement this policy are budgeted and that monies are available as necessary. The water purveyor shall adjust water rates as may be necessary to fully implement this cross-connection control policy and meet state and local requirements.
- 3.2.17. Reclaimed Water Reclaimed water is currently not available in the water purveyor's service area. At such time as reclaimed water may be available to premises served by the water purveyor this policy will be amended or modified as necessary to protect against potential backflow from reclaimed water.
- 3.2.18. The water purveyor is authorized to make all necessary and reasonable rules and policies with respect to the enforcement of this policy. All such rules and policies shall be consistent with the provisions of this policy and shall be effective upon adoption.

The foregoing policy was approved and adopted by on the day of da

(Signature)

Printed Name: _____ Printed Title: _____



Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

Chris Rossing FDEP Central District 3319 Maguire Blvd. Suite 232 Orlando, FL 32803-3767

RE: Reply to Sanitary Survey Harmony Homes WTP PWS ID No. 3590497 Seminole County

Dear Mr. Rossing:

This letter is in response to your inspection of the facility referenced above on October 29, 2008.

- 1. The valve exercising plan is attached to this letter.
- 2. The valve exercising records are attached.
- 3. The flushing program is attached.
- 4. The most recent flushing records are attached.
- 5. The disinfectant/disinfection byproducts monitoring plan is attached.
- 6. The lead and copper sampling plan is attached.
- 7. The cross connection control plan is attached.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at <u>PAFarris@aquaamerica.com</u>. Thank you.

Sincerely,

auto

Patrick A. Farris Environmental Compliance Specialist Aqua Utilities Florida, Inc.

Enclosure: Requested records

cc: Will Fontaine, via e-mail

# AQUA UTILITIES FLORIDA ISOLATION VALVE EXERCISING PLAN

## Purpose:

The purpose of this program is to insure the reliability of the isolation valves within the potable water distribution system.

### Intent:

The intent of this program is to provide minimum guidelines to operations personnel for maintaining the valves in good working order. The valves are designed to minimize the possibility of contamination in the event of a main break or other dilemma.

### **Exercise plan:**

There are two valves in this system. One is located at the water treatment facility and one is located at the interconnect with the City of Altamonte Springs. Each isolation valve will be exercised fully at a minimum of annually. In the event a valve should not work properly, that valve will be repaired or replaced. Records shall be maintained of isolation valve exercising either in the operation and maintenance log book or on the form included in this plan.

Date	Isolation Valve Location	Working Buserely (V/N)	If "N" for column 3, Banaired on Banlaged
2/18/10	Altamonte Springs interconnect 2"	$\gamma$	Repaired or Replaced
2/18/10	Inline @ plant 3"	Ч	
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# Harmony Homes PWS Flushing Plan

## <u>Purpose</u>

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Harmony Homes service area.

#### Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

### Distribution System Monitoring, Action Levels, & Actions:

Table 1	Distribution	System	Action	Lovols	and Actions
Tuble 1.	Distribution	System	ACHOR	Leveis	unu Actions

Parameter	Goals	Action Level	Action						
Residual / Free	0.8mg/l - 2.0mg/l	< 0.5 mg/l	Inc. cl2 dosage / cont. flushing to 0.5>						

## **Manual Flushing:**

The following locations shall be manually flushed as indicated below until water is visibly clear and an acceptable chlorine residual is achieved.

Location	Frequency
120 Plymouth Ave / Mercury St.	Monthly
109 Mercury St.	Monthly
101 Ford Ave.	Monthly

Flushing frequency may be increased at any time should conditions dictate in order to improve water quality. Customer complaints for occurrences of discolored water, taste and odor are typically caused by loss of chlorine residual. Manual flushing must be conducted in order to increase the chlorine residual per Table 1 above.

## Implementation:

The flushing program is currently being implemented in the Harmony Homes water system and shall remain in effect as long as the system is on free chlorination

# AQUA.

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JSHING:	teen polyulations tables, inseted on the Floria	a Camaliaana Matura			1					Mo	onth / Ye Mar	n 10
ate	Location of Flush Point	Appearance Before	Cl2 Residual Before	Appearance	Residual After	Flushing Point Size	Time Flushed (minutes)	Meter F (if av: start	Readings ailable) end	Total Gallons Flushed	Reason Flushed	Customer Complaint Address (if flushing was a result of customer water quality compalint)
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3/31	On site usage, analyser			· · · · ·						5,000		
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				<u> </u>								
					I	I	1l		L	0	Flushing legend Flushing Program Line Repair	d: m FP Customer Complaint CC LR Main Clearance MC

1

# AQUA

#### FLUSHING: Month / YE Feb-10 (Use AWWA water loss calculations tables, located on the Florida Compliance Network Drive to estimated water losses.) H2O Cl2 H2O CI2 Flushing Time Meter Readings Customer Complaint Address Total Gallons Reason Date Location of Flush Point Appearance Residual Appearance Residual Point Flushed (if available) (if flushing was a result of customer Flushed Flushed Before Before After After Size (minutes) start end water quality compalint 2/8/2010 120 Plymouth 1,500 FP 2/8/2010 FP 109 Mercury 1,500 2/8/2010 101 Ford 1,500 FP 2/8/2010 Hydro Tank 500 ۶P 2/1-2/28 On site usage, analyser 5,000 Totał 5,000 Flushing legend: Flushing Program FP Customer Complaint CC Line Repair LR Main Clearance MC Contractor Use CU (explain others)

Plant: Harmony Homes

# AQUA.

#### Plant: Harmony Homes FLUSHING: Month / YeJan-10 (Use AWWA water loss calculations tables, located on the Florida Compliance Network Drive to estimated water losses.) H2O C12 H2O Cl2 Flushing Time Meter Readings Customer Complaint Address Total Gallons Reason Date Location of Flush Point Appearance Residual Appearance Residual Point Flushed (if available) (if flushing was a result of customer Flushed Flushed Before Before After After start end water quality compalint; Size (minutes) 1/4/2010 120 Plymouth FP 2,000 1/4/2010 109 Mercury FP 2,000 1/4/2010 101 Ford FP 2,000 1/4/2010 Hydro Tank FP 1,000 1/1-1/31 On site usage, analyser 5,000 Total 7,000 Flushing legend: Flushing Program FP Customer Complaint CC Line Repair LR Main Clearance MC Contractor Use CU (explain others)

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# AQUA.

o AMAMA water	lass calculations tables. Incated on the Eleric	in Compliance Notwor	. Drive to or	stimated water l	000000 \					INIC		r-10
Date	Location of Flush Point	H2O Appearance Before	Cl2 Residual Before	H2O Appearance After	Cl ₂ Residual After	Flushing Point Size	Time Flushed (minutes)	Meter R (if ava start	leadings ailable) end	Total Gallons Flushed	Reason Flushed	Customer Complaint Address (if flushing was a result of customer water quality compalint)
5/2010	120 Plymouth									2,000	FP	
5/2010	109 Mercury									2,000	FP	
5/2010	101 Ford									2,000	FP	
5/2010	Hydro Tank					-				1.000	FP	
1-4/30	On site usage, analyser									5,000		
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i										7,000		

Plant: Harmony Homes

# STAGE 1 DISINFECTANTS/DISINFECTION BYPRODUCTS RULE MONITORING PLAN FOR GROUND WATER SYSTEMS¹

Feb				
System Name: Harmony Homes	County: Seminole			
PWS ID Number: 3590497		Contact Person: Bill Trendel		
Phone Number:	Cell (optional):407-509-8398			
e-mail address (optional): BETrendel@	Fax Number (optional) 407-339-7490			

SECT	SECTION 2: SYSTEM CHARACTERISTICS								
	SYSTEM TYPE	POPULATION DATA							
	Community	Total Population Served ¹ *:	158						
	Non-Transient, Non Community	Number of Service Connections-	61						
	Transient Non-Community ^{2*}	Source of Population Data (i.e. U.S. Census, Based on number of service connections	2.59						
	Consecutive	(indicate multiplier) etc.)							
	Consecutive	Effective Date of Population Data	Oct. 2003						
^{1*} In acco	rdance with 62-550.821(2)(a), the num	ber of persons served by a wholesale system must	include the number						

of persons served by the consecutive systems that receive finished water from the wholesale system. ^{2°} The Stage 1 D/DBP Rule <u>only</u> applies to TWS that are using chlorine dioxide.

SECTION 3: SOURCES OF RAW WATER/NUMBER OF TREATMENT PLANTS:									
Ground	Ground How Many Wells? 1								
		Wholesale System Name	PWS ID Number						
Purchased	If finished or raw water is purchased from a wholesale system(s), indicate the name and PWS ID Number for the system.	Altamonte Springs	3590026						
<ul> <li>In accordance system is cons</li> <li>If your system 550.821(9), F./ plants treating complete the T</li> <li>Please note that b</li> </ul>	Total number of water treatment plants with 62-550.821(5), an entry point from a wholesa idered a plant for the consecutive system. has submitted a request in accordance with 62-55 A.C. to consolidate multiple entry points from a wh water from multiple wells in the same aquifer as of THM/HAA5 consolidation table in Section 8. coster chlorination stations should not be considered as sepa	S = le system to a consecutive 0.821(5)(a) or 62- olesale system or multiple ne treatment plant, please arate water treatment plant(s).	2						

¹Monitoring plans must be prepared in accordance with 62-550.821(11), F.A.C. This example format does not address the monitoring plan requirements for subpart H systems or for PWSs using chlorine dioxide or ozone. Example format prepared by the Florida Department of Environmental Protection and the Florida Rural Water Association. Effective date 09/30/03.

SECTION 4: DISINFECTANTS INDICATE THE DISINFECTANTS UTILIZED IN THE TREATMENT PROCESS AS A DISINFECTANT OR OXIDANT (CHECK ALL THAT APPLY)								
Chlorine	If chlorine is selected as the primary disinfectant, indicate the chlorine type below	Does your system have one or more disinfection addition points after the entrance to						
	Chlorine Gas	the distribution system? (i.e. booster chlorination)						
	Sodium Hypochlorite	No No						
Other (Specify ¹ )	Calcium Hypochlorite	If yes, indicate the number of addition points in your system:						

¹Monitoring plans must be prepared in accordance with 62-550.821(11), F.A.C. This example format does not address the monitoring plan requirements for subpart H systems or for PWSs using chlorine dioxide or ozone.

# SECTION 5: SCHEMATIC DRAWING OF THE DISTRIBUTION SYSTEM

In accordance with Rule 62-550.821(11) (e) attach a schematic drawing of the system's distribution system. The schematic drawing at a minimum, must include the following information: (An example is provided below)

Entry points to the distribution system (i.e. water treatment plants and, if the system is a consecutive system, entry points from the wholesale systems)

Finished water storage facilities and booster chlorination facilities

Sampling locations identified and numbered



# SECTION 6: DISTRIBUTION SYSTEM CHARACTERISTICS

In accordance with 62-550.821(11)(f) F.A.C., provide a summary of typical distribution system operating characteristics. The summary should address seasonal operating characteristics and identify the areas where average and maximum residence times are expected to occur in the distribution system. Provide a brief explanation of why you believe the locations that you selected represent the maximum residence time(s). (You may have more than one location to represent your maximum residence time sampling point.) For example, "the maximum residence time is located in an area with several dead-ends"; "in the summer months few residents are served by our water system resulting in extended residence times", etc).

This system operates within a residential community. These residents are primarily year round residents and demand is consistent throughout the year. The areas where average and maximum residence times are expected are at sample location 5. This is due to their location in relationship to the water treatment plant and the Sanlando Utilities' Interconnect. The interconnect is used only infrequently consequently only one sample site was designated. See the Harmony Homes chart below for details of yearly demand within this system.



# SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES

Sample ID Number	Sample Location	Sample Time (Frequency)	Analytical Method	Sample Handling & Preservation Requirements	Analysis Information (Indicate one of the following) Sample(s) will be analyzed by: 1. A licensed operator 2. A person under the direct supervision of a licensed operator 3. Analyzed at a certified laboratory
1	Water Plant POE	Daily	SM 4500 Cl G	NONE	licensed operator
2	106 Plymouth Avenue	Bi-Monthly	SM 4500 CI G	NONE	licensed operator
3	304 Magnolia Drive	Bi-Monthly	SM 4500 CI G	NONE	licensed operator
4	111 DeSoto Avenue	Bi-Monthly	SM 4500 CI G	NONE	licensed operator
5	121 Ford Avenue	Daily	SM 4500 CI G	NONE	licensed operator
6	Altamonte Springs Interconnect	Daily	SM 4500 CI G	NONE	licensed operator
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SECTION 8: RO	SECTION 8: ROUTINE MONITORING FREQUENCY FOR TTHM AND HAA5									
System Population	Minimum Monitoring Frequency	Sample Location(s)	Number of Treatment Plants ¹	Minimum Number of Samples Required ³	Number of samples your facility will collect	Indicate the month(s) that samples will be collected	Conditions for Increased Monitoring			
Ground water system serving at least 10,000 persons	One sample per quarter per treatment plant	Locations representing the maximum residence time ²					N/A			
Ground water system serving less than 10,000 persons	One sample per year per treatment plant during the warmest month of water temperature	Locations representing the maximum residence time ²	1	1	1	July	If the sample (or average if more than one sample is collected) exceeds the MCL, the system must increase monitoring to one sample per treatment plant per quarter, taken at a point representative of the maximum residence time			

¹If your system has submitted a request in accordance with 62-550.821(9), F.A.C. to consider multiple plants treating water from multiple wells in the same aquifer as one treatment plant, please complete the TTHM / HAA5 system consolidation information table below. Consecutive systems with multiple entry points into their distribution system that have requested to be considered as one plant should also complete the consolidation table below. (In accordance with 62-550.821(5), an entry point from a wholesale system to a consecutive system is considered a plant for the consecutive system.)

²Locations representing maximum residence time. If the system elects to sample more frequently than the minimum required, at least 25 percent of all samples collected <u>each quarter</u> (including those taken in excess of the required frequency) must be taken at locations that represent the maximum residence time of the water in the distribution system.

³Multiply the number of treatment plants by one (1) to obtain the minimum number of compliance samples required annually.

TTHM / HAA5 SYSTEM CONSOLIDATION TABLE (This Section is only applicable for systems wishing to consolidate multiple entry points from a wholesale system or multiple plants treating water from the same aquifer in accordance with 62-550.821(5)(a) or 62-550.821(9), F.A.C.						
System Type	Total Number of Treatment Plants/Number of Entry Points from the wholesale system	Date Request Submitted	Date DEP/DOH Approval Received (Attach letter of approval)	Total Number of Consolidated Treatment Plants or Wholesale System Entry Points		
Ground Water System (multiple plants treating water from the same aquifer)						
Consecutive System						

SECTION	9: ROUTINE MONITOR	RING SCHEDULE	FOR TOTAL	TRIHALOME	THANES (TTHN	Ŋ	
Sample ID Number	Sample Location	Distribution System Location (Average, or Maximum	Sample Time (Frequency)	Analytical Method	Sampling Handling and Preservation	ANALYSIS INFOR	
		Residence Time)			Requirements	Laboratory Name	Number
5	121 Ford Avenue	Maximum	Yearly	EPA 524.2	See Section 11	Harbor Branch	E96080
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SECTIO	N 10: ROUTINE MONITOR	ING SCHEDULE	FOR HALO	CETIC ACID	S FIVE (HAA5)		
Sample	Sample Location	Distribution         Sampling           System Location         Sample   Analytical	Distribution System Location Sample Analytical Handlin	Sampling Handling	ANALYSIS INFOR	MATION	
Number		Maximum Residence Time)	(Frequency)	Method*	Preservation Requirements	Laboratory Name	DOH ID Number
5	121 Ford Avenue	Maximum	Yearly	EPA 552.1	See Section 11	Harbor Branch	E96080
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*The analytical method selected for HAA5s affects the maximum holding time.

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SECTION 11:	SECTION 11: SAMPLE COLLECTION PROCEDURES										
Parameter	Container	Cap/Septa Material	Sample Collection Guidelines	Preservative(s)	Maximum Holding Time	Analytical Method(s)					
	> 500 ml Plastic		Grab sample. Either free or		Analysis should be	Free-Standard Methods (SM) 4500-C1D, CL F, 4500-C1 G (DPD Colormetric)					
Chlorine	or Glass	N/A	total residual chlorine measurement is acceptable	None	completed within 15 minutes of collection	Combined- SM 4500 CI D, F, G					
						Total-SM 4500-CI D, E, F, G, I					
Chloramines	> 500 mL Plastic or Glass	N/A	Grab sample. The residual measurement must be combined or total chlorine	None	Analysis should be completed within 15 minutes of collection	Standard Methods 4500C1 D, 4500C1E, 4500CL F4500-C1 I 4500-C1G-( <b>DPD Colormetric</b> ) ASTM Method D 1253-86					
	>100 mL amber glass		1. Fill bottle completely but be careful not to flush out		28 days @ 4°C	EPA Method 552.1					
HAA5	>50 mL amber glass	Teflon-lined septum	Teflon-lined septum	Teflon-lined septum	Teflon-lined septum	2. Sample should not have	preservatives 2. Sample should not have	preservatives 2. Sample should not have	the specific method for max holding	7-14 days @ 4°C	EPA Method 552.2
	40-60 mL glass vial		<ol> <li>Sample disinfectant at time of collection</li> </ol>	times/preservation procedures	9 days @ 4°C to extraction, 21 days to analysis @ -11°C	Standard Method 6251B					
рН	Plastic or Glass	N/A	Grab Sample	None	Sample should be analyzed within 15 minutes of collection	All methods allowed in 40 CFR 141.23(k)(1) including but not limited to Standard Method 4500 H B, EPA Method 150.1 & 150.2					
	40-120 mL Glass vial	Teflon- lined septum	1 Samples must be dechlorinated prior to acidification.	Dechlorination with Na ₂ S ₂ O ₃ and acidification using HCL to pH <2	14 Days @ 4°C	EPA Methods 502.2 , 524.2					
ттнм	60 mL Glass vial	Teflon- lined septum	2 Sample residual disinfectant at time of collection.	Sodium sulfite or NH₄CL (ammonium chloride) with a phosphate buffer (pH = 4.5-5.5)	14 Days @ 4°C	EPA Method 551.1					

SECTION GROUND	SECTION 12: MONITORING SUMMARY/CONDITIONS FOR REDUCED MONITORING FOR GROUND WATER SYSTEMS ¹							
PARAMETER			RAMETER APPLICIE		ROUTINE MONITORING FREQUENCY	CRITERIA FOR REDUCED MONITORING	REDUCED MONITORING FREQUENCY*	IS YOUR SYSTEM CONDUCTING ROUTINE, REDUCED, OR <u>INCREASED</u> <u>MONITORING</u> ?
Chlorine/ Chloramines	/ PWSs that use the disinfectants		At the same time and location and frequency as total coliform sampling	Monitoring may not be reduced.	Not Applicable			
Total Trihalomethane	All CWS & NTN are adding disinfr	Ground water systems serving at least 10,000 persons	One sample/ per quarter/ per treatment plant	≤ 50% of the TTHM & HAA5 RAA MCLs	One sample/ per year/ per treatment plant at maximum residence time location(s) in the distribution system during the month of warmest water temperature.			
s (TTHMs) & Haloacetic Acids 5 (HAA5s)	IC systems that a chemical ectant	Ground water systems serving fewer than 10,000 persons	One sample/ per treatment plant/ during the month of the warmest water temperature	<ul> <li>≤ 50% of the TTHM &amp; HAA5 RAA MCLs for 2 years</li> <li>OR</li> <li>≤25 % of the TTHM &amp; HAA5 RAA MCLs for 1 year</li> </ul>	One sample/ Every 3 years/ At max residence time location(s) in the distribution system during the month of warmest water temperature.	Routine		

1 Please review 40 CFR 141.132 "Monitoring Requirements" for complete details on routine and reduced monitoring requirements.

*In accordance with 40 CFR 141.132(5)(b)(1)(iii), systems on reduced monitoring may remain on a reduced schedule as long as the average of all samples taken in a year (for systems monitoring quarterly or more frequently) or the result of the sample (for systems monitoring annually during the month of the warmest water temperature) is no more than 0.060 mg/L and 0.045 mg/L for TTHMs and HAA5s respectively. Systems that do not meet these criteria must return to routine monitoring.

# SECTION 13: METHOD FOR CALCULATING COMPLIANCE FOR MAXIMUM RESIDUAL DISINFECTANT LEVELS (MRDL) (CHLORINE AND/OR CHLORAMINES)

<u>Sample Locations</u>: Within the distribution system at the same time and locations where samples for total coliform are collected in accordance with 62-550.518, F.A.C.

<u>Compliance Determination:</u> In accordance with 40 CFR 141.133(c)(1), compliance is based on a running annual arithmetic average computed quarterly, using the monthly averages of all samples collected

How to Determine Compliance with the MRDL:

- 1. Each month, add together the disinfectant residual results of all the samples taken during the month at the total coliform sampling locations. Divide by the total number of total number of samples. This is your monthly MRDL average.
- 2. Determine the running annual average. To determine the running annual average, add the twelve most recent consecutive monthly MRDL averages together, then divide by twelve. This is your running annual average.
- 3. Compare your running annual average to the MRDL for chlorine / chloramines of 4.0 mg/L. If your running annual average for the MRDL is less than 4.0 mg/L, the facility is in compliance with the maximum residual disinfectant level.

An example MRDL compliance calculation is provided below. The results are listed in mg/L.

Month	MRDL Monthly Averages	Reporting the MRDL to the Department
January 2004	4.5	
February 2004	3.5	
March 2004	3.2	
April 2004	4.6	Report your Monthly MRDL results to the
May 2004	3.3	Department on a quarterly basis.
June 2004	2.4	<ul> <li>Submit the quarterly RAA within 10 days of the end of each quarterly</li> </ul>
July 2004	3.4	or each quarter
August 2004	2.9	<ul> <li>For example, January-March 2004 results are due to the Department on April 10, 2004</li> </ul>
September 2004	2.8	the Department on April 10, 2004.
October 2004	2.7	
November 2004	2.4	
December 2004	3.1	
MRDL Running	Add th	e last 12 monthly averages to calculate the RAA
Annual Average	4.5 + 3.5 +	3.2 + 4.6 + 3.3 + 2.4 + 3.4 + 2.9 + 2.8 + 2.7 + 2.4 + 3.1= 38.8/12 (Most Recent Months) =3.2 mg/L

The running annual average is 3.2 mg/L. Therefore, the system in the example is in compliance with the MRDL of 4.0 mg/L.

# SECTION 14: METHOD FOR CALCULATING COMPLIANCE WITH THE MAXIMUM CONTAMINANT LEVELS FOR TTHMS AND HAA5

<u>Compliance Determination</u>: In accordance with 40 CFR 141.133(b)(1), for systems monitoring quarterly (ground water systems serving > 10,000 persons) compliance is based on a running annual average computed quarterly, using the quarterly arithmetic averages of all samples collected by the system.

For systems monitoring less frequently than quarterly; (ground water systems (GWS) serving less than 10,000 persons that monitor annually) compliance is demonstrated if the single sample collected in the month of the warmest water temperature at a location representing the maximum residence time is in compliance with the MCL of 0.080 mg/L for TTHMs and 0.060 mg/L for HAA5. If the average of these samples exceeds the MCL, the facility is not immediately out of compliance. The system must increase to quarterly monitoring immediately. Compliance is then based on the running annual average, computed quarterly, using all of the quarterly sample results. (Note if the sum of fewer than four quarters of data exceeds 0.320 mg/L for TTHM or 0.240 mg/L for HAA5, then the system is immediately in violation since they will exceed the applicable MCL even if the remaining quarters are zero.)

#### How to Determine Compliance with the MCLs for TTHM and HAA5 for Systems Monitoring Quarterly:

- 1. Determine the quarterly average. To calculate the quarterly average, add together the concentrations of all samples taken during the quarter (Please note that TTHM and HAA5 samples should be averaged separately.) Divide by the total number of samples to obtain the quarterly average.
- 2. Determine the running annual average. To determine the running annual average, add the four most recent consecutive quarterly averages together, then divide by four. This is your running annual average.
- Compare your running annual averages for TTHM and HAA5. If your running annual average for TTHM and HAA5 is less than or equal to 0.080 mg/L or 0.060 mg/L respectively, the facility is in compliance with the MCLs.

An example of a TTHM compliance calculation is provided below.	All values listed are in ug/L,	(MCL in ug/L=
TTHM= 80 ug/L HAA5 = 60 ug/L)		

Quarter	Number of Sampling Points	TTHM Quarterly Average	TTHM Running Annual Average
Q1=Jan- Mar	3	$\frac{50 + 45 + 39}{3} = 45$	
Q2=Apr- Jun	3. 	$\frac{57+49+43}{-3} = 50$	Q1 Average = 45 Q2 Average = 50 Q3 Average = 84 Q4 Average = 70
Q3 =Jul- Sep	3	$\frac{75+80+98}{3}$ = 84	$\frac{45 + 50 + 84 + 70}{4} = 62$
Q4 =Oct- Dec	3	<u>60 + 72 + 79</u> = 70 3	T

The running annual average for TTHM in this example is 62 ug/L. Therefore, the system is in compliance with the MCL of 80 ug/L.



# PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

See page 6 for instructions.

I. General Information		
Public Water System (PWS) Name: Harmony Homes		
PWS Identification Number: 3590497	PWS Type: 🛛 Community 🗌 Non-Transient Non-Comm	nity
PWS Size: Small Medium Large	Total Population Served: 158	
Population Interval:*	D E AF G	
PWS Owner: Aqua Utilities Florida		
Contact Person: Patrick Farris	Contact Person's Title: Env. Compliance Spec	cialist
Contact Person's Mailing Address: 1100 Thomas Ave.		
City: Leesburg	State: FI Zip Code: 34748	
Contact Person's Telephone Number: 352-435-4029	Contact Person's Fax Number: 352-435-4029	
Contact Person's E-Mail Address: PAFarris@aquaamerica	ca.com	

* The minimum number of tap sample sites for lead and copper (LC) and water quality parameter (WQP) distribution system sample sites is based on a system's population interval, which is selected from the table below. For the purposes of this form, the population served is the sum of the number of permanent residents and the number of additional non-transient persons to whom the system is available, such as school children, office and commercial employees, and seasonal residents.

Total Population Served	Population Interval	LC Sites	WOP Siles
greater than 100,000	<u>A</u>	100	25
50,001 to 100,000	<i>B</i>	60	10
10,001 to 50,000	С	60	10
3,301 to 10,000	D	40	3
501 to 3,300	<i>E</i>	20	2
101 to 500	F	10	
less than 101	G	5	

#### II. Records Review

Locate and review existing plans, drawings, and reports of the water system and also those kept by county or municipal building departments or code enforcement offices to identify available sampling sites and the total number of lead service lines in the distribution system.

A. Identification of Interior Plumbing Material Types

Identify single-family and multiple-family residences and buildings that have interior plumbing containing lead pipe, copper pipe with lead solder installed after December 31, 1982, or copper pipe with lead solder installed before January 1, 1983; and identify structures with brass faucets and those with point-of-entry or point-of-use devices.

Required sources of review (check after review):

X F

Plumbing or building codes. Plumbing or building permits.

Optional sources of review (check those utilized):
Interviews with building inspectors.
Survey of service area plumbers about when a

- Survey of service area plumbers about when and where lead solder was used from 1983 to the present.
- Contacts within the building department, municipal clerk's office, or State regulatory agencies for historical documentation of the service area development. Survey of residents in the sections of the service area development.
- of the service area development. Review of drinking water sampling results, such as those from lead testing in schools.
- Interview of local contractors and developers.

# PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

#### PWS Identification Number: 3590497

B. Identification of Lead Service Lines and Components with Lead Content

Identify the number and location of lead service lines and identify the location of water distribution system components that contain lead.

Required sources of review (check after review):

Distribution system maps and record drawings.

Information collected on the presence of lead and copper as required under 40 CFR 141.42, Special Monitoring for Corrosivity Characteristics.

- Capital improvement plans or master plans for distribution system development.
- Current and historical standard operating procedures or operation and maintenance manuals for the type of materials used to install service connections.
- Utility records, including meter installation records, customer complaint investigations, and other historical documents, that indicate or confirm the location of lead service connections.
- Drinking water sampling results that indicate that a structure is susceptible to lead in drinking water.

- Optional sources of review (check those utilized):
- Interviews with utility employees familiar with past construction practices.

 Service line sampling where lead service lines are suspected to exist but their presence is <u>not</u> otherwise confirmed.

- Review of permit files.
- A community survey.
- Interview of local pipe suppliers, contractors, and developers.

# III. Materials Survey

Fill out the following Materials Survey Summary Table to summarize the results of the records review performed under Part II of this form to identify a sampling pool of lead and copper tap sampling sites.

	Type of Structure Being Served				
Material	Survey Summary	SFRs	MFRs	BLDGs	
		Number of Service Connections			
A. Interior Plumbing Material	Sites				
Lead Pipe					
Copper Pipe With Lead So	der Installed After 1982				
Copper Pipe With Lead So	der Installed Before 1983	10			
Brass Faucets					
Point-of-Use or Point-of-E	ntry Treatment Devices				
Lead-Lined Water Coolers					
Other Lead Plumbing Com	ponents				
B. Lead Service Line Sites					
Total Initial Number of Lin	es that Are Entirely Lead and Subject				
to Replacement			<u>.</u>		
Partial Lead Lines	Goosenecks				
	Pigtails		·····	ļ	
C. Lead Distribution System Component Sites					
Service Connections Within 100 feet of Distribution System					
Components Containing Le					
D. Total No. of Service Conne	ctions to Available Sampling Sites	10			
E. Total Number of Service C	onnections in Distribution System	61			

# PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 3590497

# IV. Lead and Copper Tap Sampling Plan

After completing the Materials Survey, develop a Lead and Copper Tap Sampling Plan by establishing a pool of potential sampling sites. Each plan must include at least the number of sites as shown in the table in the footnote under Part I of this form. It is recommended that a system establish a sampling pool equal to 150 percent of the minimum number required to be sampled to secure a list of optional sites that can be sampled as replacement sites or as additional samples. List all identified sampling sites in the table below. Use additional copies of the table below as necessary.

				Contact	Contact Person		Home	Field		Training		
						LSL	Plumbing	Verified	Site Status	Status		
<b>ID</b>	Tier	Туре	Location	Name	Phone	Y/N	Material	Y/N	S/O	Y/N		
1	3	SFR	107 Ford Ave.	Ezell Allen	407-831-9807	YES	Pb1	YES	SAMPLE	YES		
2	3	SFR	116 Desoto Ave	Rubye Denson	321-299-8642	YES	Pbl	YES	SAMPLE	YES		
3	3	SFR	107 Plymouth Ave	Roderick Davis	321-460-7769	YES	Pb1	YES	SAMPLE	YES		
4	3	<u>SFR</u>	117 Plymouth Ave.	Willie Hall	None	YES	Pb1	YES	SAMPLE	YES		
5	3	SFR	110 Plymouth Ave.	Mable Hollinger	407-293-3066	YES	Pb1	YES	SAMPLE	YES		
6	3	SFR	304 Magnolia Ave.	James Nelson	407-339-8341	YES	Pb1	YES	OPTIONAL	NO		
7	3	SFR	121 Plymouth Ave.	D.Owens	407-831-7366	YES	Pb1	YES	OPTIONAL	NO		
8	3	SFR	104 Plymouth Ave.	Jerome Miller	407-830-5633	YES	_Pb1	YES	OPTIONAL	NO		
9	3	SFR	113 Plymouth Ave.	Billy Lomax	407-331-4708	YES	Pb1	YES	OPTIONAL	NO		
10	3	<u>SFR</u>	111 Plymouth Ave.	Clitton Carter	407-260-0627	YĒS	Pb1_	YES	OPTIONAL	NO		
L												
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Lange In stand Lange			an an in a san an a									
Total Tier 1 Sites: 0				Total Selected Sampling	Total Selected Sampling Sites with Lead Service Lines: 0							
Total Tier 2 Sites: 0				Percentage of Sampling	Percentage of Sampling Sites with Lead Service Lines: 0 %							
Total Tier 3 Sites: 10												
Total Tier 4 Sites: 0												

# PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 3590497

# V. Water Quality Parameter Sampling Plan

Fill out the following table to identify water quality parameter sampling sites. The total number of entry point sampling sites identified must equal the total number of entry points or, for consecutive systems, the total number of interconnection points, to the distribution system. The total number of distribution system sampling sites must at least equal the number of sites shown in the table in the footnote under Part I of this form. Distribution system sampling sites may be selected from among the system's microbiological sampling sites.

	Entry Point Sampling Sites			Distribution System Sampling Sites			
ID Number	Location	Target Dates	ID Number	Location	Target Dates	enn 177, a 2022	
POE 1	117 Magnolia Ave.		WQP 1	304 Magnolia Ave.			
			· · · · · · · · · · · · · · · · · · ·			-	
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				<b></b>	·····		
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			······································				
Total Samplin	g Sites at Entry Points: 1		Total Sampling	Sites in Distribution System: 1			

# PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 3590497

# VI. Certification

#### A. Site Selection Criteria

Whenever possible, lead and copper tap sample plans must include tier 1 sites exclusively. Explain the selection of other than tier 1 sites; and if sites were changed from one monitoring period to another, explain why the sites were changed (attach additional pages if necessary). There are no tier 1 or tier 2 sites available, therefore we used tier 3 sites

#### B. Lead Service Line Sites

When lead service line sites are identified, they must comprise at least 50 percent of the selected samples. Explain why the percentage of lead service line sites is <u>not</u> at least 50 percent of the required number of sampling sites (attach additional pages if necessary). N/A

#### C. Water Quality Parameter Sampling Plan

If any WQP distribution system sampling sites are <u>not</u> also microbiological sampling sites, explain how the selected WQP distribution system sampling sites represent water quality throughout the distribution system based on the distribution of population, the different sources of water and treatment methods, and an even distribution of sampling throughout the six-month sampling period (attach additional sheets as necessary). <u>N/A</u>

I am duly authorized to sign this form on behalf of the PWS identified in Part I of this form. I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I certify that the information listed and checked in Part II of this form was used to perform the materials survey in order to identify the total number of lead service lines in the PWS and to establish the sampling pool and sampling plans. I also certify that the number of lead service lines reported in Part III of this form is the total known number of lead service lines in the PWS and that the selected sampling sites in Part IV of this form are the highest risk sites available.

10/19/09

Signature and Date

Patrick Farris Printed or Typed Name Env. Compliance Specialist

Title

# PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

INSTRUCTIONS: This form shall be completed and submitted by community water systems (CWSs) and by non-transient noncommunity water systems (NTNCWSs). Complete all parts of this form, attach any maps and written narrative describing the sampling plan, and submit the completed form and any attachments to the appropriate Department of Environmental Protection (DEP) District Office or Approved County Health Department (ACHD) 30 DAYS PRIOR TO THE BEGINNING OF A SIX-MONTH MONITORING PERIOD FOR LEAD AND COPPER IN DRINKING WATER. All information provided on this form shall be typed or printed in ink. The DEP District Office or ACHD will notify a system of approval of a Sampling Plan in writing, which will provide the system notice to proceed. Submit a revised Sampling Plan using this form if any changes in the selection of sampling sites must be made. When no changes have been made, no resubmission is necessary prior to sampling during the next six-month sampling period.

The following specific instructions are for the table in Part III of this form.

In A and B, show, by type of structure being served (i.e., single-family residences [SFR], multiple-family residences [MFR], or other buildings [BLDG]), the number of service connections to sites having the listed interior plumbing material characteristics or the listed service line characteristics. In C, show, by type of structure being served, the number of service connections within 100 feet of distribution system components containing lead. In D, show, by type of structure being served, the total number of service connections in the distribution system.

The following specific instructions are for the table in Part IV of this form.

ID. Enter a site identification number of up to three digits.

TIER. Enter the tier number of each site. Lead and copper tap sampling sites are categorized as tier 1, for the highest risk, to tier 2, 3, or 4 for successively lower risks. The tier categories are different for CWSs and NTNCWSs. For CWSs, tier 1 sites are single-family residences or child care facilities that contain either: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. Multiple-family residences are tier 1 when they comprise at least 20 percent of the structures served by the system. For CWSs, tier 2 sites include buildings and multiple-family residences that contain: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For CWSs, tier 3 sites consist of single-family residences that contain copper pipe with lead solder installed before January 1, 1983. For CWSs, tier 4 sites are those that are identified as susceptible to lead or copper contamination but <u>not</u> belonging to one of the other tiers. For NTNCWSs, tier 1 sites are buildings that contain copper pipe with lead solder installed after December 31, 1982, tier 2 sites are buildings that contain copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For NTNCWSs, tier 1 sites are buildings that contain copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For NTNCWSs, tier 2 sites are buildings that contain copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For NTNCWSs, tier 3 sites are those identified as susceptible to lead or copper contamination and are the same as CWS tier 4 sites. When too few tier 1 sites are identified, tier 2 sites must be located to develop the sampling plan and so on through tiers 3 and 4.

TYPE, LOCATION, and CONTACT PERSON. Enter the type of structure in the Type column. Site types are identified as a single-family residence (SFR), a multiple-family residence (MFR), or a building (BLDG). Enter the street address of the site in the Location column and the name and phone number of the building or residence owner in the Contact Person column.

LSL and HOME PLUMBING MATERIAL. Enter a "Y" in the LSL column to identify a site with a lead service line. The plumbing material must be identified for each site in the Home Plumbing Material column. Enter one of the following:

- "Pb1" to identify a site with lead solder installed after December 31, 1982;
- "Pb2" to identify a site with lead solder installed before January 1, 1983;
- "LP" to identify a site with lead pipe;
- "BF" to identify tier 4 sites (tier 3 for NTNCWSs) that have brass faucets;
- "WC" to identify tier 4 sites that have water coolers with lead content;
- "POE" or "POU" to identify tier 4 sites that have a point-of-entry or point-of-use treatment device, respectively; or
- "LC" to identify a tier 4 site within 100 feet of a lead component in the distribution system.

FIELD VERIFIED, SITE STATUS, and TRAINING STATUS. Show if the site's home plumbing or service line material has been field verified by a "Y" in the Field Verified column. Sites selected for sampling should be indicated by entering an "S" in the Site Status column. Optional sites are identified by an "O." To be a selected site, there must be an agreement with the site building owner to sample himself or to have the site sampled by the system. All homeowners who will sample at the selected sites must receive training in sampling procedures. Indicate which homeowners have received training by a "Y" in the Training Status column.

The following specific instructions are for the table in Part V of this form.

ID NUMBER. Use a two-digit number as an identification number.

LOCATION. The street address should be given as the site location.

# PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

TARGET DATES. List target sampling dates for the two required sampling rounds to demonstrate how sampling will evaluate seasonal water quality differences.



# **CROSS CONNECTION CONTROL POLICY**

August 2007

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#### FORWARD

- SECTION 1 INTRODUCTION
- SECTION 2 OBJECTIVES
- SECTION 3 RESPONSIBILITIES
- SECTION 4 POLICIES
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- SECTION 6 DEFINITIONS
- SECTION 7 APPLICABLE STANDARDS AND DESCRIPTIONS
- SECTION 8 TESTING OF BACKFLOW DEVICES
- SECTION 9 RESULTS OF NON-COMPLIANCE
- SECTION 10 FIRE SYSTEMS

References:

AWWA – Manual of Cross Connection (M14) ASSE – American Society of Sanitary Engineers SBCC – Southern Building Code (Standard Plumbing Code) FCCCHR of USC – University of Southern California Foundation for Cross Connection Control and Hydraulic Research (Manual for Cross Connection Control)

## FOREWORD

This Manual of Cross-Connection Control has been prepared by Aqua Utilities Florida, Inc. to establish an effective cross connection control program in Aqua Utilities Florida, Inc. water service areas in accordance with directives issued by the Florida Department of Environmental Protection and directives issued on the Federal level. Responsibilities for the control of cross connections are shared by the consumer, Aqua Utilities Florida, Inc. and the Florida Department of Environmental Protection, Aqua Utilities Florida, Inc. and the Florida Department of Environmental Protection, Aqua Utilities Florida, Inc. intends to supply the safest and best drinking water possible to its service areas through an ongoing quality program of potable water delivery. The basic procedure for insuring the proper functioning of the public water supply through a coordinated program to prevent pollution or contamination of potable water supplies by cross-connections is contained herein.

This manual supplements and extends present guidelines for Aqua Utilities Florida, Inc. potable water supply, treatment and distribution system by providing a means of detecting and eliminating unprotected cross-connections in the interest of public safety. Aqua Utilities Florida Inc. enjoys a positive relationship with its consumers. Community support is required for this program to be successful. <u>Aqua Utilities Florida, Inc.</u> encourages and promotes the education and commitment of its consumers in the area of cross-connection control. It is the intent of Aqua Utilities Florida, Inc. to implement the regulations and procedures as outlined herein.

## Section 1 Introduction

#### A cross connection is defined as:

"any connection or structural arrangement between public or a consumer's potable water system and any non-potable source or system through which backflow can occur. Bypass arrangements, jumper connections, removeable sections, swivel or changeover devices, and other temporary or permanent devices through which, or because of which, backflow can occur are considered cross connections."

#### 1.01 Purpose

The purpose of a cross-connection control program is to prevent waterborne diseases and contaminants from entering the potable water distribution system and thus the water we drink. More exactly, the program is intended to prevent delivered water (water that has passed beyond the public water system and into the private distribution system of consumers) from re-entering the public distribution system and being subsequently delivered to other consumers. The program aims to protect *Aqua Utilities Florida*, *Inc.* and its consumers from those water-using establishments which could possibly reduce the quality and safety of *Aqua Utilities Florida Inc's* water supply through backflow and / or cross connection.

#### 1.02 Legal Authority

In Florida, the primary responsibility for safeguarding potable water quality on private property historically has been left to local health agencies and building inspection departments. The Safe Drinking Water Act created new authority through a requirement for all public water systems to have a cross-connection control program. Contained within the Rules of the Department of Environmental Protection, Chapter 62-555, Rule 62-55.360, Florida Administrative code, the State of Florida adopted the following policy:

"Community water systems shall establish a routine cross-connection control program to detect and prevent cross-connections that create or may create an imminent and substantial danger to public health. Such program shall be developed using accepted practices of the AWWA manual. M14, "Backflow Prevention and Cross-Connection Control." Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant souce is eliminated."
#### 1.03 Causes of Backflow

Where cross-connections exist, protection against backflow is needed to reduce the possibility of contamination. The causes of backflow cannot usually be elimated completely since backflow is often initiated by accidents or unexpected circumstances. However, some causes of backflow can be partially controlled by good design and informed maintenance. Listed below are the major causes of backflow as outlined under the two types of backflow - Backsiphonage and Backpressure.

#### A. Backsiphonage

Backsiphonage is caused by reduced or negative pressure being created in the supply piping. A major cause of Backsiphonage is the interruption of the supply pressure. This will allow negative pressures to be created by water trying to flow to a lower point in the system. Another cause is undersized piping. If water is withdrawn from a pipe at a very high velocity, the pressure in the pipe is reduced and the pressure differntial created can cause water to flow into the pipe from a contaminated source. The potable water supply can thus become contaminated due to backsiphonage into the potable water supply creating the potential for serious health problems.

The principal causes of backsiphonage are:

- 1. A line repair or break which occurs at a lower elevation than the service point;
- 2. Undersized piping;
- 3. Lowered pressure in a water main due to a high withdrawal rate such as firefighting, water main flushing, or water main breaks; and
- 4. Reduced supply main pressure on the suction side of a booster pump.

#### B. Backpressure

Backpressure may cause backflow to occur where a potable water system is connected to a non-potable supply operating under a higher pressure by means of pump, boiler, elevation difference, air or steam pressure and so forth.

The principal causes of backpressure are:

- 1. Booster pump systems designed without backflow prevention devices;
- 2. Potable water connections to boilers and and other pressure systems without backflow prevention devices;
- 3. Connections with a non-potable system which may, at times, have a higher pressure; and
- 4. Non-potable water stored in tanks or plumbing systems which, by virtue of their elevation, would create head sufficient to cause backflow if pressure were lowered in the public system.





Backflow due to backpressure.

# BACKSIPHONAGE DUE TO HIGH WITHDRAWAL RATE OF WATER



Hydraulic Gradient



Backsiphonage due to high withdrawal rate of water.

# BACKFLOW DUE TO MAIN BREAK

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Backflow due to main break.

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## Section 2 Objectives

The objectives of Aqua Utilities Florida, Inc. are as follows:

- 1. To protect *Aqua Utilities Florida, Inc.* potable water supply from the possibility of contamination or by containing, within its consumers' private water systems, backflow through uncontrolled cross-connections into the public water system.
- 2. To eliminate or control existing cross-connections, actual or potential, between the consumer's on premise potable water system(s) and non-potable water system(s) plumbing fixtures and industrial piping systems.
- 3. To provide a continuing inspection program of cross-connection control, which will systematically and effectively control all actual or potential cross-connections which exist presently or may exist in the future.
- 4. To maintain an on-going public information program to educate the community on crossconnection control and to encourage consumer cooperation and coordination toward a successful cross-connection control program.

## Section 3 Responsibility

## 3.01 Water Purveyor

Under the Safe Drinking Water Act and the Rules of the Florida Department of Environmental Protection, Rule 62-555.360, FAC, relating to cross-connection, the water purveyor has the primary responsibility of maintaining a cross-connection control program to prevent water from unapproved sources, or any other substances, from entering the public potable water system. Failure to implement such a program may result in enforcement by the Florida Department Environmental Protection against *Aqua Utilities Florida, Inc.* 

## 3.02 Consumer

The consumer's responsibility starts at the point of delivery from the public potable water system (i.e. just after the meter) and includes all of the consumer's water systems. The consumer, at his own expense, is required to install, operate, test and maintain approved backflow prevention devices, as directed by *Aqua Utilities Florida, Inc*. The consumer must maintain accurate records of tests and repairs made to backflow prevention devices and provide *Aqua Utilities Florida, Inc*. with copies of such records. In the event of accidental pollution or contamination of the public or consumer's potable water system due to backflow on or from the consumer's premises, the consumer shall promptly take steps to confine further spread of pollution or contamination within the consumer's premises and is required to immediately notify *Aqua Utilities Florida, Inc*. of the hazardous condition.

The consumer's system shall be open for inspection at all reasonable times to authorized representatives of *Aqua Utilities Florida, Inc.* to determine whether cross connections or other

structural or sanitary hazards, including violations of these regulations, exist. When such a conditions becomes knows, *Aqua Utilities Florida, Inc.* shall deny or immediately discontinue service to the premises by providing for a physical break in the service line until the consumer has corrected the condition(s) in conformance with state/provincial and city statutes relating to plumbing and water supplies and the regulations adopted pursuant thereto.

3.03 Backflow Prevention Device Installation

The installer's responsibility is to ensure proper installation of backflow prevention devices in accordance with the manufacturer's installation instructions and those furnished by *Aqua Utilities of Florida, Inc.* The installer is also responsible to conduct a test of the device when it is installed, and is required to furnish the following vital data to *Aqua Utilities Florida, Inc.* immediately after a reduced pressure principal backflow preventer (RP), double check valve assembly (DCVA) or pressure vacuum breaker (PVB) is installed:

- 1) service address where device is located
- 2) owner
- 3) description of device's location
- 4) date of installation
- 5) type of device
- 6) manufacturer
- 7) model number
- 8) serial number

Testing at the time of installation for all RP'S, DCVA'S, and PVB'S shall be performed by a certified backflow prevention device technician. Test results are to be provided immediately to *Aqua Utilities Florida, Inc.* 

## Section 4 Policy

Aqua Utilities Florida, Inc. has the continuing authority to inspect all <u>industrial</u>, <u>commercial</u> and <u>residential</u> users of potable water, where pollution, health or system hazards may exist or be created; where materials dangerous to health are handled in tanks, piping systems, or other vessels on the premises, or where the water system is unstable and cross- connections may occur. The following policies to cross-connections will apply:

1. Should the connection be between two (2) approved public water supplies, common gate or check valves may be used, provided this has the approval of both water suppliers and the Florida Department of Environmental Protection.

2. Should the connection be between an approved public potable water supply and a service or other water supply which has, or may have, any material in the water dangerous to health that is, or may be, handled under pressure, subject to negative pressures, protection shall be an approved air-gap separation (AG). The air-gap shall be located as close as practicable to the service cock or other connection to the approved supply. All piping between such connection and air-gap shall be entirely visible. If these conditions cannot be reasonably met, the public potable water supply shall be protected alternatively with an approved Reduced Pressure principle backflow prevention device (RP), provided the alternative is acceptable to *Aqua Utilities Florida, Inc.* and the Florida Department of Environmental Protection

## Section 5 Inspections

#### 5.01 Frequency

Due to changes in models or components of equipment, methods of manufacturing and additions of plants, buildings, etc., water use requirements undergo continual change. As a result, new cross-connections may be installed and existing protections may be by-passed, removed or made otherwise ineffective; therefore, an annual, biennial, or more frequent detailed inspection by *Aqua Utilities Florida, Inc.* of all water usage is required. In addition, all new building construction shall also be plan-checked and inspected during installation by *Aqua Utilities Florida, Inc.* to insure conformance with cross-connection control policy.

#### 5.02 New Construction

All new construction plans and specifications for industrial or commercial facilities shall be submitted to *Aqua Utilities Florida*, *Inc.* for evaluation to determine the degree of possible cross-connection hazards. Backflow prevention and cross-connection control shall be accomplished by a combination of plans review and field inspections.

Aqua Utilities Florida, Inc. will inspect and require testing and approve or disapprove the completed backflow preventer installation. Field inspections during construction or immediately after will also serve to indentify hazards that were not apparent during plans review or were introduced during construction.

After final approval of the installation and satisfactory test results, in accordance with crossconnections rules and regulations, a report will be filed by the installer to **Aqua Utilities Florida**, **Inc.** This report will include size, model, location, and all other pertinent details of the installation including satisfactory test results attested to by a certified tester.

All non-residential construction of any building to be served by Aqua Utilities Florida, Inc. water system shall be plan-checked and inspected by **Aqua Utilities Florida**, Inc. for compliance with cross-connection control rules and regulations prior to connection to Aqua Utilities Florida, Inc. potable water main.

For containment purposes, the following types of buildings shall have an approved backflow prevention device at the water service connection:

- 1) Medical or Research Buildings
- 2) Morgues, mortuaries and autopsy facilities
- 3) Chemical related industries
- 4) Wastewater Plants
- 5) Metal plating facilities

#### 5.03 Emergency procedures

If a consumer discovers a hazardous situation where contaminants are actually in the process or suspected of entering the distribution system of *Aqua Utilities Florida*, Inc. potable water supply, the consumer is authorized to take such immediate steps as necessary to correct the questionable existing hazardous condition. He is further responsible for immediately notifying *Aqua Utilities Florida*, Inc. of the need for flushing the contaminants out of the system.

Aqua Utilities Florida, Inc. is authorized to take immediate steps deemed necessary to correct a hazardous condition; which shall include the right to immediately discontinue potable water service to premises where a hazardous condition may be occurring. Such emergency steps, including discontinuance of potable water service, may be taken without advance notice to the consumer. The consumer shall be notified as soon as possible thereafter if potable water service has been discontinued; and the matter simutaneously brought to the attention of Aqua Utilities Florida, Inc.'s attorney and President..

## Section 6 Definitions

Sec. 1

<u>Air-gap separation</u> - The term air-gap separation shall mean a physical separation between the free-flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An approved air-gap separation shall be a distance of at least two (2) times the diameter of the supply pipe measured vertically above the top rim of the vessel - with a minimum distance of one (1) inch.

<u>Approved</u> - a) The term approved, as herein used in reference to a water supply, shall mean a potable water supply that has been approved by the Florida Department of Environmental Protection. b) The term approved, as herein used in reference to air-gap separation, a <u>double</u> <u>check valve assembly</u> or a reduced pressure principle backflow prevention device or method, shall mean as approved by *Aqua Utilities Florida, Inc.* 

<u>Auxiliary Intake</u> - The term auxiliary intake shall mean any piping connection or other device whereby water may be secured from a source other than that normally used.

<u>Backflow</u> - The term backflow, shall mean the undesirable reversal of the flow of water or other liquids, mixtures, gases, or other substances into or towards the distribution piping of a potable supply of water from any source or sources.

<u>Backflow prevention device</u> - A backflow prevention device shall mean any efffective device, method or construction used to prevent backflow into a potable water system. The type of device used should be based on the degree of hazard, either existing or potential, and identified by the condition which it is designed to prevent.

# DIAGRAM -- AIR GAP



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Air gap on lavatory.

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<u>Backflow prevention device tester - (Certified)</u> - The term certifed backflow prevention device tester shall mean a person who has proven his / her competency to the satisfaction of *Aqua Utilities Florida, Inc.*. Each person who is certified to make competent tests or to repair, overhaul and make reports on backflow prevention devices shall be conversant with applicabale laws, rules and regulations, and shall have attended and successfully completed the TREEO (Training, Research, and Education for Environmental Occupations) Certification program for backflow prevention device testers, or other USCFHR or DEP approved program.

<u>Backpressure</u> - Backpressure shall mean any elevation of pressure in the downstream piping system (by pump, elevation of piping, or steam and/or air pressure) above the supply pressure at the point of ensideration which would cause or tend to cause, a reversal of the normal flow through a backflow prevention device.

<u>Backsiphonage</u> - Backsiphonage shall mean a reversal of the normal direction of flow in the pipeline due to a negative pressure (vacuum) being created in the supply line with the backflow source subject to atmospheric pressure.

<u>Consumer</u> - Any member, person, firm or corporation using or receiving water from *Aqua* Utilities Florida Inc.'s potable water system.

<u>Contamination</u> - The term contamination shall mean an impairment of the quality of the potable water supply by sewage, industrial fluids or any other foreign substance to a degree which creates an actual hazard to the public health through the potential spead of disease or toxic materials.

<u>Critical level</u> - The term critical level shall mean the marking on a vacuum breaker which determines a minimum elevation above the flood level rim of the fixture or receptacle served at which the device may be installed.

<u>Cross-Connection</u> - The term Cross-Connection shall mean any unprotected connection between any part of a water system used or intended to supply water for drinking purposes and any source or system containing water or substances that is potable for human consumption. By-pass arrangements, jumper connections, removable sections, swivel or change-over devices and other temporary or permanent devices through which or because of which "backflow" can or may occur, are considered to be cross-connections.

<u>Double Check Valve Assembly</u> - The term double check valve assembly means an assembly of at least two (2) independently acting, approved, spring and weight loaded check valves with resilient discs for the intended purpose of preventing back pressure backflow in a water supply line. Assembly is usually furnished with test cocks for the field testing the tightness of the check valves. Some assemblies include a "vacuum breaker" to admit atmospheric air downstream of the assembly. The unit shall include tightly-closing ball-type or resilient seated valves located at each end of the device.





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<u>Fire Sprinkler System</u> - A sprinkler system, for fire protection purposes, is an integrated system of underground and overhead piping designed in accordance with fire protection and engineering standards. The installation includes one or more water supplies.

Flood Level Rim - The edge of the receptacle from which water overflows is the flood level rim.

<u>Hazard - (Degree of)</u> - The term, degree of hazard is a qualification of what potential and actual harm may result from cross-connections within a water -using facility. Establishing the degree of hazard is directly related to the type and toxicity of contaminants that could possibly cause a "pollution" (non-health) or a "contamination" (health) hazard.

<u>Hazard - (Health)</u> - The term health hazard shall mean an actual or potential threat of contamination or pollution of a physical or toxic nature to the public potable water system or the consumer's potable water system to such a degree or intensity that there would be a danger to health.

<u>Hazard - (Plumbing)</u> - The term plumbing hazard shall mean a plumbing type cross-connection in a consumer's potable water system that has not been properly protected by a vacuum breaker, air-gap separation or other device. Unprotected plumbing type cross-connections are considered to be a health hazard. They include, but are not limited to, cross-connection to toilets, sinks, lavatories, wash trays, domestic washing machines and lawn sprinkler systems. Plumbing type cross-connections can be located in many types of structures, including homes, apartment houses, hotels and commercial and industrial establishments. Such a connection, if permitted to exist, must be properly protected by an appropriate type of cross connection control assembley

<u>Hazard - (Pollution)</u> - The term pollution hazard shall mean an actual or potential threat to the physical properties of the water system or the potability of the public or the consumer's potable water system, but which would not constitute a health or system hazard, as defined. The maximum degree of intensity of pollution to which the potable water system could be degraded under this definition would cause a nuisance, or be aesthetically objectionable, or could cause minor damage to the system or its appurtenances.

<u>Hazard - (System)</u>- The term system hazard shall mean an actual or potential threat of severe danger to the physical properties of the public or the consumer's potable water system, or of a pollution or contamination which would have a protracted effect on the quality of the potable water in the system.

<u>Industrial Fluid</u> - The term industrial fluid shall mean any fluid or solution which may be chemically, biologically or otherwise contaminated or polluted in a form or concentration, such would constitute a health, system, pollution or plumbing hazard if introduced into an approved potable water supply. This may include, but not be limited to: polluted or contaminated used waters; all types of process waters and "used waters" originating from the public potable water system which may deteriorate in sanitary quality; chemicals in fluid form; plating acids and alkalies; circulated cooling waters connected to an opening cooling tower and/or cooling waters that are chemically or biologically treated or stabilized with toxic substances; contaminated natural waters such as from wells, springs, streams, rivers, bays, harbors, seas, irrigation canals or systems, etc.; oils, gases, glycerine, paraffins, caustic and acid solutions or other processes for fire fighting purposes.

<u>Industrial Piping System - Consumer's</u> - The term consumer's industrial piping system shall mean any system used by the consumer for transmission of or to store any fluid, solid or gaseous substance other than an approved water supply. Such a system would include all pipes, conduits, tanks, receptacles, fixtures, equipment and appurtenances to produce, convey or store substances which are or may be polluted or contaminated.

<u>Inlet</u> - The open end of the water supply pipe through which the water is discharged into the plumbing fixture shall be the inlet.

<u>Laboratory - Approved Testing</u> - Reference to an approved testing laboratory shall mean the Foundation for Cross-Connection Control Research of the University of Southern California, or any other laboratory having the equivalent facilities for both the laboratory and field evaluation of the devices approved by the American Water Works Association or American Society of Sanitation Engineers.

<u>Plumbing System</u> - The term plumbing system includes the potable water supply and distribution pipes; plumbing fixtures and traps; oil waste and vent pipes; building drains and building sewers, including their respective connections, devices and appurtenances within the property line of the premises; and water-treating or water-using equipment.

Point of delivery - see service connection

<u>Pollution</u> - Pollution shall mean an impairment of the quality of the water to a degree which does not create an actual hazard to the public health, but which does adversely and unreasonably affect the quality of the water for domestic use.

<u>Reduced Pressure Principle Backflow Prevention Device - RP</u> - The term approved reduced pressure principle backflow prevention device (RP) shall mean a device containing within its structure a minimum of two (2) independently acting, approved check valves, together with an automatically operating pressure differential relief valve located between the two check valves. The first check valve reduces the supply pressure a predetermined amount, so that during normal flow and at cessation of normal flow, the pressure between the checks shall be less than the supply pressures. In case of leakage of either check valve, the differential relief valve by discharging to the atmosphere, shall operate to maintain the pressure between the checks less than the supply pressure. The unit shall include tightly-closing ball type or resilient seated shutoff valves located at each end of the device and each device shall be fitted with properly located test cocks.

<u>Service Connection</u> - The term service connection shall mean the terminal end of the public potable water system, i.e., where the water purveyor loses justisdiction and sanitary control over the water at its point of delivery to the consumer's water system. If a meter is installed at the end

# DIAGRAM -- RP



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Reduced-pressure principle backflow-prevention assembly.

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of the service connection, then the service connection shall mean the downstream end of the meter. There shall be no unprotected takeoffs from the service line ahead of any backflow prevention device located at the point of delivery to the consumer's water system.

<u>Vacuum Breaker - Nonpressure- Atmospheric Type</u> - A vacuum breaker - nonpressure type is a vacuum breaker which is designed for use where it will not be subject to static line pressure.

<u>Vacuum Breaker - Pressure Type</u> - a vacuum breaker - pressure type is a vacuum breaker designed to operate under conditions of static line pressure. The unit shall include tightlyclosing ball-type or resilient seated shutoff valves located at each end of the device.

<u>Water - Potable</u> The term potable water shall mean water from any source which has been investigated by the Florida Department of Environmental Protection and which has been approved for human consumption by the health authority having jurisdiction. Potable water is water of excellent quality intended for drinking, cooking and cleansing uses. This grade of water would conform to the water quality requirements of state and federal regulatory agencies.

<u>Water Purveryor</u> - The term water purveyor shall mean the utility owner or operator of the public potable water system supplying an approved water supply to the public.

<u>Water Supply -(Approved)</u> - The term approved water supply shall mean Aqua Utilities Florida, Inc. potable water system or any public potable water supply which has been investigated and approved by the Florida Department of Environmental Protection. In determining what constitutes an approved water supply, the Department of Environmental Protection has reserved final judgement as to its safety and potability.

<u>Water Supply -(Auxiliary)</u> - The term auxiliary water supply shall mean any water supply on or available to the premises other than the purveyor's approved public potable water supply. These auxiliary waters may include water from another purveyor's public potable water supply or any natural source such as a well, spring, river, stream, etc.,or "used water" or "industrial fluids." They may be polluted or contaminated or objectionable and constitute an unacceptable water source over which the purveyor does not have control.

<u>Water Supply - (Unapproved)</u> - The term unapproved water supply shall mean a water supply which has not been approved for human consumption by the health agency having jurisdiction.

<u>Water System - (Consumer's)</u> - The term water system shall include any water system located on the consumer's premises, whether supplied by the public potable water system or an auxiliary water supply. The system or systems may be either a potable water system or an industrial piping system.

<u>Water System - (Public Potable)</u> - The term public potable water system shall mean any publicly or privately owned water system operated as a public utility to supply water for domestic purposes. This system will include all sources, facilities and appurtenances between the source and the point of delivery such as valves, pumps, pipes, conduits, tanks, receptacles, fixtures,

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#### DIAGRAM-AVB



Atmospheric vacuum breaker assembly.



Under normal flow conditions the AVB seals against the air inlet seat.

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equipment, and appurtenances used to produce, convey, treat or store a potable water for public consumption or use.

<u>Water -(reclaimed)</u> - The term reclaimed water means water which, as a result of treatment of domestic wastewater, is suitable for a direct beneficial use or a controlled use that would not otherwise occur. Reclaimed water is also known as reuse water. (permitted under Part III of Chapter 62-610, F.A.C.)

<u>Water - (Used)</u> - The term used water shall mean any water supplied by a water purveyor from a public potable water system to a consumer's water system after it has passed through the point of delivery and is not longer under the control of the water purveyor.

## Section 7

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#### Applicable Standards and Descriptions for Backflow Prevention Devices

7.01 Applicable Standards

The following specifications or requirements of approving agencies are recognized by Aqua Utilities Florida, Inc.. All backflow prevention devices and conditions of cross-connection control shall be in compliance with the standards set forth by one or more of the following agencies. Aqua Utilities of Florida reserves the right to state which standards apply if and when conflicts between standards arise.

<u>AWWA</u> - American Water Works Association (Manual M14)

ASSE - American Society of Sanitary Engineers

<u>FCCCHR of USC</u> - University of Southern California, Foundation for Cross-Connection Control and Hydraulic Research (Manual for Cross-Connection Control)

<u>SBCC</u> - Southern Building Code Congress (Standard Plumbing Code)

7.02 Abbreviations for Protective Devices

AG - Approved Air-Gap

AVB Approved Atmospheric Vacuum Breaker

BPW/IAV - Approved Backflow Preventer with Intermediate Atmospheric Vent

DCVA - Approved Double Check Valve Assembly

HBVB - Approved Hose Bibb Vacuum Breaker

PVB - Approved Pressure Vacuum Breaker

**RP** - Approved Reduced Pressure Principle Backflow Preventer

DCV - Approved Dual Check Valves

DCV / LF - Approved Double Check Valve Assembly with Laboratory Faucet

DCV/CBD - Approved Dual Check Valves for Carbonated Beverage

DDCV - Approved Double Detector Check Valve

# <u>TABLE 7.1</u>

TYPE & APPLICATION	TYPICAL DESCRIPTION	APPLICABLE INSTALLATION	STANDARDS	
DOUBLE CHECK VALVE ASSEMBLY for <u>low hazard</u> connections	Two independent check valves. Supplied with ball-type or resilient seated shut-off valves and ball type test cocks	All cross connections subject to backpressure where there is a low potential health hazard or nuisance. Continuous pressure	A.S.S.E. 1015 A.W.W.A. C506 FCCCHR of USC	
DOUBLE DETECTOR CHECK VALVE ASSEMBLY for low hazard applications	Double check valve assembly with a water meter and double check in by-pass line.	Fire protection system supply main. Detects leaks and unauthorized use of water.	A.S.S.E. 1015 A.W.W.A. C506 FCCHR of USC	
DUAL CHECK VALVE BACKFLOW PREVENTER for low hazard applications	Two independent check valves. Checks are removable for testing.	Cross Connection where there is a low potential health hazard and moderate flow requirements.	A.S.S.E 1024	
BACKFLOW PREVENTER WITH INTERMEDIATE ATMOSPHERIC VENT	Two independent check valves with intermediate relief valve	Cross connections subject to backpressure or back- siphonage where there is moderate health hazard. Continous pressure	A.S.S.E. 1012	
LABORATORY FAUCET & DOUBLE CHECK VALVE W/ INTERMEDIATE VACUUM BREAKER in small pipe sizes for moderate to low hazard	Two independent check valves with intermediate vacuum breaker and relief vent.	Cross connections subject to backpressure or back- siphonage where there is a moderate to low health hazard	A.S.S.E. 1035	

# CROSS CONNECTION MANUAL AQUA UTILITIES FLORIDA, INC.

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# **TABLE 7.2**

<b><u>TYPE &amp; APPLICATION</u></b>	DESCRIPTION	<u>TYPICAL</u>	APPLICABLE
·	······································	INSTALLATION	<b>STANDARDS</b>
REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTER For <u>high bazard</u> cross connections	Two independent check valves w/ intermediate relief valve. Supplied with ball-type shut-off valves and ball type test cocks	All cross connections subject to backpressure where there is a high potential health hazard from contamination. Continous pressure	A.S.S.E. 1013 A.W.W.A. C506 FCCCHR of USC
ATMOSPHERIC VACUUM BREAKERS for <u>moderate to</u> <u>high hazard</u> cross connections	Single float and disc w/ large atmospheric port	Cross connections not subject to backpressure or continuous pressure. Install at least 6" above rim. Backsiphonage protection only.	A.S.S.E. 1001 FCCCHR of USC
PRESSURE TYPE VACUUM BREAKERS for <u>moderate to</u> <u>high bazard</u> cross connections	Spring loaded singls float and disc with independent 1st check. Supplied with ball-type shut-off valves and ball	This value is designed for installation in a continous pressure potable water supply system 12" above the overflow level of the system being supplied. Backsiphonage protection only.	A.S.S.E. 1020 FCCCHR of USC
HOSE CONNECTION VACUUM BREAKERS For residential & industrial hose supply outlets.	Single check w/ atmospheric atmospheric vacuum breaker vent.	Install directly on hose bibbs, service sinks and wall hydrants. Not for continous pressure.	A.S.S.E 1011
AIR GAP For <u>moderate to</u> <u>high hazard</u> cross connection	Vertical separation of 2D of the supply pipe above vessel overflow rim.	All cross connections subject to backpressure or back-siphonage where there is a high potential health hazard rom contamination. Vertical separation must be one (1) inch	ANSI A112.1.2

# CROSS CONTROL MANUAL AQUA UTILITIES FLORIDA, INC.

Description of Cross Connection	Assessment of Hazard	Recommended Assembly at Fixture*
Aspirator (medical)	Health	AVB or PVB
Bedpan washers	Health	AVB or PVB
Autoclaves	Health	RPBA
Specimen tanks	Health	AVB or PVB
Sterilizers	Health	RPBA
Cuspidors	Health	AVB or PVB
Lab bench equipment	Health	AVB or PVB
Autopsy and mortuary equipment	Health	AVB or PVB
Sewage pump	Health	AG
Sewage ejectors	Health	AG
Fire-fighting system (toxic liquid foam		
concentrates)	Health	RPBA
Connection to sewer pipe	Health	AG
Connection to plating tanks	Health	RPBA
Irrigation systems with chemical additives		
or agents	Health	RPBA
Connection to salt-water cooling system	Health	RPBA
Tank vats or other vessels containing toxic		
substances	Health	RPBA
Connection to industrial fluid systems	Health	RPBA
Dye vats or machines	Health	· RPBA
Cooling towers with chemical additives	Health	RPBA
Trap primer	Health	AG
Steam generators	Nonnealth	крва
Commercial	Norbooltht	DDDA
Domestic	Nonhealtht	
Irrigation systems	Nonbealtht	DCVA AVB or PVB
Swimming pools	HUILICAIMI	
Public	Nonhealtht	RPBA or AG
Private	Nonhealth†	PVB or AG
Vending machines	Nonhealtht	RPBA or PVB
Ornamental fountains	Nonhealth†	DCVA or AVB or PVB
Degreasing equipment	Nonhealth†	DCVA
Lab bench equipment	Nonhealth†	AVB or PVB
Hose bibbs	Nonhealth†	AVB
Trap primers	Nonhealth†	AG
Flexible shower heads	Nonhealth†	AVB or PVB
Steam tables	Nonhealth†	AVB
Washing equipment	Nonhealth†	AVB
Shampoo basins	Nonhealth†	AVB
Kitchen equipment	Nonhealth†	AVB
Aspirators	Nonhealth†	AVB
Domestic space-heating boiler	Nonhealth†	RPBA

Guide to the Assessment of Hazard and Selection of Assemblies for Internal Protection

NOTE: AG = air gap; AVB = atmospheric vacuum breaker; DCVA = double check valve backflow-prevention assembly; PVB = pressure vacuum breaker; RPBA = reduced-pressure principle backflow-prevention assembly.

*AVBs and PVBs may be used to isolate health hazards under certain conditions, that is, backsiphonage situations. Additional area or premises isolation may be required.

†Where a greater bazard exists (due to toxicity or other potential health impact) additional area protection with RPBAs is required.

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Description of Premises	Assessment of Hazard	Recommended Assembly on Water Service Pipe
Hospitals, mortuaries, clinics, laboratories	Health	RPBA
Plants using radioactive material	Health	RPBA
Petroleum processing or storage facilities	Health	RPBA
Premises where inspection is restricted	Health	RPBA
Sewage treatment plant	Health	RPBA
Sewage lift stations	Health	RPBA
Commercial laundry	Health	RPBA
Plating or chemical plants	Health	RPBA
Docks and dockside facilities	Health	RPBA
Food and beverage processing plants	Health	RPBA
Pleasure-boat marina	Health	RPBA
Tall buildings (protection against excessive		
head of water)	Nonhealth	DCVA
Steam plants	Nonhealth	RPBA
Reclaimed water systems	Health	RPBA

Guide to the Assessment of Hazard and Selection of Assemblies for Premises Isolation

Note: AG = air gap; AVB = atmospheric vacuum breaker; DCVA = double check valve backflow-prevention assembly; PVB = pressure vacuum breaker; RPBA = reduced-pressure principle backflow-prevention assembly.

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### 7.03 Types and Descriptions of Hazard Definition Backflow Prevention Devices

The following definitions apply to hazard conditions existing at a site where backflow prevention devices may be required.

#### Degree of Hazard Definition

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<u>Low</u> - A condition where polluting substances(s) may come in contact with potable water aesthetically affecting the taste, odor or appearance, but not hazardous to health (non-toxic), (e.g., pollution hazard)

<u>Moderate to High</u> - A condition where a polluting substance may come in contact with potable water creating a health hazard, causing sickness or death (toxic), (e.g., system hazard, plumbing hazard, health hazard).

<u>Backflow Prevention Devices</u> - Types, Descriptions, and Applicable Standards for Multiple Check Valve Assemblies. Table 7.1 and Table 7.2 lists the types and applications of backflow prevention devices, a brief description of each device, typical installation conditions, and applicable standards.

#### 7.04 Typical Facilities Requiring Backflow Prevention Devices

1. Medical buildings, sanitariums, veterinarian facilities, morgues, mortuaries, autopsy facilities, nursing and convalescent homes and clinics shall have an RP or DCVA, depending upon degree of hazard, installed at the service connection. The hazards normally to be found in a facility of this type include cross connections between the consumer's water system and contaminated or sewer connected equipment such as bedpan washer, flush valve toilets and urinals, autoclaves, specimen tanks, sterilizers, pipe tube washer, cuspidors, aspirators, autopsy and mortuary equipment. Note: It has been found that in this type of facility little or no attention is given to the maintenance of air-gap separations or vacuum breakers. It is customary to bridge an air-gap separation by means of a hose section. It should also be noted that in multi-story buildings, the supply line to the toilets, urinals, lavatories, laboratory sinks, etc.., on the lower floors may be taken off of the suction side of the house pump. As a result, sewage or other contaminated substances may be drawn into the house supply line.

2. All buildings, plants, or other structures having a source of unapproved water piped into such buildings, plants, or other structures with the potential of being interconnected to the public supply, shall have an RP installed at the main supply line serving their premises.

3. All buildings, plants, apartment houses, public and private buildings, or any other structures having unprotected cross-connections shall have an RP or DCVA, depending on

degree of hazard, installed at the service connection to any premises where multi-storied public building such as hotel, apartment house, office or loft building are operated or maintained if the buildings have unprotected cross connections, sewage pumping facilities, auxiliary water supplies, or other like sources of contamination which would create a potential hazard to the public water system.

4. All waterfront facilities and industries shall have an RP or DCVA, depending upon the degree of hazard, installed at their service connection to any premises where there are piers, docks, industries, or other waterfront facilities where water from a river, stream, irrigation, ditch or canal, lake, etc., is available to be used on the premises.

5. All manufacturers of chemicals which are toxic shall be required, at the discretion of the water purveyor to install an RP.

6. All sewage treatment plants shall have an RP installed on main potable water service lines serving such plants.

7. Dairies and cold storage plants shall have an RP or DCVA, depending upon the degree of hazard, installed on the service connection. This applies to any premises where a dairy, creamery, ice cream plant, cold storage or ice manufacturing plant is operated or maintained, provided such a plant has, on the premises, an auxiliary water supply, industrial fluid system, sewage handling facilities or other similar source of contamination which, if cross-connected to, would create a hazard to the public system. The hazards normally found in a plant of this type include cross-connections between the consumer's waste system and reservoirs, cooling towers and circulating systems which may be heavily contaminated with bird droppings, vermin, algae, bacterial slimes, or toxic water treatment compounds.

8. Schools and colleges shall have an RP or DCVA installed at the service connection where water is used to supply chemical, becteriological and biological laboratories; or where the water is used to supply separate irrigation systems; or where there are unprotected sewer cross connections. <u>Note:</u> This hazard is critical because little or no attention is given to the maintenance of vacuum breakers and frequently they are removed from the line; steam generating facilities and lines are frequently contaminated with boiler compounds such as pentachlorophenol, cyclohexlamine, etc. A very particular hazard is the possibility of steam getting back into the domestic system, causing either a system or health hazard.

9. In commercial car washing installations, potable make-up water lines to reclaim water pits shall have an AG separation. All potable water connections to fluids such as bug cleaner, tire cleaner, and wax and soap solution make-up tanks shall have an AG separation. If this is not possible due to the design of equipment, an RP shall be installed on the main water service connection.

10. All buildings or premises where security requirements or other prohibiting restrictions make it impossible or impractical to make a complete inside cross connection survey, the public water system shall be protected against backflow from the premises or building by an RP

installed or the main service connection (s) serving the building or premises.

11. All industrial, commercial, or residential properties (including all multi-or single family residences) having an irrigation system which utilizes chemical siphoning or injection apparatus shall have an RP device installed at the service connection. <u>Note:</u> Any device, equipment or situation not covered by this cross-connection policy where water is connected or used which may constitute a potential health hazard will be handled at the discretion of *Aqua Utilities Florida*, *Inc.* 

7.05 Typical Plumbing Arrangements Requiring Backflow Prevention Devices - note references to SBCC, Standard Plumbing Code (SPC)

1. Fixture inlets or valved outlets with hose attachments, which may constitute a crossconnection, shall be protected by the proper approved vacuum breaker (PVB, HBVB, etc.) installed at least six (6) inches above the highest point of usage and locatd on the discharge side of the last valve. Fixtures with integral vacuum breakers manufactured as a unit may be installed in accordance with their approved requirements. (SPC Sec. 1204.3.4)

2. Industrial fluid or processed water - potable water pipelines connected to industrial piping systems or to equipment containing industrial fluid, sewage, used or processed water, or any other potentially contaminated liquid shall be protected by installing an RP in the interconnecting lines or by and AG separation.

3. Air conditon cooling tower - potable water inlet shall have an AG separation of twice the inside diameter of the inlet line or a minimum of two (2) inches above the flood level rim.

4. Aspirators and ejectors - shall have a PVB, depending upon the degree of hazard, on the faucet from which these devices are attached or operated (SPC. sec, G104.6)

5. Automatic film processors - potable water lines connected directly to an automatic film processor shall be protected by an AG or a DCVA.

6. Bath tub with hose attachments - shall have a PVB at faucet.

7. Bedpan washer - shal have a PVB installed in accordance with the Standard Plumbing Code (SPC SEc. G104.6)

8. Boiler connection - potable water connection to boiler feed water system which contains conditioning chemicals shall either be made through an AG at make-up tank, or have an RP or DCVA, or BPW/IAV.

9. Booster pumps - shall be provided with a low pressure cut-off unless other acceptable provisions are made to prevent the creation of low or negative pressures in the piping system.

10. Colonic irrigators or douche attachments - shall have a PVB installed.

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11. Dark rooms (photographic) - all threaded faucets shall be prected with a PVB or HBVB.

12. Dishwashing machine - shall be connected with a PVB on both hot and cold water supply lines in accordance with the SPC.

13. Dip tanks and vats - potable water inlet shall have an AG separation twice the inside diameter of the inlet or a minimum of two (2) inches above the flood level rim.

14. Garbage disposer - potable water supply lines connected directly to garbage disposer shall be equipped with a PVB or BPW/IAV.

15. Drinking fountains - shall have an AG separation.

16. Fire sprinkler systems - shall have an AG separation to the sewer.

17. Flushing floor drains - shall have a PVB installed.

18. Flush valve water closets, urinals, and bidets - shall have a vacuum breaker installed in accordance with the SPC.

19. Foot and sitz bath - shall have an AG separation or a PVB installed.

20. Hydro-therapy baths - shall have a PVB installed at water connection.

21. Janitors, mop or slop sink with threaded hose faucet shall be equipped with an AVB before faucet.

22. Lawn sprinkler systems - shall have a PBV or RP or DCVA installed depending on degree of hazard.

23. Pipette washer - shall have a PVB or AG separation installed on faucet.

24. Private wells shall not be interconnected or physically linked in any way, with or without a protective device, to the public potable water supply.

25. Potable water make-up line - to chill water loops, heating loops, purge units, condensers, converters, and condensate tanks should be equipped with BPW/IAV, DCVA, or RP depending on degree of hazard.

26. Serrated faucets - shall be equipped with a PVB at the faucet. If goose neck faucet is used "laboratory faucet type vacuum breaker" is acceptable

27. Shampoo basin hose rinse - shall have an AVB installed.

28. Sinks and bathtop faucets - shall have an AG separation above flood level rim.

29. Sterilizers - shall have an AG separation or PVB installed.

30. Stills - shall have an AG separation.

31. Swimming pool fill line - shall have an AG separation above the flood level rim or a DCVA.

32. Wash-up sinks with threaded faucets - shall have a PVB or HBVB installed.

33. Wash down hose faucet - shall have a PVB or HBVB installed on faucet

34. Washing machine drain lines - shall have an AG separation to sewer.

35. Water supply inlets - in pits, tanks, trenches, tubs, vats, or any other place that could become flooded with contaminated liquids shall have an AG separation above the flood level rim.

36. Water operated presses, elevators, or other similar pressure producing equipment - shall have an RP installed.

37. X-Ray developing tank - shall have an AG separation or a PVB installed. <u>Note:</u> Any device, equipment, or situation not covered by this cross-connection policy, which may constitute a potential health hazard, will be examined for treatment by *Aqua Utilities Florida, Inc.* 

### <u>Section 8</u> Testing of Back/low Preventers

#### 8.01 General Requirements

As part of a complete cross-connection control program, it shall be the duty of the <u>non-single -family</u> <u>customer - user</u> at any premises where reduced pressure backflow prevention devices (RP), double check valve assemblies (DCVA), and pressure vacuum breakers (PVB) are installed to have a thorough inspection and operation test at the time of installation and at least once a year, or more often in those instances where inspections indicate a need. Proper field test procedures with calibrated gauge equipment must be used by certified personnel (reference Section 6 for definition and explanation of a Backflow Prevention Device Tester- Certified). The cost of inspection, testing, maintenance and repair of backflow prevention devices at non-single-family residences shall be borne by the non-single-family customer-user.

<u>The single-family-residence customer -user</u> shall be responsible for the cost of the initial installation, inspection, and testing of the backflow prevention device. The costs and scheduling of inspections and tests thereafter performed at single-family residences shall be the responsibility of the *customer*. Any maintenance or repair required as a result of the test shall be at the expense of the customer - user and shall be performed by the device manufacturer's representative or by a certified device tester (Reference Section 6)

Irrigation systems are required to have PVB to prevent backflow to the public water supply. All existing AVB installations shall be retrofitted with PVBs at the consumer's expense. Single- family water customers installing new irrigation systems will be required to purchase, install and test new PVBs at their own expense. Annual testing and inspection of PVBs for all single-family customers will be performed by Certified Tester.

All devices failing to meet the latest performance standards set forth by the AWWA, ASSE, or the FCCCHR at USC, shall be repaired and retested promptly. Devices which are found to have a history of not meeting these performance standards should be replaced with new devices at the customer's expense.

If such testing indicates wear or other malfunction, the devices shall be overhauled. Such an overhaul should consist of the replacement of all seats, diaphragms, gaskets, etc., which are subject to wear, and any other parts found to be worn or otherwise in questionable condition.

### 8.02 Parallel Installations

All backflow prevention devices with test cocks are required to be tested with a minimum frequency of once per year. Testing requires a water shutdown usually lasting five (5) to twenty (20) minutes. For facilities that require an uninterrupted supply of water, and when it is not possible to provide water service from two (2) separate meters, provisions shall be made for a "parallel installation" of backflow prevention devices.

During testing, one device is left on while the other is being tested. Usually the two devices are sized one device smaller than the service line, e.g., one 2 inch device or two 1-1/2 inch devices, one 8 inch device or two (2) six (6) inch devices.

Aqua Utilities Florida, Inc. will not accept an unprotected bypass around a backflow preventer when the device is in need of testing, repair or replacement.

#### 8.03 Preparation

As a prelude to each of the field test procedures. It is essential that the certified tester follow some basic steps:

1. <u>Notify</u> - Appointment and introduction procedures shall be followed similar to that used for inspections. The owner of the assembly shall be notified that water service will be shut off during test procedure. Special arrangements may have to be made so that interruption of service will not create a hardship on the user.

2. <u>Identify</u> - Make sure that proper assembly is being tested by checking identification tag for make, model, and serial number. All information and test data shall be recorded on poper forms before leaving the location.

3. <u>Inspect</u> - Inspect the assembly for the required components for the field test procedure -i.e., upstream and downstream shut-off valves, properly placed testcocks, etc.

4. <u>Observe</u> - Carefully observe area around the assembly for tell-tale signs of leakage - i.e., moss or algae growth, plant life, or soil erosion. This should supply the tester with additonal information regarding the condition of the assembly before the test is performed. Example: Wet spot under relief valve port of RP assembly is an indication of relief valve activity, possibly from pressure fluctuations or fouling of the assembly. Proper testing will define the problem.

### 8.04 Records

Aqua Utilities Florida, Inc. will notify the customer - user when tests are required. The passing test results shall be returned to Aqua Utilities Florida, Inc. by the date indicated. A full report on the test of each device giving pertinent test data and indicating what, if any, repairs were made are to be delivered promptly to Aqua Utilities Florida, Inc.

Records are to include, but not be limited to:

1. Reports of inspections, recommendations, re-inspections, and corrective action taken.

2. Correspondence between *Aqua Utilities Florida, Inc.*, DEP, consumer, etc., concerning corrective action.

- 3. A master list of all backflow protection devices in use or proposed for use in the service area.
- 4. Vital data on each protective device.
- 5. Test and maintenance reports of each protective device.

Aqua Utilities Florida, Inc. shall maintain and keep all records of tests and results, locations of hazards and any other cross connection related information for each public water system for a minimum of ten (10) years. Records of tests of customers backflow devices will be maintained in an electronic database to be kept and accessible at the corporate office at 1100 Thomas Avenue, Leesburg, FL.

Section 9 Results of non-compliance

9.01 Discontinued Service

1. A consumer's health hazard surveillance report listing all cross-connections found during inspection will be sent to the owner or authorized agent of the owner of the building or premises, stating corrections should be made and setting a time for compliance. Unless otherwise noted in the report, the consumer shall have thirty (30) days to comply and perform any required corrections. Upon failure of the owner or authorized agent of the owner of the building or premises to have the defect (s) corrected by the specified time. *Aqua Utilities Florida, Inc.* shall cause the water service to the building or premises to be terminated and shall take such other precautionary measures deemed necessary to eliminate any danger of contamination of the public potable water supply and system.

2. Aqua Utilities Florida, Inc. shall cause discontinuance of water service if a reduced pressure backflow prevention device has been by-passed or failed to be tested or properly maintained as required by Aqua Utilities Florida, Inc. policy statements contained in this manual.

3. Aqua Utilities Florida, Inc. shall cause discontinuance of water service if an air-gap separation system is compromised or if, in the opinion of Aqua Utilities Florida, Inc., a hazardous condition cannot be immediately corrected.

4. Upon discontinuance of water service for non-compliance with the provisions of this manual, water service to such property shall not be restored until the system has been brought into full compliance, and a written order to reconnect has been issued by *Aqua Utilities Florida*, *Inc.* 

9.02 Violation Liability

1. Any person or customer found violating any of the provisions of this manual or any written order of *Aqua Utilities Florida*, *Inc.* pursuant thereto, shall pay all costs and expenses involved in the case, including attorney's fees.

2. Notice of such violation shall be given by delivery of same to the premises and a copy thereof mailed to the billing address as it appears on *Aqua Utilities Florida, Inc.* billing records.

3. Each day upon which a violation shall occur shall be deemed a separate and additional violation.

4. Any person or custome in violation of any provisions of this manual shall also be liable to *Aqua Utilities Florida*, *Inc.* for any expense, loss, or damage incurred by reason of such violation to include attorney's fees.

5. Aqua Utilities Florida, Inc. may bring suit in the appropriate court to enjoin, restrain or otherwise prevent the violations of any of the provisions of this manual.

Section 10 Fire Systems

1.1.1

**10.01** General (refer to Section 7 for abbreviations.)

1. Aqua Utilities Florida, Inc. will install and maintain DCV and DDCVG for all unmetered fire systems which have a low or moderate degree of hazard.

2. A DCVA or RP, depending upon the degree of hazard, shall be installed by the consumer on all metered fire systems.

3. Devices will be installed above ground, when possible, to provide easier maintenance and meter accessibility

4. All devices installed by *Aqua Utilities Florida, Inc.* will be tested annually by *Aqua Utilities Florida, Inc.* and maintained at a frequency proportionate to their age.

5. The cost of testing and maintenance will be paid by consumer.

10.02 Classes of Systems and Recommended Protection

Fire systems shall be divided into the following six (6) classes for the purpose of review. These classes are as adopted in the AWWA, M14 Backflow Prevention and Cross-Connection Control Manual and as endorsed by the National Automatic Sprinkler and Fire Control Association.

<u>Class 1</u> - Direct connections from public water mains only: no pumps, tanks, or reservoirs; no physical connection from other water supplies; no anti-freeze or other additives of any kind; all sprinkler drains discharging to atmosphere, dry wells, or other safe outlets.

Recommended Protection for Class 1: Single check valve and alarm check valve.

<u>Class 2</u> - Same as Class 1, except that booster pumps may be installed in the connections from the street mains (booster pumps do not affect the potability of the system; it is necessary, however, to avoid drafting so much water that pressure in the water main is reduced below 20 psi).

Recommended for Class 2 - Same as Class 1

<u>Class 3</u> - Direct connection from public water supply main plus one or more of the following; elevated storage tanks: fire pumps taking suction from above ground covered reservoirs or tanks (all Storage facilities are filled or connected to public water only; the water in the tanks to be maintained in a potable condition. Otherwise, Class 3 systems are the same as Class 1.)

Recommended Protection for Class 3: Systems will generally require minimum protection (approved DCVA) to prevent stagnant waters from backflowing into the public potable water system.

<u>Class 4</u>- Directly supplied from public mains similar to Classes 1 and 2, with an auxiliary water supply on or available to the premises, or an auxiliary supply may be located with 1,700 feet of the pumper connection (Note: The auxiliary supply would mean a pond, river, etc., dedicated to Fire Department use).

Recommended Protection for Class 4: Systems will normally require maximum protection at the service connection. The type (AG or RP) will generally depend on the quality of the auxiliary supply.

Class 5 - Directly supplied from public mains and interconnected with auxiliary supplies, such

as: pumps taking suction from reservoirs exposed to contamination or rivers and ponds; driven wells, mill or other industrial water systems, or where antifreeze or other additives are used.

Recommended Protection for Class 5: Same as Class 4

<u>Class 6</u> - Combined industrial and fire protection systems supplied from the public water mains only, with or without gravity storage or pump suctions tanks.

Recommended Protection for Class 6: System protection would depend on the requirements of both industry and fire protection, and could only be determined by a survey of the premises.

A meter (compound, detector check) should not normally be permitted as part of a backflow prevention device. An exception may be made, however, if the meter and backflow prevention device are specifically designed for that purpose.

10.03 Low Pressure Cut-Offs

All fire pumps drawing suction from *Aqua Utilities Florida*, *Inc.* water mains shall be equipped with low pressure cut-off devices or other means to prevent the reduction of water main pressure below 20 psi.

#### 10.04 Standard Operating Procedures

1. Current AWWA backflow prevention practices for fire lines do not regard stagnant water as a health problem for low head, closed pipe fire systems. Alarm checks on sprinkler system risers in conjunction with other check valves such as single detector check valves at the service connection are considered protection for these types of potential contaminatns.

2. Fire suppression systems supplied by six (6) inch or larger pipe and /or systems supplemented with on-site tanks or reservoirs or other water supplies shall be provided with either DCVA or other device types installed in accordance with the following criteria;

Installation: Mechanical backfow prevention devices need pressure loss to function properly. Before installing a device on a fire system, new or existing, this pressure loss should be factored into the system design to ascertain what effect it will have on system performance. Currecnt device standards for sizes 4" through 10" permit pressure loss up to 14 psi for RPs and 10 psi for DCVAs (and DDCVs). Specific pressure loss information is readily available from all device manufacturers.

Manufacturer's installation instructions must be followed to ensure proper operation and to protect the equipment's warrant. General installation guidelines are as follows:

a. The device should be installed in a horizontal position and have at least 12" between the bottom of the device and final grade or floor.

b. Lateral clearance around the device must be provided to facilitate testing,

maintenance and replacement

c. Two (2) devices should be installed in parallel for any facility that must have uninterrupted flow during device testing or repair (e.g., medical buildings)

d. Though not recommended, devices maybe installed in pits that are well drained: NO PART OF A DEVICE SHOULD EVER BE UNDER WATER.

e. If a device is installed inside a building, a floor drain is helpful to elimate spillage caused by testing or flushing.

f. Since the relief value on an RP will periodically drip or spit and may dump, the relief vent may be fitted with a drainline if spillage is objectionable or hazardous (e.g., electrical hazards). The end of the drain line must terminate 12" above ground or floor level and be clearly visible and accessible.

g. The device should be protected against freezing.

h. Shut-off valves should be of the OS type. And Y type strainers should not be used.

i. The assembled piping should be thoroughly flushed before installing the device.

j. The device should be adequately supported.

k. Fire suppression systems supplied by pipe less than 6" shall be adequately protected by the alarm check valve and a single check valve placed between the Fire Department connection and the main tap.

i. Water meters shall not be placed on fire protection lines.

# <u>MANUAL OF CROSS CONNECTION CONTROL</u> <u>AQUA UTILITIES FLORIDA, INC.</u>

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